

100 W 4<sup>th</sup> Ave

Phone: 620-879-2772

[www.caneyks.com](http://www.caneyks.com)

## AGENDA

CITY OF CANEY  
100 W. 4<sup>TH</sup> AVE

### SPECIAL COUNCIL MEETING

**ENTER THROUGH DOORS ON EAST END (MAIN STREET SIDE) OF BUILDING**

DATE: March 23, 2026

TIME: 6:30 P.M.

**A. CALL TO ORDER** MAYOR ELLIOTT

**B. ROLL CALL** CITY CLERK

|                 |                |
|-----------------|----------------|
| Joshua Elliott  | Mayor          |
| Jeff Culver     | Council Member |
| Kenith Butts    | Council Member |
| Elizabeth Burch | Council Member |
| Becky Dye       | Council Member |

**C. PLEDGE OF ALLEGIANCE AND INVOCATION**

**D. OLD BUSINESS**

**D.1. PRESENTATION BY ACRISURE**

**D.2. DISCUSS AND CONSIDER WORKER'S COMPENSATION INSURANCE FOR CITY STAFF.**

**MOTION:**

**SECOND:**

**E. ADJOURNMENT**

**MOTION:**

**SECOND:**

**14-111. Meetings of council; quorum.** Regular meetings of the council shall be held at such times, not less than once in each month, as shall be prescribed by ordinance. Special meetings may be called by the mayor or acting mayor, on the written request of any three members of the council, specifying the object and purpose of such meeting, which request shall be read at the meeting, and entered at length on the journal. In all cases, it shall require a majority of the councilmen elect to constitute a quorum to do business; but a smaller number may adjourn from day to day, and may compel the attendance of absent members, in such manner and under such penalties as the council by ordinance may have previously prescribed.

**History:** L. 1872, ch. 100, § 20; March 13; R.S. 1923, § 14-111.

# Quick Comparison

|                     | <b>Traditional</b>     | <b>Risk Pool</b>       |
|---------------------|------------------------|------------------------|
| <b>Ownership</b>    | Private Company        | Member-Owned           |
| <b>Profit</b>       | Yes                    | No                     |
| <b>Risk</b>         | Transferred to Insurer | Shared amongst members |
| <b>Premiums</b>     | Fixed (mostly)         | Can fluctuate          |
| <b>Refunds</b>      | No                     | Possible (dividends)   |
| <b>Control</b>      | Low                    | Higher                 |
| <b>Common Users</b> | Private Sector         | Public Sector          |

# What Is KMIT?

**KMIT (Kansas Municipal Insurance Trust)** was established in 1994 as a *self-funded* group of Kansas cities, whose primary mission was (and still is) to provide **THE best work comp** benefits and services for its members and their employees. **KMIT's** charter membership group consisted of fifty-four cities; now, **KMIT** includes 175 municipalities (cities, counties, townships, community colleges, municipal agencies, and special districts), while continuing to provide the highest-quality work comp benefits to approximately 5,500 public employees.

The structure of **KMIT** is authorized by state statute, and it is governed and administered through its Bylaws, and an ***Interlocal Agreement*** between all its members. **KMIT's** Pool Administrator reports to a Board of Trustees (eleven) of Kansas municipal officials.

**KMIT** covers **ONLY** municipalities within the State of Kansas, and its membership extends across the entire state, 'corner-to-corner' and 'end-to-end'.

[In 2021 **KMIT** formed the **KMIT Association Health Plan**, and now also provides Blue Cross/Blue Shield health insurance at association rates. Membership in **KAHP** is open to all municipal entities in Kansas, and has a current membership of 20 municipalities and their subsets.]



# Work Comp Insurance is a SERVICE...

## Not a Commodity

Unlike gasoline, gravel and gopher traps, *insurance is not a commodity.*

Further, Work Comp is a *special kind of insurance*: Work Comp is all about SERVICE.

How do you best take care of your employees, especially when they have been injured while working for your municipality? That is a serious SERVICE question, isn't it?

KMIT is extremely proud of the service it provides to and for its member local governmental entities AND their employees. We constantly strive to give THE very best service possible, and we work hard to get better every year; every month; every DAY.

As we move into the Kansas local government renewal season this fall (community colleges renew in the early summer), for the 2025 calendar year, it is important to remember what you are investing in when you are 'buying' work comp insurance.

KMIT covers Kansas. We know the needs of our Kansas public employers and employees. We know Kansas culture. We know how to deliver service to Kansas folks. We know who the best available doctors are--and we use the best. We are Kansas-based, and that means a lot, *especially in Work Comp.*

So, when you think about work comp insurance as you peer into your entity's future, ***think first about service***--for the sake of your valued workers, and for the stability of your work force and organization.

But also keep in mind that ***the service that KMIT delivers also includes keeping your costs stable and as low as possible***, which is a significant aspect of the KMIT Mission.

The proof of KMIT's commitment to cost savings can be found in the chart below, which lists changes in class code rates for a few of the most common jobs in the KMIT pool, which shows that over the past 10 years (2015-2024), most of KMIT's individual job rates have gone down, by a LOT, and KMIT members have benefited greatly as a result—by saving money on annual work comp premiums. KMIT has a very clear, and longtime, record of doing its part to hold down costs to its public members.

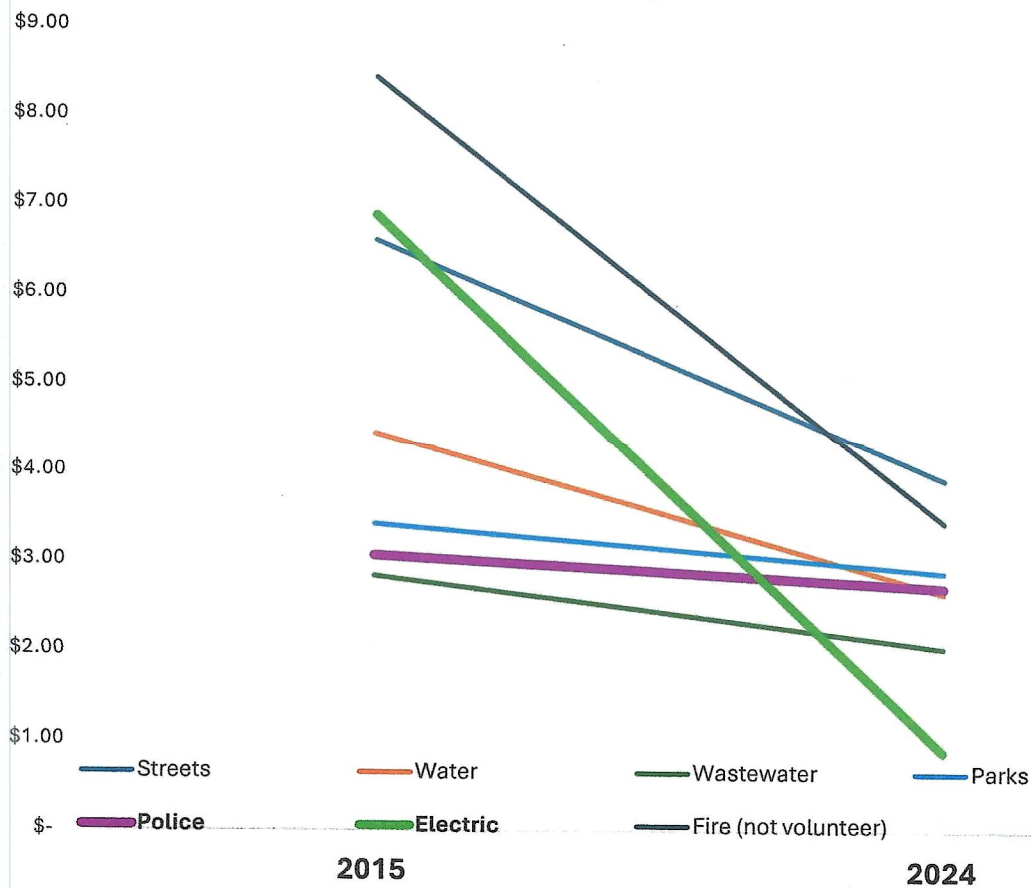
The future is not known, and ***KMIT cannot predict what environmental and external variables will affect [us]*** the Kansas (and national) work comp industry over the next few years (medical and prescription costs? court cases? new Kansas legislative actions? state class code rate changes by the Insurance Dept.?), but, this much IS known: KMIT WILL be there with the Best SERVICE and the best rates possible...just as we have been since 1994—and still based in Kansas...just as we always have been...from the beginning.

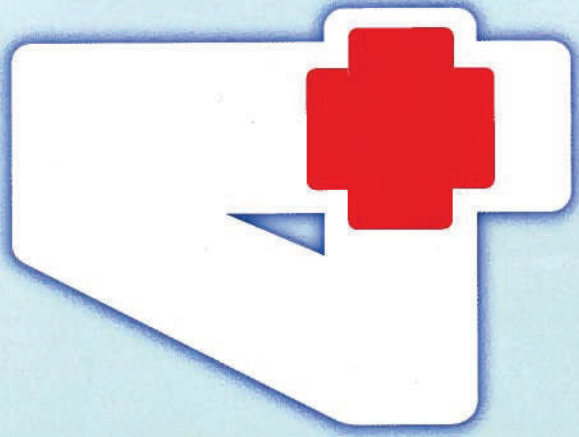


## KMIT Rates since last LCM (filed rate) change (2015)

|                      | 2015    | 2024    | Change   |      |
|----------------------|---------|---------|----------|------|
|                      |         |         | Amt      | %    |
| Streets              | \$ 6.60 | \$ 3.92 | (\$2.68) | -41% |
| Water                | \$ 4.44 | \$ 2.65 | (\$1.79) | -40% |
| Wastewater           | \$ 2.83 | \$ 2.04 | (\$0.79) | -28% |
| Parks                | \$ 3.41 | \$ 2.88 | (\$0.53) | -16% |
| Police               | \$ 3.06 | \$ 2.71 | (\$0.35) | -11% |
| Electric             | \$ 6.88 | \$ 0.89 | (\$5.99) | -87% |
| Fire (not volunteer) | \$ 8.42 | \$ 3.44 | (\$4.98) | -59% |

### KMIT Rates, 2015 v 2024





# Major Work Comp Cost Drivers

By Don Osenbaugh, Pool Administrator for KMIT

**W**ork comp is important! Not only are Workers Compensation provisions mandated by law, it is what provides essential benefits for employees who get hurt at work. All Kansas cities must have in place workers compensation coverage for all of their employees.

Work comp insurance is not free, of course, and can get very expensive. Cities should do everything in their power to provide a safe and secure workplace environment, along with the best possible work comp benefits and services to their employees, while also doing their best to hold down the costs. *Both sides of that equation are essential* to having a good work comp program in place.



Here are some ways to provide the best personal services to valuable and loyal employees, while also holding costs down:

**Hire The Right People!** The very important, but significantly under-appreciated, first step in the process of providing a good work comp program for the city is to **hire only those prospects who can actually perform the physical requirements for the specific position** for which she/he is being hired. A plain, 'old-fashioned' physical is not a whole lot better than doing nothing, in terms of work comp. Generic 'range of motion,' etc. tests are better, but the best practice is to have a physical test for every single job the city has, and **test for the specific essential functions** of each and every job. Post-Offer Pre-Employment Testing (POET) is the cutting-edge mechanism for hiring the right people.

Cities have traditionally tended to 'hire by resume', and, while it is obviously important to hire 'pre-trained' and/or experienced people, that should not be considered the only requirement for employment with the city. It's a proven statistical truth that the more physically qualified the new employee is, the better the odds are for lower costs of future work comp claims.

**Safety. Safety. Safety.** Cities are dangerous places to work. Make safety the city's number one priority - every time, in every situation.

And, while workplace safety generally has improved dramatically over the last several decades, cities are still dangerous places to work. Lots of things can, and do, happen in cities, and the city must provide a very wide variety of public services to its citizens and visitors, seven-days-a-week, rain/snow/sleet/ice/tornadoes/etc.) or shine. Employees can easily get hurt, and hurt badly.

Employees deserve the safest work environment possible. And, having fewer workplace accidents helps keep the city's work comp costs down, plain and simple. How good is your city's 'Safety Culture?' How about the quality and effectiveness of your city's safety program?

**Report Claims PROMPTLY.** Accidents do happen. City workers do get hurt. Workplace injury events will never go away, even in the safest city.

The quicker the city can get the work injury event reported to the city's Claims Manager (or adjuster), the better. Prompt reporting leads to better care for the employee in many cases, and surely in the most severe cases.

The sooner the Claims Manager can be 'managing' the claim, the better the chance of reducing the costs, and sometimes dramatically reducing the costs. *Any* delay in reporting a workplace injury is certainly not fair to the injured worker, and a delay can, and often does, lead to increasing the final cost of a claim.


Excellent claims management is essential to a having a good work comp program in cities, and claim management can't start until the Claims Manager knows about the claim.

**Have a 'Return-To-Work' Policy and Enforce It.** Many studies over virtually the entire spectrum of the U.S. work force have proven beyond any doubt that the best post-accident practice for any employer or city in work comp is a 'Return-To-Work Policy.' Make sure the city has in place an official policy to get injured workers back to work absolutely as quickly as the work comp doctor says they are physically able to do so. It doesn't have to be full-time or even in the same job, or department, but get them back to work, **even while they are still in the process of fully recovering to return full-time to their own job.**

Returning an employee to at least some level of work has been shown to greatly enhance both the physical and psychological/emotional healing and well-being of the injured worker. And, it also **saves the city money.**

But, the city's Return-To-Work Policy must be formal to be truly effective; codified in the city's Personnel Manual, or by resolution, etc. A 'policy' that is informal, and not written down, is not really a policy, is it?

A good work comp program is comprised of many moving parts, and contains many more subtle and not-so-subtle best practices. Not nearly all 'tips' are discussed here. Being committed to doing the best job possible in addressing this group of four major work comp cost drivers will go a long way towards improving your city's performance.

 **Don Osenbaugh** is the Pool Administrator for KMIT (Kansas Municipal Insurance Trust), which now numbers 161 City members (about 4,500 employees). Serving Kansas exclusively, KMIT was started in 1994, and was originally a 'subset' of the League. KMIT's members oversee the pool through a Board of Trustees comprised entirely of officials from its member organizations.





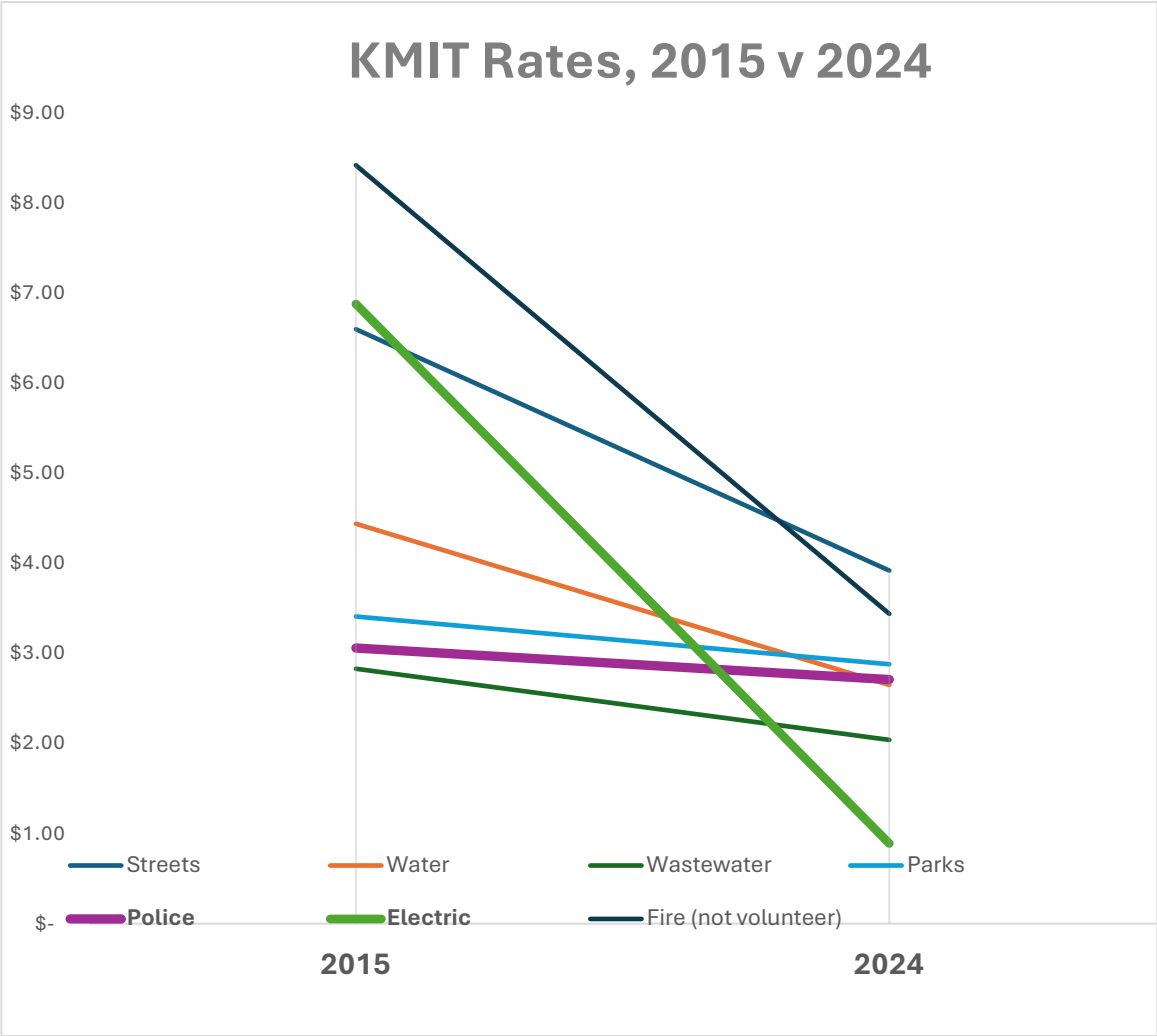
# KMIT Fact Sheet

- **First Day of Business: January 1, 1994**
- **Governance: KMIT Board of Trustees**  
[11 Kansas-only municipal officials]
- **Pool Administrator: Don Osenbaugh** [since February 2001]
- **Number of Kansas Municipal Work Comp Members: 174**  
(168 KS cities; 1 KS county; 1 KS township; 1 KS community college; 3 KS public agencies)
- **Estimated Annual Premium, 2025: \$5,700,000**
- **Net Worth\* : \$14,694,428** (source: 8/31/25 KMIT financials)
- **Total Assets and Liabilities: \$25,701,746** (source: 8/31/25 financials)
- **Total Cash and Investments: \$27,291,531** (source: 7/31/24 bank statement)
- **Excess Insurance Provider: Safety National (SNCC); St. Louis**
- **Contractors/Associates:**
  - **Program Support: IMA/CORnerstone; Wichita**  
[Risk Management, Loss Control, Accounting, and General Administration]
  - **Claims TPA: Cowell Insurance Services (CIS); Overland Park**
  - **Financial Auditor: Summers, Spencer & Co.; Topeka**
  - **Actuary: Milliman USA, Inc.; Brookfield, WI**
  - **Payroll Auditor: Legacy National; Camden, SC**
  - **"POET" Program: WorkSTEPS; Austin, TX**
  - **Bank: Commerce; Wichita**

\*Also commonly referred to as 'Fund Balance' and 'Surplus'. (All current assets less all current and future liabilities.)

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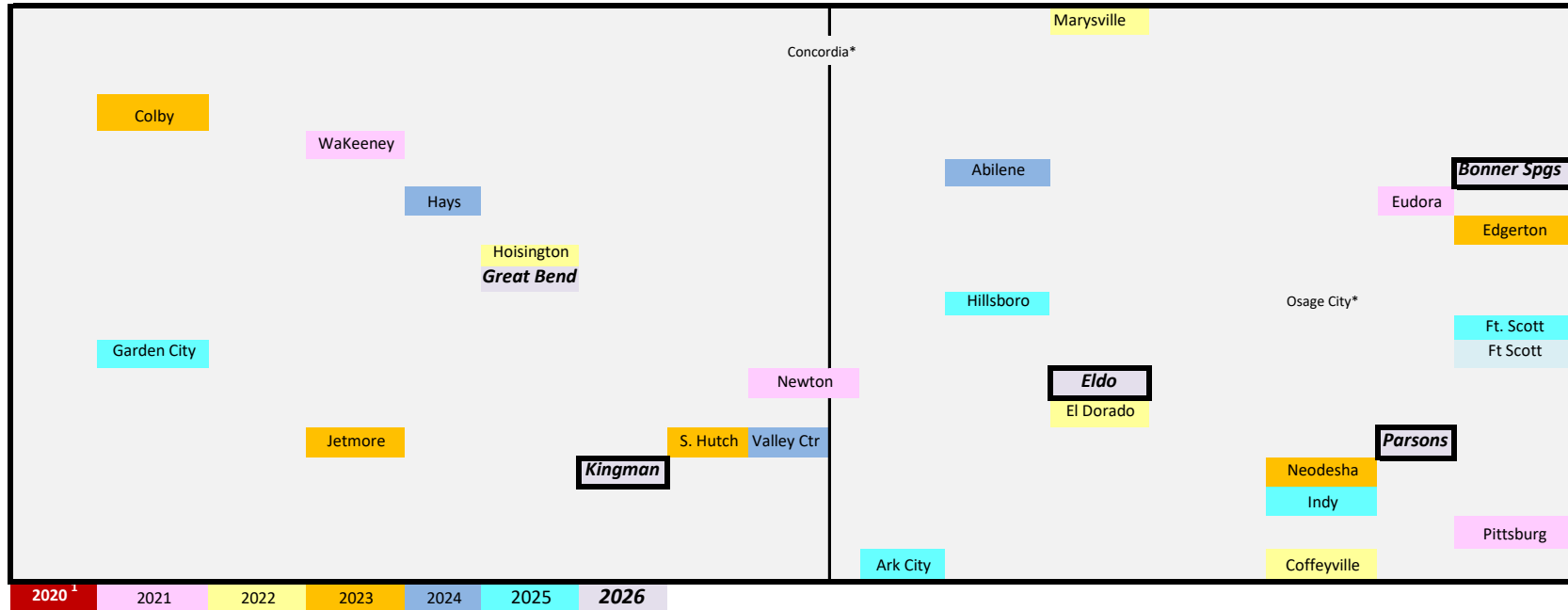




# KMIT Benefits

- THE best service. **Service to its members is why KMIT exists.**
- ALWAYS competitive rates.
- Knowledge of how work comp works IN KANSAS. A *Specific* expert to call for answers to work-comp-related questions.
- THOROUGH understanding of how KANSAS cities work, in every aspect of city government.
- Governed by a Board of Public Officials chosen specifically for KMIT, from every section of Kansas, making secure and conservative financial decisions, whose *only interest* is in helping Kansas public entities thrive.
- An assembled team of the very best at their craft, chosen specifically for KMIT.
- FREE Supervisor trainings, at five different sites across Kansas every year. [This kind of training is not available ANYWHERE else.]
- ANNUAL Safety Audits, with associated discounts.
- City-specific regional safety trainings, just for KMIT. FREE.
- KMIT *POET* Program. (Post-Offer-Employment-Test). Optional program designed EXCLUSIVELY for KMIT members. Position-Specific. City-Specific. Shared cost with KMIT.
- Expert, HANDS-ON “Dedicated” claims management.
- The BEST treatment for injuries is always KMIT’s goal.
- *Return-To-Work* emphasis.
- Knowledge of every-changing Kansas work comp laws.
- ‘June Mod’ Project. Annual process to assist budget preparation.
- Bi-Monthly digital newsletter, *KMIT NOTES*.
- DIRECT access to KMIT Pool Manager and Claims Manager.
- MANY YEARS of Kansas work comp and city management experience at your fingertips.

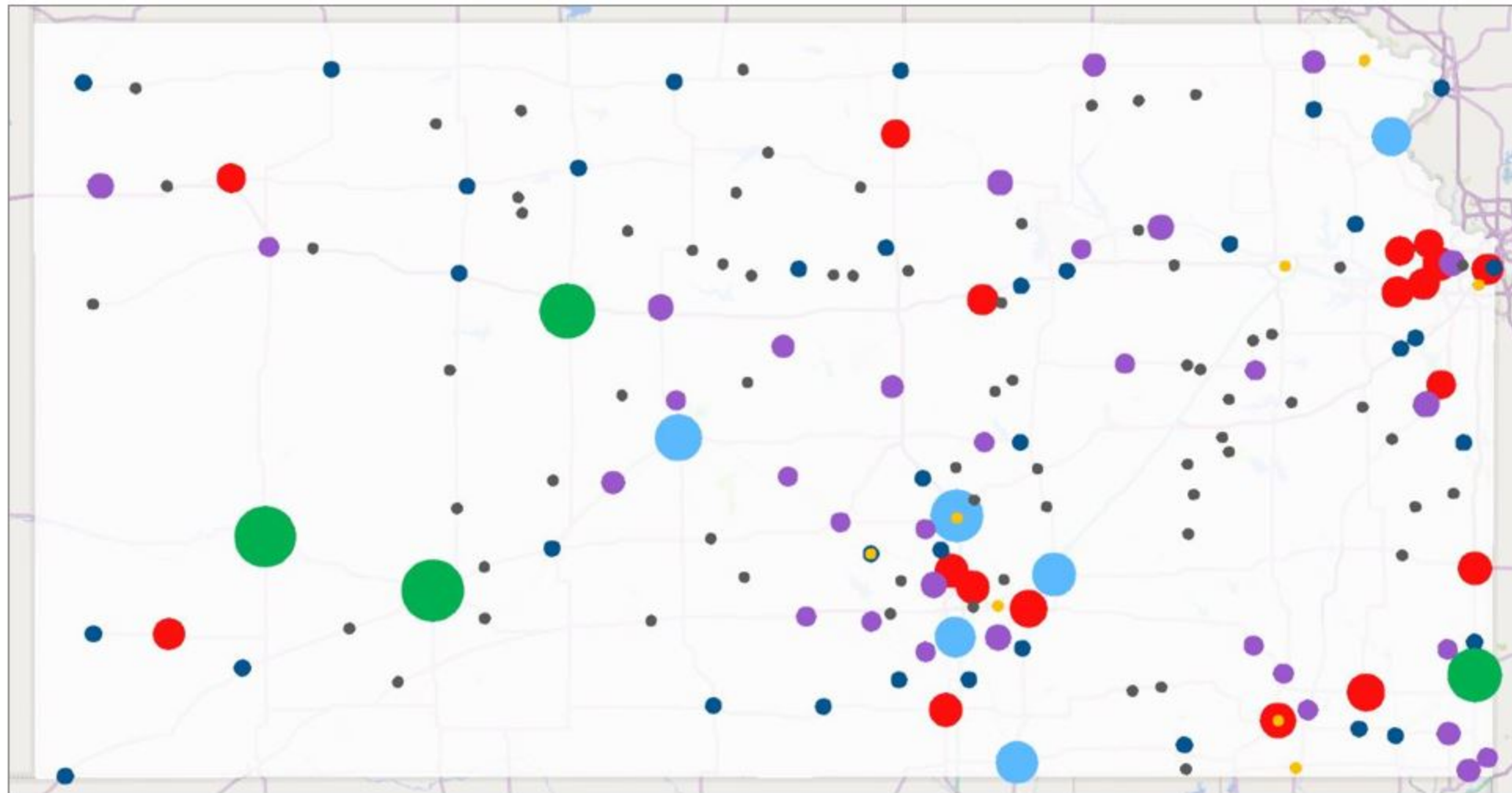
# KMIT Supervisor Seminar Map, 2020-2026



<sup>1</sup>no trainings were held in 2020, due to COVID-19

\*cancelled due to lack of advance registrations, 2024

# KMIT Covers Kansas



Population Group ● 0-1,000 ● 1,000-2,000 ● 2,000-5,000 ● 5,000-10,000 ● 10,000-20,000 ● 20,000-30,000 ● Non-Cities



**City of Caney**  
**KMIT - Workers Compensation Quote for 2026**  
 Based on Estimated 2026 Payroll  
 Policy Term: January 1, 2026 - December 31, 2026

| <u>Classification</u>                                     | <u>Class Code</u> | <u>Payroll</u>     | <u>Modified Rate</u> | <u>Premium</u>  |
|---|-------------------|--------------------|----------------------|-----------------|
| Street or Road Construction: Paving or Repaving & Drivers | 5506              | \$265,200          | 3.48                 | \$9,235         |
| Waterworks Operation & Drivers & Salespersons             | 7520              | \$89,440           | 2.28                 | \$2,039         |
| Firefighters and Drivers                                  | 7710              | \$313,420          | 3.52                 | \$11,018        |
| Police Officers & Drivers                                 | 7720              | \$350,580          | 2.31                 | \$8,114         |
| Clerical Office Employees NOC                             | 8810              | \$218,280          | 0.10                 | \$226           |
| <b>Totals:</b>  |                   | <b>\$1,236,920</b> |                      | <b>\$30,633</b> |

**Make Checks Payable To:**  
 KANSAS MUNICIPAL INSURANCE TRUST

**Send Payment To:**  
 Kansas Municipal Insurance Trust  
 PO Box 541  
 Shawnee Mission, KS 66201-0541

|                               |      |                 |
|-------------------------------|------|-----------------|
| Experience Mod:               | 1.52 |                 |
| Standard Premium:             |      | \$46,562        |
| Discount:                     |      | 5%              |
| Discounted Premium:           |      | \$44,234        |
| Expense Constant:             |      | \$200           |
| <b>Annual Contributions:</b>  |      | <b>\$44,434</b> |
| <b>Prorata Contributions:</b> |      | <b>\$33,478</b> |

# Questions to Ask Agents/Consultants

## About Work Comp

Who (name of adjuster) will manage the City's claims? Where is the adjuster located?

How and to whom do we report a claim?

To what degree is/are the company's adjuster(s) familiar with the specific specialty doctors in Kansas? Who will choose the specialists?

Who will set the reserves? A specific adjuster? Someone in an office somewhere?

Will the City get a regular update of every open claim? If so, with whom can you discuss a question?

How is work comp priced? What factors affect/determine cost?

Are volunteers covered under work comp in Kansas? If so, how does that work?

Are volunteer firefighters covered? To what extent? How are they priced?

Can anybody 'waiver out' of work comp? If so, who can, and how do they do it?

Can Railroads get a work comp waiver?

Are heart attacks and strokes covered under work comp in Kansas?

Are contractors covered?

How do you deal with work comp for 10-99's? Are 10-99 workers a liability?

What is a 'mod' factor? How does it work? Who calculates a mod for each city?

What role does your local agent play in claims?

Is there a loss control component (assistance) in your work comp policy? Is there an expert annual safety audit?

Do you give specific safety discounts?

How will your annual payroll audit be done and by whom?

Who estimates your upcoming year's payroll for renewal? When is the estimate done?

Do you have any way of giving a pre-budget 'heads up' if your work comp cost is going up significantly?

How about 'Return-to-Work'—Is there a recommended 'model' plan or policy that you know of for cities to adopt RTW?

Can the company prove subrogation effort/success on work comp claims?

Who can you call for general or specific work comp management advice?

What is the company's Kansas rate history for work comp over the past 8-10 years?

Where can you get specific pre-employment testing done? How would that work?

How are cities and other municipalities different from private companies with respect to work comp?



**ACRISURE MIDWEST PARTNERS INS SVCS LLC**

PO BOX 510187  
NEW BERLIN, WI  
53151-0187



**CITY OF CANEY**

**Your Business**

**CITY OF CANEY**  
 PO BOX 129  
 CANEY, KS 67333-0129

**Your Agent**

**ACRISURE MIDWEST PARTNERS  
 INS SVCS LLC**  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187

**Your Quote**

Quote: 8X98920 001  
 Prepared on 03/04/2026  
 Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

**Your Account Summary**

**Your Premium Estimate**

|                                    |             |
|------------------------------------|-------------|
| Commercial Property (Version #1)   | \$98,948.00 |
| General Liability (Version #3)     | \$8,682.00  |
| Workers' Compensation (Version #4) | \$43,478.00 |
| Inland Marine (Version #2)         | \$3,527.00  |
| Business Auto (E-04)               | \$48,903.00 |
| Commercial Umbrella (J-13)         | \$5,744.00  |
| Govt Crime/Fidelity Package (F-01) | \$459.00    |
| Linebacker - Claims Made (K-01)    | \$8,469.00  |
| Law Enforcement Liability (G-02)   | \$7,916.00  |

**Total Account Premium Estimate** **\$226,126.00**

**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.emcinsurance.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**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

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

**Coverages**

| Coverages Provided                                   | Premium            |
|--|--------------------|
| Building   | \$7,650.00         |
| Personal Property                                    | \$3,688.00         |
| Blanket ID Number - 1 - See Schedule for Description | \$87,610.00        |
| Property Premium                                     | \$98,948.00        |
| <b>Total Property Premium</b>                        | <b>\$98,948.00</b> |

**Forms Applicable**

CP0090(07/88), CP0101(06/19), CP0140(07/06), CP0320(04/18), CP1040(02/19), CP1075(12/20), CP1218(10/12), CP1420(07/88), CP1440(06/07), CP1450(10/00), CP1615A(02/12), CP7001A(02/12), CP7121.4(08/18), CP7121(11/23), CP7173(12/19), CP7175(03/25), CP7342(02/17), CP7358(02/17), CP8036(07/21), CP8121(10/24), IL0017(11/98), IL0160(01/16), IL0261(09/07), IL0952(01/15), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7170(09/24), IL7306(08/98), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8493(01/25)

## Commercial Property Summary Proposal

### Endorsement Schedule

| Form     | Edition Date | Description/Additional Information   | Premium |
|----------|--------------|--|---------|
| CP 00 90 | 07 88        | Commercial Property Conditions   |         |
| CP 01 01 | 06 19        | Kansas 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 10 40 | 02 19        | Earthquake and Volcanic Eruption Coverage with Percentage Deductible   |         |
| CP 10 75 | 12 20        | Cyber Incident Exclusion   |         |
| CP 12 18 | 10 12        | Loss Payable Provisions  |         |
| CP 14 20 | 07 88        | <p>Additional Property Not Covered</p> <p>Location 5<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 1<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 14<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 15<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 13<br/>Building 1</p> |         |



| Form | Edition Date | Description/Additional Information  | Premium |
|------|--------------|---|---------|
|      |              | <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 12<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 10<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 8<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 6<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 7<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 11<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY</p> |         |



| Form       | Edition Date | Description/Additional Information   | Premium |
|------------|--------------|--|---------|
|            |              | <p>211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 9<br/>           Building 1<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 5<br/>           Building 2<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 7<br/>           Building 2<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.</p> |         |
| CP 14 40   | 06 07        | Outdoor Signs  |         |
| CP 14 50   | 10 00        | Radio Or Television Antennas   |         |
| CP 16 15A  | 02 12        | Statement Of Values  |         |
| CP 70 01A  | 02 12        | Commercial Property Schedule   |         |
| CP 71 21   | 11 23        | Building and Personal Property Coverage Form - Public Entity   |         |
| CP 71 21.4 | 08 18        | Property Coverage Part Public Entity   |         |
| CP 71 73   | 12 19        | Cannabis Exclusion   |         |
| CP 71 75   | 03 25        | <p>Limitations On Coverage For Roof System<br/>           Location 1<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 5<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 5<br/>           Building 2<br/>           Paragraph B Applies</p>  |         |



| Form     | Edition Date | Description/Additional Information  | Premium |
|----------|--------------|---|---------|
|          |              | Location 6<br>Building 1<br>Paragraph B Applies<br>Location 7<br>Building 1<br>Paragraph B Applies<br>Location 7<br>Building 2<br>Paragraph B Applies<br>Location 8<br>Building 1<br>Paragraph B Applies<br>Location 9<br>Building 1<br>Paragraph B Applies<br>Location 10<br>Building 1<br>Paragraph B Applies<br>Location 11<br>Building 1<br>Paragraph B Applies<br>Location 12<br>Building 1<br>Paragraph B Applies<br>Location 13<br>Building 1<br>Paragraph B Applies<br>Location 14<br>Building 1<br>Paragraph B Applies<br>Location 15<br>Building 1<br>Paragraph B Applies |         |
| CP 73 42 | 02 17        | Kansas Changes  |         |
| CP 73 58 | 02 17        | Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)  |         |
| CP 80 36 | 07 21        | Commercial Property Valuation Increase  |         |
| CP 81 21 | 10 24        | Important Notice To Policyholders   |         |



**Employers Mutual Casualty Company**

Quote: BCPP246 - Option 001

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>                | <b>Premium</b> |
|-------------|---------------------|--|----------------|
| IL 00 17    | 11 98               | Common Policy Conditions                                 |                |
| IL 01 60    | 01 16               | Kansas Changes - Concealment, Misrepresentation Or Fraud |                |
| IL 02 61    | 09 07               | Kansas 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 70 07A   | 01 21               | Installment Premium Payment Schedule                     |                |
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule                   |                |
| IL 71 70    | 09 24               | Actual Cash Value Definition                             |                |
| IL 73 06    | 08 98               | Exclusion Of Certain Computer-Related Losses             |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement                   |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act      | \$780.00       |
| IL 83 84A   | 01 08               | Terrorism Notice   |                |
| IL 84 93    | 01 25               | Actual Cash Value Definition - PHN                       |                |



## Terrorism Notice

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**

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|                                    |          |
|------------------------------------|----------|
| Terrorism Premium (Certified Acts) | \$780.00 |
|------------------------------------|----------|

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**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 terrorism 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 rate allocations in accordance with the 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 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

|                                   |                     |                         |
|-----------------------------------|---------------------|-------------------------|
| <b>Blanket Limit of Insurance</b> | <b>\$24,785,216</b> | <b>Coinsurance: 90%</b> |
| Except:                           |                     |                         |
| Earthquake                        | \$23,831,937        | Coinsurance:            |

**Locations**

For inspection contact: See agent on Dec page

|                                      |  |
|--------------------------------------|--|
| <b>Location 1</b>                    |  |
| 1645 Cr 1300<br>Caney, KS 67333-8555 |  |
| <b>Building 1</b>                    | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building</p> <p><b>In Protection Class:</b> 6X</p> <p><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE</p> <p><b>Deductible Per Occurrence:</b> \$2,500</p> <p style="padding-left: 20px;">Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |



|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|---|--------------------|------------------------|-------------|----------|---|
|                 | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 2**

108 C STREET  
CANNEY, KS 67333

|                 |   |
|-----------------|---|
| Special Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - WATER TOWER<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |
|-----------------|---|



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 3**

S SMITH ST AT 5TH AVE  
CANNEY, KS 67333

| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |   |             |          |                                  |
|--------------------|--|--------------------|---|-------------|----------|----------------------------------|
|                    | Coverage   | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages               |
|                    | Property In The Open   | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value |
| Earthquake         |  |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |                                  |

**Location 4**

12TH & HIGH  
CANNEY, KS 67333

|                    |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |  |  |  |  |
|                    |  |  |  |  |  |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|----------------------|--------------------|------------------------|-------------|----------|--|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value                                     |
|                      |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 5**

904 W 6th Ave

Caney, KS 67333-1404

| <b>Building 1</b> | <p><b>Description:</b> 2 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|-------------------|--|--------------------|------------------------|-------------|----------|---|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                   | YOUR BUSINESS<br>PERSONAL<br>PROPERTY  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |



| <b>Building 2</b> | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DOG POUND<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Location 6**

408 N Ridgeway St  
Caney, KS 67333-2010

|                   |  |
|-------------------|--|
| <b>Building 1</b> | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |
|-------------------|--|



|                        | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|------------------------|---|--------------------|------------------------|-------------|----------|---|
|                        | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                        |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                        | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                        |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| <b>Special Class 1</b> | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                        | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                        | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                        |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |



**Location 7**  
 300 E 4TH AVE  
 CANEY, KS 67333  
 Location Description: WARK MEMORIAL PARK

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** RESTROOM  
**Deductible Per Occurrence:** \$2,500  
 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake

| Building 1 | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|--|---|
|            | Building | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** WATER FOUNTAIN BLDG  
**Deductible Per Occurrence:** \$2,500  
 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake



|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|--|--------------------|------------------------|-------------|----------|---|
|                 | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 2 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - SHELTER HOUSE<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake        |                    |                        |             |          |   |

|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|--------------------|---|--------------------|------------------------|-------------|----------|---|
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 3 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - GAZEBO<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake            |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 4 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - WARK WAR MEMORIAL<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |



| <b>Location 8</b><br>1645 Cr 1300<br>Caney, KS 67333-8555<br>Location Description: WATER PLANT |   |                    |                        |             |          |   |
|--|---|--------------------|------------------------|-------------|----------|---|
| <b>Building 1</b>  | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|  | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|  | Building  | See Blkt 1         | Special                | See Blkt 1  | 2        | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|  |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|  | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|  |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| <b>Special Class 1</b>   | <b>Description:</b> PROPERTY IN THE OPEN - COMMUNICATION TOWER<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake   |                    |                        |             |          |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|----------------------|--------------------|------------------------|-------------|----------|--|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Radio Or Television Antennas     |
|                      |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 9**

1301 N Wood St  
Caney, KS 67333-2209

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> BOOSTER PUMP STATION<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |



|  |                                 |            |            |            |   |  |
|--|---------------------------------|------------|------------|------------|---|--|
|  | YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 1 | Replacement Cost<br>Agreed Value                                     |
|  |                                 |            | Earthquake |            |   | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 10**

800 N Wood St

Caney, KS 67333-1158

Location Description: NORTH WOOD PARK

| <b>Building 1</b>      | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> SHELTER HOUSE<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|------------------------|--|--------------------|------------------------|-------------|----------|---|
|                        | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                        | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br><br>Limitations On Coverage For Roof System<br><br>Debris Removal \$250,000 |
|                        |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible  |
| <b>Special Class 1</b> | <p><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p>  |                    |                        |             |          |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> Caney City Hall and Police Station<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |   |             |          |  |
|-------------------|---|--------------------|---|-------------|----------|--|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages   |
|                   | Building  | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
| Earthquake        |   |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |  |



|  |                                       |            |            |            |   |   |
|--|---------------------------------------|------------|------------|------------|---|---|
|  | YOUR BUSINESS<br>PERSONAL<br>PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 3 | Replacement Cost<br>Agreed Value  |
|  |                                       |            | Earthquake |            |   | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 12**

127 N Spring St  
Caney, KS 67333-1303

| <b>Building 1</b>                        | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> FIRE BARN<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |   |  |
|--|--|--------------------|------------------------|-------------|---|--|
|  | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int  | Optional Coverages   |
|  | Building   | See Blkt 1         | Special                | See Blkt 1  |   | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
|  |  |                    | Earthquake             |             |   | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |
| PERSONAL<br>PROPERTY OF<br>YOUR BUSINESS | See Blkt 1   | Special            | See Blkt 1             |             | Replacement Cost<br>Agreed Value  |  |
|  |  | Earthquake         |                        |             | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |  |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| <b>Building 1</b> | <p><b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN)<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|-------------------|--|--------------------|------------------------|-------------|----------|---|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                   | PERSONAL PROPERTY OF YOUR BUSINESS   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

|                   |   |
|-------------------|---|
| <b>Building 1</b> | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> NEW CITY LIBRARY<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |
|-------------------|---|



|            | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|----------|---|
| Building 1 | Building | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 15**

114 N State St  
Caney, KS 67333-1334

| Building 1 | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> FUTURE GROCERY STORE<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|------------|---|--------------------|------------------------|-------------|--|---|
|            | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|            | Building  | \$1,115,655        | Special                | 90%         |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |



|  |  |           |            |     |  |
|--|--|-----------|------------|-----|--|
|  | PERSONAL PROPERTY OF YOUR BUSINESS - REFRIGERATION EQUIPMENT | \$483,310 | Special    | 80% | Replacement Cost Agreed Value  |
|  |  |           | Earthquake |     | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Miscellaneous Location Level Coverages**

See coverage form for deductible amounts applicable to these coverages.

| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 1        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 1        | Fire Department Service Charge                                      | \$50,000           |
| 2        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 2        | Fire Department Service Charge                                      | \$50,000           |
| 3        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 3        | Fire Department Service Charge                                      | \$50,000           |
| 4        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 4        | Fire Department Service Charge                                      | \$50,000           |
| 5        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 5        | Fire Department Service Charge                                      | \$50,000           |
| 6        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 6        | Fire Department Service Charge                                      | \$50,000           |
| 7        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 7        | Fire Department Service Charge                                      | \$50,000           |
| 8        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 8        | Fire Department Service Charge                                      | \$50,000           |
| 9        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 9        | Fire Department Service Charge                                      | \$50,000           |
| 10       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 10       | Fire Department Service Charge                                      | \$50,000           |



| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 11       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 11       | Fire Department Service Charge                                      | \$50,000           |
| 12       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 12       | Fire Department Service Charge                                      | \$50,000           |
| 13       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 13       | Fire Department Service Charge                                      | \$50,000           |
| 14       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 14       | Fire Department Service Charge                                      | \$50,000           |
| 15       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 15       | Fire Department Service Charge                                      | \$50,000           |

**Miscellaneous Policy Level Coverages**

---

|   |                   |
|---|-------------------|
| Public Entity Line Additional Coverages and Coverage Extensions | See Coverage Form |
| Unreported Buildings, Structures and Outdoor Fixtures           | \$50,000          |

**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**

---

USDA, RURAL DEVELOPMENT  
 PO BOX 408  
 202 W MILLER RD  
 IOLA, KS 66749-0408



**Special Interest(s)**

---

**2 Mortgagee**

---

USDA RURAL DEVELOPMENT  
202 W MILLER RD  
IOLA, KS 66749-1641

**3 Loss Payable**

---

CANON FINANCIAL SERVICES INC  
158 GAITHER DR STE 200  
MOUNT LAUREL, NJ 08054-1716



## Statement of Values

**Location 1**  
 1645 Cr 1300  
 Caney, KS 67333-8555

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$38,899.00        | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X   |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP   | 66,912             | Replacement Cost  |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                        |                                    |                    |                   |
|------------------------|------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X     |                    |                   |
|                        | <b>Coverage</b>                    | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WATER TOWER | 1,486,770          | Replacement Cost  |

**Location 3**  
 S SMITH ST AT 5TH AVE  
 CANEY, KS 67333

|                        |                                |  |  |
|------------------------|--------------------------------|--|--|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X |  |  |
|------------------------|--------------------------------|--|--|



|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 4**

12TH & HIGH  
CANEY, KS 67333

|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class: 6</b>       |                    |                   |
|                        | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 5**

904 W 6th Ave  
Caney, KS 67333-1404

|                   |  |                    |                   |
|-------------------|--|--------------------|-------------------|
| <b>Building 1</b> | <b>Description: 2 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING</b> |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$7,404,541.00     | Replacement Cost  |
|                   | YOUR BUSINESS PERSONAL PROPERTY  | \$22,932.00        | Replacement Cost  |
| <b>Building 2</b> | <b>Description: 1 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DOG POUND</b>  |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$106,170.00       | Replacement Cost  |



**Location 6**

408 N Ridgeway St  
Caney, KS 67333-2010

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$112,438.00       | Replacement Cost  |
|                        | YOUR BUSINESS PERSONAL PROPERTY  | \$4,490.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY   | 6,880              | Replacement Cost  |

**Location 7**

300 E 4TH AVE  
CANEY, KS 67333

Location Description: WARK MEMORIAL PARK

|                   |   |                    |                   |
|-------------------|---|--------------------|-------------------|
| <b>Building 1</b> | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> RESTROOM |                    |                   |
|                   | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building  | \$71,228.00        | Replacement Cost  |



|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 2</b>      | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building |                    |                   |
|                        | <b>In Protection Class:</b> 6  |                    |                   |
| <b>Building 2</b>      | <b>Occupancy:</b> WATER FOUNTAIN BLDG  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$3,431.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT                                  | 36,492             | Replacement Cost  |
| <b>Special Class 2</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - SHELTER HOUSE   | 33,687             | Replacement Cost  |
| <b>Special Class 3</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - GAZEBO  | 19,116             | Replacement Cost  |
| <b>Special Class 4</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WARK WAR MEMORIAL                                     | 2,867              | Replacement Cost  |

**Location 8**

1645 Cr 1300

Caney, KS 67333-8555

Location Description: WATER PLANT



|                 |  |                    |                   |
|-----------------|--|--------------------|-------------------|
| Building 1      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | Building   | \$7,786,282.00     | Replacement Cost  |
|                 | YOUR BUSINESS PERSONAL PROPERTY  | \$143,326.00       | Replacement Cost  |
| Special Class 1 | <b>In Protection Class:</b> 6X   |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | PROPERTY IN THE OPEN - COMMUNICATION TOWER   | 30,764             | Replacement Cost  |

**Location 9**

1301 N Wood St  
 Caney, KS 67333-2209

|            |   |                    |                   |
|------------|---|--------------------|-------------------|
| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> BOOSTER PUMP STATION |                    |                   |
|            | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|            | Building  | \$22,253.00        | Replacement Cost  |
|            | YOUR BUSINESS PERSONAL PROPERTY   | \$65,639.00        | Replacement Cost  |

**Location 10**

800 N Wood St  
 Caney, KS 67333-1158  
 Location Description: NORTH WOOD PARK



| <b>Building 1</b>                           | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> SHELTER HOUSE  |                  |             |            |   |            |                  |  |
|---|---|------------------|-------------|------------|---|------------|------------------|--|
|   | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$7,876.00</td> <td>Replacement Cost</td> </tr> </tbody> </table>                                | Coverage         | 100% Values | Value Type | Building                                    | \$7,876.00 | Replacement Cost |  |
| Coverage                                    | 100% Values   | Value Type       |             |            |   |            |                  |  |
| Building                                    | \$7,876.00  | Replacement Cost |             |            |   |            |                  |  |
| <b>Special Class 1</b>                      | <b>In Protection Class:</b> 6   |                  |             |            |   |            |                  |  |
|   | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT</td> <td>11,307</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage         | 100% Values | Value Type | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 11,307     | Replacement Cost |  |
| Coverage                                    | 100% Values   | Value Type       |             |            |   |            |                  |  |
| PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 11,307  | Replacement Cost |             |            |   |            |                  |  |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b>               | <b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> Caney City Hall and Police Station  |                  |             |            |          |                |                  |                                 |              |                  |  |  |
|---------------------------------|--|------------------|-------------|------------|----------|----------------|------------------|---------------------------------|--------------|------------------|--|--|
|                                 | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$2,675,658.00</td> <td>Replacement Cost</td> </tr> <tr> <td>YOUR BUSINESS PERSONAL PROPERTY</td> <td>\$134,684.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage         | 100% Values | Value Type | Building | \$2,675,658.00 | Replacement Cost | YOUR BUSINESS PERSONAL PROPERTY | \$134,684.00 | Replacement Cost |  |  |
|                                 | Coverage   | 100% Values      | Value Type  |            |          |                |                  |                                 |              |                  |  |  |
| Building                        | \$2,675,658.00   | Replacement Cost |             |            |          |                |                  |                                 |              |                  |  |  |
| YOUR BUSINESS PERSONAL PROPERTY | \$134,684.00   | Replacement Cost |             |            |          |                |                  |                                 |              |                  |  |  |

**Location 12**

127 N Spring St

Caney, KS 67333-1303



| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> FIRE BARN |                |                  |
|------------|--|----------------|------------------|
|            | Coverage   | 100% Values    | Value Type       |
|            | Building   | \$1,238,954.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$179,582.00   | Replacement Cost |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| Building 1 | <b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN) |              |                  |
|------------|--|--------------|------------------|
|            | Coverage   | 100% Values  | Value Type       |
|            | Building   | \$740,029.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$7,973.00   | Replacement Cost |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

| Building 1 | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> NEW CITY LIBRARY |                |                  |
|------------|---|----------------|------------------|
|            | Coverage  | 100% Values    | Value Type       |
|            | Building  | \$2,198,386.00 | Replacement Cost |



|                            |                        |
|----------------------------|------------------------|
| Total Building             | \$22,406,145.00 RC     |
| Total Personal Property    | \$558,626.00 RC        |
| Total Property in the Open | \$1,820,445.00 RC      |
| <b>Combined Total</b>      | <b>\$24,785,216.00</b> |

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: \_\_\_\_\_



## General Liability Summary Proposal

### Prepared For

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

### Presented By

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

### 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

|  |                   |
|--|-------------------|
| Products/Completed Operations            | \$39.00           |
| Other Than Products/Completed Operations | \$8,643.00        |
| <b>Total Estimated Policy Premium</b>    | <b>\$8,682.00</b> |

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

### Forms Applicable

CG0001(04/13), CG0069(12/23), CG0070(01/26), CG0109(11/85), CG0300(01/96), CG2028(12/19), CG2100(07/98), CG2106(12/23), CG2147(12/07), CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2196(03/05), CG2244(04/13), CG2250(04/13), CG2256(07/98), CG2264(04/13), CG2409(07/98), CG4032(05/23), CG4035(12/23), CG7001A(10/12), CG7003(10/13), CG7185(10/13), CG7236(10/01), CG7551(10/19), CG7558(02/20), CG7605(10/14), CG7638(12/10), CG7673(10/19), CG7698(01/24), CG7740(11/20), CG7748(10/22), CG9909(12/19), IL0017(11/98), IL0021(09/08), IL0261(09/07), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7168(01/22), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8576(10/17)

## 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 00 70 | 01 26        | Exclusion - War  |         |
| CG 01 09 | 11 85        | Kansas And Oklahoma Changes - Transfer Of Rights   |         |
| CG 03 00 | 01 96        | Deductible Liability Insurance<br>Application of Endorsement (Enter below any limitations on the application and if NO, Limitations leave Blank) NONE  |         |
| CG 20 28 | 12 19        | Additional Insured - Lessor Of Leased Equipment<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST BANK<br>PO BOX 36<br>CANEY KS 67333<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST EQUIPMENT FINANCE<br>P.O. BOX 1110<br>FORT SMITH, AR 72917 |         |
| CG 21 00 | 07 98        | Exclusion - All Hazards In Connection With Designated Premises<br>Description Of Premises: - 410 S STATE, CANEY KS<br>Description Of Premises: - 302 S SPRING, CANEY KS<br>Description Of Premises: - 100 E TAYLOR, CANEY KS<br>Description Of Premises: - 502 N MAIN, CANEY KS              |         |
| 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 21 96 | 03 05        | Silica Or Silica-Related Dust Exclusion  |         |
| CG 22 44 | 04 13        | Exclusion - Services Furnished By Health Care Providers<br>Description of Operations - Any and all services furnished by health care providers   |         |



| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>  | <b>Premium</b> |
|-------------|---------------------|--|----------------|
| CG 22 50    | 04 13               | Exclusion - Failure To Supply  |                |
| CG 22 56    | 07 98               | Exclusion - Injury To Volunteer Firefighters   |                |
| CG 22 64    | 04 13               | Pesticide Or Herbicide Applicator - Limited Pollution Coverage<br>Description Of Operations - WEED CONTROL AND<br>MOSQUITO FOGGING OPERATIONS                  |                |
| CG 24 09    | 07 98               | Governmental Subdivisions  |                |
| CG 40 32    | 05 23               | Exclusion-Perfluoroalkyl and Polyfluoroalkyl Substances  |                |
| CG 40 35    | 12 23               | Exclusion - Cyber Incident   |                |
| CG 70 01A   | 10 12               | General Liability Schedule   |                |
| CG 70 03    | 10 13               | GL Quick Reference (Occurrence)  |                |
| CG 71 85    | 10 13               | Exclusion - Lead   |                |
| CG 72 36    | 10 01               | Additional Insured - Association Or Organization<br>Schedule of Association Or Organizations - CITY LIBRARY<br>BOARD   |                |
| CG 75 51    | 10 19               | Abuse Or Molestation Liability   |                |
| CG 75 58    | 02 20               | Kansas Tort Claims Act Endorsement   |                |
| CG 76 05    | 10 14               | Exclusion - Law Enforcement Activities   |                |
| CG 76 38    | 12 10               | Municipal Liability Endorsement  |                |
| CG 76 73    | 10 19               | Municipal Violent Event Response Coverage<br>Aggregate Limit \$100,000<br>Each Event Limit \$100,000<br>Each Person Limit \$25,000                             |                |
| CG 76 98    | 01 24               | General Liability Municipalities Elite Extension   |                |
| CG 77 40    | 11 20               | Communicable Disease Exclusion - Pandemic, Epidemic or Public<br>Health Emergency  |                |
| CG 77 48    | 10 22               | Cannabis Exclusion With Limited Exception For Retail Sales Of<br>CBD Products And Hemp Exception   |                |
| CG 99 09    | 12 19               | Premium Audit Noncompliance Charge<br>Audit Noncompliance Charge Factor 1<br>Number of Written Attempts To Obtain Audit Information 2<br>Reassessment Charge 0 |                |
| IL 00 17    | 11 98               | Common Policy Conditions   |                |



**EMC Property & Casualty Company**

Quote: BCPN712 - Option 001

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>           | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IL 00 21    | 09 08               | Nuclear Energy Liability Exclusion Endorsement      |                |
| IL 02 61    | 09 07               | Kansas Changes - Cancellation And Nonrenewal        |                |
| IL 70 04    | 03 20               | Mutual Policy Provisions                            |                |
| IL 70 07A   | 01 21               | Installment Premium Payment Schedule                |                |
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule              |                |
| IL 71 68    | 01 22               | Asbestos Exclusion                                  |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement              |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act | \$76.00        |
| IL 83 84A   | 01 08               | Notice  |                |
| IL 85 76    | 10 17               | Important Notice To Policyholders                   |                |



## Terrorism Notice

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) | \$76.00 |
|------------------------------------|---------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem         |
|---|--------------------------------|--|-------------------|-----------------------------------|
| <p><b>Location 000</b><br/>                     Abuse Or Molestation Liability<br/>                     Fungi Or Bacteria Exclusion<br/>                     Pesticide Or Herbicide Applicator - Limited<br/>                     Pollution<br/>                     Lessor Of Leased Equipment - CG 20 28</p>  |                                |  |                   | \$130<br>(\$79)<br>\$391<br>\$100 |
| <p><b>Location KS</b><br/>                     Association Or Organization - CG 72 36<br/>                     Exclusion - Law Enforcement Activities CG<br/>                     76 05<br/>                     Municipal Violent Event Response</p>   |                                |  |                   | \$100<br>(\$298)<br>\$100         |
| <p><b>Location 001</b><br/>                     41700 Dam, Levee or Dike - existence<br/>                     hazard only<br/>                     Prem Basis: Number of Dams, Levees, or<br/>                     Dikes<br/>                     Exposure: 2<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p> |                                |  | 350.136           | \$700                             |
| <p>45524 Lakes or Reservoirs - existence<br/>                     hazard only - Not-For-Profit only<br/>                     Prem Basis: Number of Lakes or<br/>                     Reservoirs<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>                          |                                |  | 149.206           | \$149                             |



| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>48924</b> Swimming Pools - commercially operated<br/>                     Prem Basis: Gross Sales<br/>                     Exposure: \$27,000<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 12.921            | \$349                     |
| <p><b>87522</b> Town Liability -<br/>                     Premises/Operations In Progress Including Work Subcontracted To Others -<br/>                     Population 1,001 - 2,500<br/>                     Prem Basis: Per Capita<br/>                     Exposure: 1,759<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Including Products/Completed Operations unless Otherwise Excluded</p> |                                |  | 1.694             | \$2,979                   |
| <p><b>99943</b> Water Companies<br/>                     Prem Basis: Payroll<br/>                     Exposure: \$119,886<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 22.162            | \$2,657                   |
| <p><b>Location 002</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 8<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$14                      |



| Code No./Exposure/Classification  | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|---|--------------------------------|--|-------------------|---------------------------|
| <p><b>Location 003</b><br/> <b>68607</b> Vacant Buildings - not factories -<br/>                     Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 2,040<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p> |                                |  | 10.618            | \$22                      |
| <p><b>Location 004</b><br/> <b>68607</b> Vacant Buildings - not factories -<br/>                     Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 798<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>   |                                |  | 10.618            | \$8                       |
| <p><b>Location 005</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>  |                                |  | 1.694             | \$2                       |
| <p><b>Location 006</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>  |                                |  | 1.694             | \$2                       |



| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>Location 007</b></p> <p><b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 2<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$3                       |
| <p><b>Location 008</b></p> <p><b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$2                       |
| <p><b>Location 009</b></p> <p><b>13673</b> Grocery Stores<br/>                     Prem Basis: Gross Sales<br/>                     Exposure: \$630,895<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     \$500 Deductible Applies To PD Per Claim For Products/Completed Operations</p> <p><b>47051</b> Real Estate Development Property<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p> | 0.0620                         | \$39                                   | 1.474             | \$930                     |
| <p><b>47051</b> Real Estate Development Property<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 5.950             | \$6                       |



**Policy Level Coverages**

| Coverages                               | Limit of Insurance | Premium           |
|---|--------------------|-------------------|
| General Liability Elite Extension       |                    | \$300             |
| Premium For Certified Acts of Terrorism |                    | \$76.00           |
| <b>Total Estimated Policy Premium</b>   |                    | <b>\$8,682.00</b> |

**Location of All Premises Owned, Rented or Occupied**

| Rated Locations     |   |
|---------------------|---|
| <b>Location 1</b>   | 100 W 4th Ave<br>Caney, KS 67333-1410<br>Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |
| <b>Location 2</b>   | SEC 18 T35S R 14 E<br>Caney, KS 67333<br>Description: MONTGOMERY COUNTY, KS.                    |
| <b>Location 3</b>   | 112-116 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 4</b>   | 108 1/2 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 5</b>   | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 6</b>   | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 7</b>   | SE Corner of 7th & Forman St<br>Caney, KS 67333   |
| <b>Location 8</b>   | 117 W 4th Ave<br>Caney, KS 67333-1459   |
| <b>Location 9</b>   | 114 N State St<br>Caney, KS 67333-1334  |
| All Other Locations |   |
| <b>Location: 10</b> | 109 S State St<br>Caney, KS 67333-1447  |

CONDITIONAL



**EMC Property & Casualty Company**

Quote: BCPN712 - Option 001

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

**Location: 11**

211 W 5th Ave  
Caney, KS 67333-1409



Information Page

**Workers' Compensation and Employers' Liability Summary Proposal**

This information page along with the 'policy provisions' completes the numbered policy.

Item 1

**Prepared For**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

AGENCY BILL

Phone Number: 620-879-2772

Insured Is: Other

Business Desc: MUNICIPALITY

Intrastate ID: 150115639

Federal Employer's ID: 48-6042166

Item 2

Policy Period: From: 04/01/2026

To: 04/01/2027

At 12:01 A.M., Standard Time at the insured's mailing address

Item 3

- A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation law of the states listed here: KS
- B. Employers' Liability Ins. : Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are
 

|                           |           |               |
|---------------------------|-----------|---------------|
| Bodily Injury By Accident | \$500,000 | Each Accident |
| Bodily Injury By Disease  | \$500,000 | Each Employee |
| Bodily Injury By Disease  | \$500,000 | Policy Limit  |
- C. Other States Ins. : Part Three of the policy applies to All States except ME, ND, OH, WA, WY and states designated in item 3.A shown above, and the following states:



D. This policy includes these endorsements and schedules: See Schedule Attached

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**Item 4**

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans.

All information required below is subject to verification and change by audit. See Schedule Attached

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|                            |                                |             |
|----------------------------|--------------------------------|-------------|
|                            | Total Estimated Policy Premium | \$43,478.00 |
| Minimum Premium \$1,000.00 | Expense Constant               | \$160.00    |
| Kansas                     |                                |             |

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## Workers' Compensation Summary Proposal

### Endorsement Schedule

| Form          | Edition Date | Description/Additional Information   | Premium  |
|---------------|--------------|--|----------|
| 04 05 B       | 04 24        | Privacy Notice   |          |
| IL 70 04      | 03 20        | Mutual Policy Provisions   |          |
| IL 70 07 A    | 01 21        | Installment Premium Payment Schedule   |          |
| IL 71 31A     | 04 01        | Commercial Workers' Compensation Policy Declarations                         |          |
| IL 76 04      | 05 25        | Kansas Company Elimination Endorsement                                       |          |
| IL 83 83.2A   | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act                          | \$149.00 |
| IL 85 76      | 10 17        | Important Notice To Policyholders  |          |
| WC 00 00 00 C | 01 15        | Workers Compensation And Employers Liability Insurance Policy                |          |
| WC 00 03 10   | 04 84        | Sole Proprietors, Partners, Officers And Others Coverage Endorsement         |          |
| WC 00 04 14 A | 01 19        | 90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement |          |
| WC 00 04 19 A | 08 22        | Part Five-Premium Amendatory Endorsement                                     |          |
| WC 00 04 21 F | 08 22        | Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement     |          |
| WC 00 04 22 C | 01 21        | Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement  |          |
| WC 00 04 24   | 01 17        | Audit Noncompliance Charge Endorsement                                       |          |
| WC 00 04 25   | 05 17        | Experience Rating Modification Factor Revision Endorsement                   |          |
| WC 15 04 01 A | 01 10        | Kansas Final Premium Endorsement   |          |
| WC 15 06 01 A | 01 87        | Kansas Cancelation And Nonrenewal Endorsement                                |          |
| WC 70 05      | 07 11        | WC Quick Reference   |          |
| WC 71 68      | 02 21        | Workers Compensation Sliding Scale Dividend Plan                             |          |
| WC 81 30      | 10 14        | Important Notice   |          |
| WC 99 06 18   | 05 25        | Workers' Compensation and Employers' Liability Insurance Policy              |          |
| WC 99 06 19   | 05 25        | Workers Compensation Schedule  |          |

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) | \$149.00 |
|------------------------------------|----------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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.



## Extension of Information

### Item 4 - Classification of Operations Schedule

**State:** Kansas

State Empl ID:

NCCI Intrastate ID: 150115639

| Location Number | Location Information  |
|-----------------|---|
| 1               | 100 W 4th Ave<br>Caney, Kansas 67333-1410<br>Maximum # of employees exposed at any one time: 23<br>Number of employees: Full Time: 22 Part Time: 1<br>Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |

| Classifications   | Code No. | Premium Basis<br>Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|---|----------|--|------------------------------|--------------------------|
| Location 1  |          |  |                              |                          |
| Street or Road Construction-Paving or Repaving & Drivers                            | 5506     | 82,543   | 4.149                        | \$3,425.00               |
| Waterworks Operation & Drivers.   | 7520     | 84,688   | 2.717                        | \$2,301.00               |
| Sewage Disposal Plant Operation & Drivers   | 7580     | 48,804   | 2.227                        | \$1,087.00               |
| Ambulance Service Companies and EMS (Emergency Medical Service) Providers & Drivers | 7705     | 11,848   | 5.035                        | \$597.00                 |
| Firefighters & Drivers-Volunteer  | 7711     | 36,566   | 4.189                        | \$1,532.00               |
| Police Officers & Drivers   | 7720     | 359,601  | 2.758                        | \$9,918.00               |
| Store-Meat, Grocery and Provision-Combined-Retail NOC.                              | 8033     | 274,286  | 1.909                        | \$5,236.00               |
| Clerical Office Employees NOC.  | 8810     | 441,598  | 0.123                        | \$543.00                 |
| Law Office-All Employees & Clerical, Messengers, Drivers.                           | 8820     | 4,800  | 0.100                        | \$5.00                   |
| Swimming Pool-Public Operation-All Other Employees                                  | 9015     | 41,449   | 3.303                        | \$1,369.00               |
| Park NOC-All Employees & Drivers.   | 9102     | 60,381   | 3.020                        | \$1,824.00               |
| Cemetery Operation & Drivers  | 9220     | If Any   | 4.104                        | \$0.00                   |
| Garbage, Ashes or Refuse Collection & Drivers                                       | 9403     | If Any   | 8.158                        | \$0.00                   |
| Municipal, Township, County, or State Employee NOC.                                 | 9410     | 43,705   | 5.245                        | \$2,292.00               |
| <b>Total Manual Premium</b>   |          |  |                              | <b>\$30,129.00</b>       |
| Employers Liability Increased Limits  |          |  |                              | \$241.00                 |
| <b>Total Subject Premium</b>  |          |  |                              | <b>\$30,370.00</b>       |
| Experience Mod (1.5200)   |          |  |                              | \$15,792.00              |
| <b>Total Modified Premium</b>   |          |  |                              | <b>\$46,162.00</b>       |
| State Expense Constant  |          |  |                              | \$160.00                 |



| Classifications  | Code No. | Premium Basis Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|--|----------|---|------------------------------|--------------------------|
| (continued)  |          |   |                              |                          |
| Catastrophe (Other Than Certified Acts of Terrorism)<br>Premium Endorsement (0.020)                        |          |   |                              | \$298.00                 |
| Terrorism Risk Insurance Program Reauthorization Act<br>Disclosure Endorsement (0.010)<br>Premium Discount |          |   |                              | \$149.00<br>(\$3,291.00) |
| <b>Estimated Annual Premium</b>  |          |   |                              | <b>\$43,478.00</b>       |
| <b>Total Amount Due</b>  |          |   |                              | <b>\$43,478.00</b>       |

**Total Estimated Annual Premium**      \$43,478.00

## Workers' Compensation Insurance

# Sliding Scale Dividend Plan

WC8575 (10-20)

### Advantages of the Plan

A policyholder with exceptionally good experience can earn a dividend of 5% to 10%, as shown in the table below.

Workers' compensation dividends are fixed and determined by the Board of Directors in accordance with the law and cannot be legally guaranteed. However, the company has paid dividends under this or comparable plans continuously since 1944.

The possibility of a high dividend return in recognition of favorable loss experience offers the policyholder prompt material rewards for cooperation in accident prevention measures and plant improvement.

The policyholder does not have to give up the premium savings afforded by the Premium Discount Plan. (However, when any of the standard retrospective rating plans are used, the Premium Discount Plan is deleted.) The sliding scale dividend is payable after allowance of the premium discount, if applicable.

### How the Plan Operates

#### Plan Eligibility

The Sliding Scale Dividend Plan will be paid from first dollar and applies only to risks that run a full term with an earned premium of \$25,000 or more (after allowance of the premium discount, if applicable). If a risk develops less than \$25,000 earned premium in their state of domicile, the risk is not eligible for a dividend.

#### Dividend Eligibility

The loss experience determines whether the risk is qualified for a dividend. If the incurred loss ratio is under 25%, the dividend is payable in accordance with the table displayed.

**Note:** No dividend will be paid on policies canceled midterm, except for those instances where policies are rewritten by EMC Insurance Companies.

#### Computation

The sliding scale dividend calculation will be computed six months after policy expiration when losses are more fully developed, or at the completion of the final audit of the policy, whichever occurs later. Once calculated, the dividend plan will be considered closed and final.

Minimum Earned Premium = \$25,000 (after allowance of the premium discount, if applicable)

### Example of Plan Operation

Earned Premium: \$50,000  
 Paid Losses.....\$7,000  
 Reserves..... \$1,000  
 Total Incurred Losses.....\$8,000

Total Incurred Loss Ratio:  
 $\$8,000 \div \$50,000 = 16\%$

4% Sliding Scale Dividend on \$50,000 .....\$2,000

| Loss Ratio % | Earned Premium       |                      |                      |                    |
|--------------|----------------------|----------------------|----------------------|--------------------|
|              | \$25,000 to \$49,999 | \$50,000 to \$64,999 | \$65,000 to \$99,999 | \$100,000 and over |
| 0-4.99       | 5%                   | 7%                   | 8%                   | 10%                |
| 5-9.99       | 4%                   | 6%                   | 7%                   | 9%                 |
| 10-14.99     | 3%                   | 5%                   | 6%                   | 8%                 |
| 15-19.99     | 2%                   | 4%                   | 5%                   | 7%                 |
| 20-24.99     | 0%                   | 0%                   | 4%                   | 6%                 |
| 25-29.99     | 0%                   | 0%                   | 0%                   | 5%                 |
| 30-34.99     | 0%                   | 0%                   | 0%                   | 0%                 |

### Contact Us

Contact your EMC underwriter or marketing representative for more information.

www.emcins.com





## Commercial Inland Marine Summary Proposal

### Prepared For

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

### Presented By

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

### Coverages

See attached schedule for limits and description of coverages.

| Coverage Headings                  | Premium           |
|------------------------------------|-------------------|
| Contractors Equipment              | \$1,826.00        |
| *Signs                             | \$7.00            |
| Scheduled Property Floater         | \$1,694.00        |
| <b>Inland Marine Premium</b>       | <b>\$3,527.00</b> |
| <b>Total Inland Marine Premium</b> | <b>\$3,527.00</b> |

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.

Forms applicable to the above coverages indicated with an asterisk (\*):

IL7007A(01/21), CM7000.2A(01/21), IL7131A(04/01), IL8383.2A(12/20), CM7001.3A(01/21), IL7004(03/20), IL0261(09/07), IL0017(11/98), CM0001(09/04), CM8068(12/19), CM7021.1(02/20), CM7002(09/00), IL7306(08/98), IL0952(01/15), IL0160(01/16), CM9905(12/19), CM0028(01/13), CM0202(06/19)

Refer to prior distribution(s) for any forms not attached.

Forms applicable to all other coverages:

IM2033(02/22), CL0600(01/15), CL0100(03/99), IM7000(04/04), IM0891(03/99), CM7323(08/09), CL0700(10/06), CM7004(09/06), CL0122(05/13), IM7500(04/04)

CONDITIONAL



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 001

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

Refer to prior distribution(s) for any forms not attached.

## Inland Marine Summary Proposal

### Endorsement Schedule

| Form        | Edition Date | Description/Additional Information                               | Premium |
|-------------|--------------|--|---------|
| CL 01 00    | 03 99        | Common Policy Conditions   |         |
| CL 01 22    | 05 13        | Amendatory Endorsement Kansas                                    |         |
| CL 06 00    | 01 15        | Certified Terrorism Loss   |         |
| CL 07 00    | 10 06        | Virus Or Bacteria Exclusion                                      |         |
| CM 00 01    | 09 04        | Commercial Inland Marine Conditions                              |         |
| CM 00 28    | 01 13        | Signs Coverage Form  |         |
| CM 02 02    | 06 19        | Kansas Changes   |         |
| CM 70 00.2A | 01 21        | Commercial Inland Marine Declarations                            |         |
| CM 70 01.3A | 01 21        | Commercial Inland Marine Schedule - Kansas                       |         |
| CM 70 02    | 09 00        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 04    | 09 06        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 21.1  | 02 20        | Loss Payable Endorsement   |         |
| CM 73 23    | 08 09        | Personal Effects of Each Emergency Personnel                     |         |
| CM 80 68    | 12 19        | Cannabis Exclusion Endorsement- Advisory Notice To Policyholders |         |
| CM 99 05    | 12 19        | Cannabis Exclusion   |         |
| IL 00 17    | 11 98        | Common Policy Conditions   |         |
| IL 01 60    | 01 16        | Kansas Changes - Concealment, Misrepresentation Or Fraud         |         |
| IL 02 61    | 09 07        | Kansas 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 70 07A   | 01 21        | Installment Premium Payment Schedule                             |         |
| IL 71 31A   | 04 01        | Commercial Policy Endorsement Schedule                           |         |
| IL 73 06    | 08 98        | Exclusion Of Certain Computer-Related Losses                     |         |
| IL 76 04    | 01 19        | Kansas Company Elimination Endorsement                           |         |
| IL 83 83.2A | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act              | Waived  |
| IM 08 91    | 03 99        | Amendatory Endorsement Kansas                                    |         |
| IM 20 33    | 02 22        | Amendatory Endorsement Kansas                                    |         |



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 001

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b> | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IM 70 00    | 04 04               | Contractors' Equipment Coverage           |                |
| IM 75 00    | 04 04               | Scheduled Property Floater                |                |



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 terrorism 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 rate allocations in accordance with the 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 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 Inland Marine Summary Proposal - Kansas

**Policywide Coverage**

| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Contractors Equipment</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Coinsurance   |                  | 80%       |
| Catastrophe Limit - The Most "We" Pay For Loss in Any One Occurrence  |                  | \$197,000 |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| 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   |
| <b>Scheduled Items</b>  |                  |           |
| Actual Cash Value<br>1) SALT DOG DISPENSER SN: 15002 Model SCH096C  |                  | \$1,800   |
| Actual Cash Value<br>2) GENERATOR MODEL STAR 8000 WATT SN: 01144915 Manufacturer HONDA  |                  | \$900     |
| Actual Cash Value<br>3) 35G COMPACT EXCAVATORWITH HEAVY DUTY BUCKET<br>Manufacturer JOHN DEERE Model Year 2015                      | 2                | \$22,000  |
| Actual Cash Value<br>4) MOWER SN: 4502744563 Manufacturer BAD BOY Model Year 2015   | 3                | \$1,400   |
| Actual Cash Value<br>5) TRACTORW/FRONT END LOADER MDL LS525FL S/N A9586 SN: 57741 Manufacturer KUBOTA Model L3301DT Model Year 2016 | 3                | \$9,500   |



**Policywide Coverage**

| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>6) GENERAC SC 150 GENERATOR AND TRANSFERSWITCH SN:<br>301289038                                   |                  | \$39,000   |
| Actual Cash Value<br>7) FLATBED W/SNOW PLOWO SN: 3D6WU7ELXBG14380 Manufacturer<br>DODGE Model Year 2011                |                  | \$36,000   |
| Actual Cash Value<br>8) BACKHOE LOADER SN: 1T0410KXAFE276123 Manufacturer JOHN<br>DEERE Model 410K Model Year 2015     |                  | \$72,500   |
| Actual Cash Value<br>9) UTILITY VEHICLE SN: JK1AFCE195B535405 Manufacturer KAWASAKI<br>Model MULE 3010 Model Year 2005 |                  | \$13,900   |
| Contractors Equipment Premium  |                  | \$1,826.00 |
| <b>Contractors Equipment - Leased or Rented From Others</b>  |                  |            |
| <b>Limits of Insurance</b>   |                  |            |
| The Most "We" Pay For Loss To Any One Item   |                  | \$25,000   |
| The Most "We" Pay For Loss In Any One Occurrence   |                  | \$25,000   |
| Actual Cash Value  |                  |            |
| Deductible \$500   |                  |            |
| CE Leased or Rented From Others Premium  |                  | \$0.00     |

**Locations**

For inspection contact: See agent on Dec page

**Location 1**

INSURED PREMISES/OPERATIONS  
CANNEY, KS 67333



| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Signs</b>  |                  |           |
| <b>Signs And Lamps - Neon, Fluorescent, Etc.</b>  |                  |           |
| 1) LIGHTED PLASTIC SIGN LOCATED AT 4TH AND MCGEE  |                  | \$5,200   |
| Actual Cash Value   |                  |           |
| A Deductible Amount of 5% Of the Limit Of Insurance Applies   |                  |           |
| Signs Premium   |                  | \$7.00    |
| <b>Scheduled Property Floater</b>   |                  |           |
| <b>Scheduled Property Floater - Location</b>  |                  |           |
| Coinsurance   |                  | 80%       |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| Pollutant Cleanup and Removal   |                  | \$10,000  |
| Property In Transit or Off Premises   |                  | \$106,170 |
| <b>Scheduled Items</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Actual Cash Value<br>1) 1 TORNADO WARNING SYSTEM (5 SIRENS)   |                  | \$13,000  |
| Actual Cash Value<br>2) FOUR (4) SOLAR POWERED FLASHING SCHOOL ZONE LIGHTS @ \$3,000 EACH   |                  | \$12,000  |
| Actual Cash Value<br>3) UNSCHEDULED MISC. EQUIPMENT ON FIRE TRUCKS  |                  | \$60,000  |
| Actual Cash Value<br>4) POLICE CAR CAMERAS (6) MED-2 MARTEL DIGITAL VIDEO SYSTEMS S/N 25070, 25071, 25072, 25073, 25074 & 25078 INCLUDING: (6) TRANSMITTERS - S/N WT10430105, WT10430126, WT10430117, WT10430106, WT10430125 & WT10430113 | 1, 2             | \$19,170  |



| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>5) VHF KENWOOD BASE REPEATERS STATION |                  | \$900      |
| Actual Cash Value<br>6) VHF DUPLEXER                       |                  | \$1,100    |
| Scheduled Property Floater Premium                         |                  | \$1,694.00 |

**Special Interest(s)**

**1 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST BANK  
 301 W 4TH AVE  
 CANEY,KS 67333-1463

**2 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST EQUIPMENT FINANCE  
 PO BOX 11110  
 FORT SMITH,AR 72917-1110

**3 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 COMMERCIAL BANK  
 105 E 9TH ST  
 COFFEYVILLE,KS 67337-6439

**Total Premium For Changes**

**\$3,527.00**



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

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 03/04/26 TO 04/18/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R P R E S E N T E D B Y

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

Table with columns: COVERAGES, COV AUTOS, LIMITS/DEDUCTIBLES, PREMIUM. Rows include Covered Autos Liability, Uninsured and Underinsured Motorists, Physical Damage Coverage (Comprehensive, Collision), Hired or Borrowed Auto, Non-Ownership Liability, and Estimated Total Policy Premium.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

COMMERCIAL AUTO POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Contains various endorsement entries like \*CA0001, \*CA0122, etc.

AS QUOTED ON: 03/04/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

\*\*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 INSUR-  
ANCE 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"<br>AND "PROPERTY<br>DAMAGE"<br>COMBINED<br>ST SINGLE LIMIT<br><br>KS | "BODILY INJURY"<br>EACH PERSON<br>EACH "ACCIDENT" | "BODILY INJURY"<br>EACH "ACCIDENT" | "PROPERTY DAMAGE"<br>EACH "ACCIDENT" |
|  |   | \$ 1,000,000                       |                                      |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

\*\*\*\*\*

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

\*\*\*\*\*

LOC: 001 201 S STATE ST
CANEY KS. 67333

VEH NO 1 TERR: 114
1999 FREIGHTLINER DEMO FIRE TRUCK ID NO 1FV6JLCV9XHA28999.
ADDITIONAL INFORMATION:
COST NEW: 139000 RADIUS: USE: NA .
AGE: LIAB-x PHYS-Z .
FIRE DEPT VEHICLE CLASS: 7909 .
COVERED AUTOS LIABILITY . \$ 563.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE 139000 3000 DED . 247.00
\$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

REPLACEMENT COST - REFER TO CA7492

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS
COLLISION 139000 3000 DED . 236.00
REPLACEMENT COST - REFER TO CA7492
TOTAL VEHICLE PREMIUM . \$ 1,122.00

VEH NO 2 TERR: 114
2004 STERLING DUMP TRUCK W/EQUIP ID NO 2FZACFCS24AM20528.
ADDITIONAL INFORMATION:
COST NEW: 61724 RADIUS: LOCAL USE: COMMERCIAL .
AGE: LIAB-T PHYS-T .
HEAVY TRUCK CLASS: 33479 .
COVERED AUTOS LIABILITY . \$ 508.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 138.00
\$ 1000 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 1000 DED . 207.00
TOTAL VEHICLE PREMIUM . \$ 929.00



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 3 TERR: 114 .  
 2003 CHEVY 1500 SILVERADO PICKUP ID NO 1GCEK19T93Z221048 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 26742 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 514.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 590.00

VEH NO 4 TERR: 114 .  
 2002 CHEVY EXTCAB PICKUP W/ FIRE EQUIP ID NO 1GCHK29U22E270531 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 28587 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-V .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 62.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 776.00

VEH NO 5 TERR: 114 .  
 2008 CHEVROLET F250 FIRE DEPT ID NO 1GCHK29K38E196558 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 29735 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-N .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 82.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 796.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 6 TERR: 114 .  
 2009 CHEVROLET SC1 PICKUP ID NO 1GCEC14C59Z180591 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18045 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-M PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 540.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 616.00

-----  
 VEH NO 7 TERR: 114 .  
 1993 FREIGHTLINER PUMPER FIRE TRUCK ID NO 1FV6JLCB5PL469166 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 135000 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Z .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 3000 DED . 69.00  
 \$ 3000 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 3000 DED . 90.00  
 TOTAL VEHICLE PREMIUM . \$ 798.00

SPECIAL INTEREST:  
06 - LOSS PAYEE

-----  
 VEH NO 8 TERR: 114 .  
 2006 FORD EXPLORER POLICE ID NO 1FMEU74E36ZA07789 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 32565 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Q .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 214.00  
\$ 1000 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 1000 DED . 212.00  
TOTAL VEHICLE PREMIUM . \$ 1,465.00

-----  
VEH NO 9 TERR: 114 .  
2004 INT L KC B009169 VAC TRJ ID NO 1HTWDADR04J026758.  
ADDITIONAL INFORMATION:  
COST NEW: 57292 RADIUS: LOCAL USE: NA .  
AGE: LIAB-T PHYS-T .  
EX-HEAVY TRUCK-TRAC CLASS: 50499 .  
COVERED AUTOS LIABILITY . \$ 1,099.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 194.00  
\$ 1000 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 1000 DED . 256.00  
TOTAL VEHICLE PREMIUM . \$ 1,625.00

SPECIAL INTEREST:  
06 - LOSS PAYEE  
-----  
VEH NO 10 TERR: 114 .  
2011 DODGE 5500 ID NO 3D6WU7ELXBG614380.  
ADDITIONAL INFORMATION:  
COST NEW: 55508 RADIUS: LOCAL USE: COMMERCIAL .  
AGE: LIAB-K PHYS-K .  
MEDIUM TRUCK CLASS: 23499 .  
COVERED AUTOS LIABILITY . \$ 737.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 260.00  
\$ 1000 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 1000 DED . 229.00  
TOTAL VEHICLE PREMIUM . \$ 1,302.00

-----  
VEH NO 11 TERR: 114 .  
1987 FORD LN8000 FIRETRUCK ID NO 1FDYR82A3HVA59907.  
ADDITIONAL INFORMATION:  
COST NEW: 32681 RADIUS: USE: NA .  
AGE: LIAB-x PHYS- .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 639.00  
-----

VEH NO 12 TERR: 114 .  
2017 FORD EXPLORER ID NO 1FM5K8AR1HGD06196.  
ADDITIONAL INFORMATION:  
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-E PHYS-E .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 689.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 13 TERR: 114 .  
2017 FORD EXPLORER ID NO 1FM5K8ARXHGD06195.  
ADDITIONAL INFORMATION:  
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-E PHYS-E .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 689.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 14 TERR: 114 .  
2010 TORO 2100 ATV 16HP 272CC ID NO 0725320000023 .  
ADDITIONAL INFORMATION:  
COST NEW: 12000 RADIUS: USE: NA .  
AGE: LIAB-L PHYS- .  
GOLF CARTS CLASS: 9463 .  
COVERED AUTOS LIABILITY . \$ 121.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 165.00  
-----

VEH NO 15 TERR: 114 .  
1993 GMC-CHEVY C7H042 ID NO 1GDM7H1J4PJ518549 .  
ADDITIONAL INFORMATION:  
COST NEW: 35159 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-Z .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 66.00  
\$ 1000 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 1000 DED . 75.00  
TOTAL VEHICLE PREMIUM . \$ 780.00  
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 16 TERR: 114 .  
 2020 FORD TRANSIT CO ID NO NM0LS7E25L1475889 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 25590 RADIUS: USE: NA .  
 AGE: LIAB-b PHYS-B .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 58429 1000 DED . 210.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 58429 1000 DED . 242.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 1,091.00

-----  
 VEH NO 17 TERR: 114 .  
 2003 CHEVROLET 1500 ID NO 1GCEC14X43Z283092 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18191 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 489.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 565.00

-----  
 VEH NO 18 TERR: 114 .  
 2011 CHEVROLET TAHOE 1500 ID NO 1GNSK2E07BR326018 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 36900 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-K PHYS-K .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 618.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 222.00  
 \$ 1000 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 1000 DED . 143.00  
 TOTAL VEHICLE PREMIUM . \$ 1,059.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 19 TERR: 114 .  
 1900 DOOLITTLE TRAILER ID NO JDGP16229WCH1TT79.  
 ADDITIONAL INFORMATION: DUMP  
 COST NEW: 4500 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-Z PHYS-Z .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 27.00  
 COMPREHENSIVE ACV 1000 DED . 67.00  
 \$ 1000 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 | 1000 DED | .                     | 86.00      |
|           |     |          | TOTAL VEHICLE PREMIUM | .\$ 180.00 |

-----  
 VEH NO 20 TERR: 114 .  
 2021 DELCO EQUIPMENT ID NO 5WWBC2226M6014569.  
 ADDITIONAL INFORMATION: TRAILER 102X20  
 COST NEW: 7200 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-A PHYS-A .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 48.00  
 COMPREHENSIVE ACV 1000 DED . 84.00  
 \$ 1000 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 | 1000 DED | .                     | 86.00      |
|           |     |          | TOTAL VEHICLE PREMIUM | .\$ 218.00 |

-----  
 VEH NO 21 TERR: 114 .  
 2015 FORD EXPLORER ID NO 1FM5K8ARXFG62113.  
 ADDITIONAL INFORMATION:  
 COST NEW: 33700 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-G PHYS-G .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 648.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 243.00  
\$ 1000 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 1000 DED . 170.00  
TOTAL VEHICLE PREMIUM . \$ 1,137.00

-----  
VEH NO 22 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 SUV ID NO 1GNLC2E06DR198598.  
ADDITIONAL INFORMATION:  
COST NEW: 34350 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-I PHYS-I .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 627.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 218.00  
\$ 1000 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 1000 DED . 148.00  
TOTAL VEHICLE PREMIUM . \$ 1,069.00

-----  
VEH NO 23 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 ID NO 1GNLC2E09DR191726.  
ADDITIONAL INFORMATION:  
COST NEW: 58429 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-I .  
LAW ENFORCEMENT VEH CLASS: 7912 .  
COVERED AUTOS LIABILITY . \$ 963.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE 58429 1000 DED . 535.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 58429 1000 DED . 686.00  
STATED AMOUNT - REFER TO CA9928  
TOTAL VEHICLE PREMIUM . \$ 2,260.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 24 TERR: 114 .  
 2016 CHEVROLET TAHOE 1500 PATROL VEH ID NO 1GNLCDEC1GR358963.  
 ADDITIONAL INFORMATION:  
 COST NEW: 41915 RADIUS: USE: NA .  
 AGE: LIAB-f PHYS-F .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 409.00  
 \$ 1000 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 | 1000 DED              | .   | 339.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,787.00 |

-----  
 VEH NO 25 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KTXDS679323.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 335.00  
 \$ 1000 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 | 1000 DED              | .   | 254.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,628.00 |

-----  
 VEH NO 26 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KT1DS679324.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 335.00  
\$ 1000 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 1000 DED . 254.00  
TOTAL VEHICLE PREMIUM . \$ 1,628.00

-----  
VEH NO 27 TERR: 114 .  
2016 CHEVROLET SILVERADO ID NO 1GC1KUEG5GF296913.  
ADDITIONAL INFORMATION:  
COST NEW: 41085 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 687.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 219.00  
TOTAL VEHICLE PREMIUM . \$ 1,279.00

-----  
VEH NO 28 TERR: 114 .  
2016 CHEVROLET COLORADO ID NO 1GCGTDE30G1110678.  
ADDITIONAL INFORMATION:  
COST NEW: 34640 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 662.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 251.00  
\$ 1000 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 1000 DED . 181.00  
TOTAL VEHICLE PREMIUM . \$ 1,170.00

-----  
AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 29 TERR: 114 .  
 2020 GMC-CHEVY 3500HD ID NO 1GB3WRE78LF216254.  
 ADDITIONAL INFORMATION:  
 COST NEW: 67333 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-B PHYS-B .  
 MEDIUM TRUCK CLASS: 21499 .  
 COVERED AUTOS LIABILITY . \$ 811.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 482.00  
 \$ 1000 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 1000 DED . 399.00  
 TOTAL VEHICLE PREMIUM . \$ 1,768.00

-----  
 VEH NO 30 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG4TC216426.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 31 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG8TC216428.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)  
 STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 32 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFGXTC216429.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)  
 STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 33 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216427.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 34 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216430.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANNEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

PREMIUM SUMMARY

Table with 2 columns: Coverage Type and Amount. Rows include COVERED AUTOS LIABILITY (21,645.00), UNINSURED MOTORISTS (2,660.00), UNDERINSURED MOTORISTS (INCLUDED), COMPREHENSIVE (14,724.00), COLLISION (8,587.00), and TOTAL (47,616.00).

EXCEPT FOR TOWING AND LABOR, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE NAMED BELOW ACCORDING TO THEIR INTERESTS IN THE AUTO AT THE TIME OF THE LOSS

SPECIAL INTERESTS

LOSS PAYEE:

- 02 BANC OF AMERICA, LEASING & CAPITAL, LLC
555 CALIFORNIA ST 4TH FL
SAN FRANCISCO, CA 94104
REFERENCE #
04 DAILMER CHRYSLER SERVICES
NORTH AMERICA LLC
PO BOX 55329
STOCKTON, CA 95205-9095
REFERENCE #
06 COMMUNITY NATIONAL BANK
PO BOX 67
CANNEY, KS 67333-0067
REFERENCE #

LESSOR - ADDITIONAL INSURED/LOSS PAYEE:

- 07 COMMUNITY FIRST NATIONAL
BANK AND/OR ITS ASSIGNS
215 S SETH CHILD RD
MANHATTAN, KS 66502-3089
REFERENCE # CANKS2026-01E

OTHER:

ADDL INSD CA9901 :

- 01 BANK IV LEASING
P.O. BOX 4
WICHITA, KS 67201-0004
REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

ADDL INSD CA9901 :  
03            BANC OF AMERICA, LEASING  
              & CAPITAL , LLC  
              555 CALIFORNIA ST 4TH FL  
              SAN FRANCISCO, CA    94104  
              REFERENCE #

ADDL INSD CA9901 :  
05            DAIMLER CHRYSLER SERVICES  
              NORTH AMERICA LLC  
              PO BOX 55329  
              STOCKTON, CA    95205-9095  
              REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

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 LIABILITY COVERAGE | HIRE FOR ALL STATES | RATE | PREMIUM |
|---|---------------------|------|---------|
|---|---------------------|------|---------|

|  |    |        |     |    |        |
|--|----|--------|-----|----|--------|
| EXCESS   | KS | IF ANY | 100 | \$ | 172.00 |
| 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 |  |  |  | \$    | 172.00 |

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY

|                     |          |    |        |
|---------------------|----------|----|--------|
| NUMBER OF EMPLOYEES | 26 - 100 | \$ | 516.00 |
|---------------------|----------|----|--------|

|   |  |  |       |        |
|---|--|--|-------|--------|
|   |  |  | ----- |        |
| TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM |  |  | \$    | 516.00 |



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

ENDORSEMENT PREMIUM DETAIL

| ENDORSEMENTS                            | CLASS | PREMIUM   |
|---|-------|-----------|
| Auto Elite Extension Muni &/Or Vol Fire | 8580  | \$ 500.00 |

# Commercial Auto

## Coverage Highlights CA7450



EMC's Elite Commercial Auto Extension CA7450 is available for most policies.

| Commercial Auto Coverage                             | CA7450  |
|--|---|
| Airbag Accidental Discharge                          | Included; mechanical breakdown exclusion does not apply                   |
| Audio, Visual, Electronic Equipment Coverage         | \$5,000 limit   |
| Auto Loan Lease Gap Coverage                         | \$10,000; \$500 max for fees and penalties                                |
| Autos Rented or Hired by Employees                   | Included  |
| Blanket Additional Insureds                          | Written agreement   |
| Blanket Waiver of Subrogation                        | Included  |
| Business Auto Conditions                             | Included  |
| Duties in event of accident                          | Included  |
| Unintentional failure to disclose exposures          | Included  |
| Data Electronic Equipment                            | \$5,000   |
| Employees as Additional Insureds                     | Included  |
| Extra Expense for Stolen Auto                        | \$1,000 limit   |
| Fellow Employee                                      | Included  |
| Glass Repair or Replacement                          | No deductible glass repair;<br>\$500 glass replacement                    |
| Hired Auto Physical Damage                           | \$100,000 limit   |
| Hired Auto Physical Damage Lessors Loss              | \$1,000   |
| Liberalization                                       | Automatic revisions   |
| Lockout/Key Expense (including electronic)           | \$250 private passenger   |
| Loss of Two or More Covered Autos Same Accident      | 2X Highest Deductible   |
| Mental Anguish                                       | Included in definition of "bodily injury"                                 |
| Newly Formed or Acquired Organizations               | Up to 180 days after acquisition  |
| Personal Effects                                     | \$500 limit   |
| Personal Property of Others                          | \$500 limit   |
| Primary and NonContributory Other Insurance          | Included  |
| Rental Reimbursement: Not theft                      | \$75 day; 30 days; \$2,250 max  |
| Replacement Cost on New Autos                        | Included; if less than 180 days   |
| Subsidiaries as Insureds                             | When you own 50% of the voting stock on the effective date of this policy |
| Supplementary Payments                               | \$5,000 for bail bonds; \$500 loss of earnings                            |
| Temporary Substitute Autos: Physical damage coverage | Included  |
| Towing   | \$100 private passenger type;<br>\$500 other than private passenger type  |
| Transportation Expense: For total theft              | \$75 per day; \$2,500 max   |
| Vehicle Wrap Coverage                                | \$2,000   |
| Vehicle Tracking                                     | Included; 50% Comprehensive Deductible                                    |

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: J153846-13

**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 03/04/26 to 04/18/26  
Proposed Policy Period: From 04/01/26 to 04/01/27  
(Quote may be subject to change)

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

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

-----  
CITY OF CANEY  
PO BOX 129  
CANEY KS 67333-0129

-----  
Acrisure Midwest Partners Ins  
Svcs LLC  
PO BOX 510187  
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428  
AGENT PHONE: (620)879-2311

-----  
Insured is MUNICIPAL Business Desc: MUNICIPALITY  
-----

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

Each Occurrence Limit (Liability Coverage) \$ 1,000,000

Personal & Advertising Injury Limit \$ 1,000,000  
(Any one person or organization)

Aggregate Limit (Liability Coverage) \$ 1,000,000  
(except with respect to "covered autos")

-----  
PREMIUM NOT SUBJECT TO AUDIT \$ 5,744.00  
-----

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

AS QUOTED ON: 03/04/26 BPP



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-13

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## COMMERCIAL UMBRELLA POLICY QUOTE

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION   | PREMIUM |
|----------|-----------------|--|---------|
| CU0001   | 04-13           | COMM LIABILITY UMBRELLA COV FORM   |         |
| CU0005   | 12-23           | EXCL-VIOLATION/LAW ADDRESSING DATA   |         |
| *CU0006  | 01-26           | EXCLUSION - WAR  |         |
| CU0133   | 01-16           | KANSAS CHANGES   |         |
| CU0210   | 09-00           | KS CHANGES - CANCELLATION & NONRENEW   |         |
| CU2100   | 09-00           | EXCL-HAZ IN CONNECT WITH DESIGN PREM<br>DESCRIPTION AND LOCATION ON PREMISES:<br>410 S STATE, CANEY KS<br>302 S SPRING, CANEY KS<br>100 E TAYLOR, CANEY KS<br>502 N MAIN, CANEY KS |         |
| 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  |         |
| CU2176   | 12-07           | KS SILICA/RELATED DUST EXCL O/T AUTO   |         |
| CU2186   | 12-23           | EXCL-ACCESS/DISCL OF CONFID/PERSONAL   |         |
| CU2209   | 04-13           | EXCL - FAILURE TO SUPPLY   |         |
| CU2225   | 09-18           | EXCL-EMRGNCY VEH-VOL FIREFIGHTER INJ   |         |
| CU3444   | 09-22           | BROAD ABUSE OR MOLESTATION EXCLUSION   |         |
| CU3454   | 05-23           | EXCL PERFLUOROALKYL/POLYFLUROALKYL   |         |
| CU3456   | 12-23           | CYBER INCIDENT   |         |
| CU7001A  | 11-15           | SCHED OF PRIMARY INS - AUTOMATED   |         |
| CU7276   | 03-21           | COMMERCIAL UMBRELLA AMENDMENT OF COV   |         |
| CU7290.1 | 10-23           | LINEBACKER PUBLIC OFFICIALS/EPL END<br>PUBLIC OFFICIALS WRONGFUL ACT<br>AND EMPLOYMENT PRACTICES LIABILITY<br>RETROACTIVE DATE: 04/01/1988   |         |
| CU7293   | 08-06           | FOREIGN EXPOSURE FOLLOWING FORM  |         |
| CU7294   | 08-06           | GOV SUB HAZARDS RESTRICTIVE END  |         |
| CU7299   | 08-06           | EXCLUSION - LEAD   |         |
| CU7346.1 | 11-20           | COMMUNICABLE DISEASE EXCLUSION   |         |
| CU7347.1 | 11-20           | COMMUNICABLE DISEASE EXCLUSION   |         |
| CU7404.1 | 10-08           | UMBRELLA LIAB AMEND - FOLLOW FORM  |         |
| CU7441   | 05-19           | EXCLUSION-VIOLENT EVENT RESPONSE COV   |         |
| CU7462   | 04-15           | KS-TORT CLAIMS ACT ENDORSEMENT   |         |
| CU7464   | 07-15           | LAW ENFORCEMENT LIABILITY  |         |
| CU7483   | 03-20           | SILICA OR SILICA-RELATED DUST EXCL   |         |
| CU7486   | 10-22           | CANNABIS EXCL/EXCP RETAIL SALES CBD  |         |
| CU7487   | 07-23           | ABUSE OR MOLESTATION LIAB SUB/OCCUR<br>ABUSE OR MOLESTATION LIABILITY SUBLIMIT<br>WITHIN POLICY LIMIT<br>ABUSE OR MOLESTATION LIABILITY EACH<br>OCCURRENCE LIMIT: \$1,000,000      |         |

AS QUOTED ON: 03/04/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-13

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

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

=====  
ENDORSEMENT SCHEDULE

| FORM      | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM     |
|-----------|-----------------|-------------------------------------|-------------|
|           |                 | ABUSE OR MOLESTATION LIABILITY      |             |
|           |                 | AGGREGATE LIMIT:                    | \$1,000,000 |
| 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                  |             |
| IL7605    | 01-19           | KANSAS COMPANY ELIMINATION          |             |
| IL8383.2A | 12-20           | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 57       |
| IL8384A   | 01-08           | TERRORISM NOTICE                    |             |

AS QUOTED ON: 03/04/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CITY OF CANEY

QUOTE NUMBER: J153846-13  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

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: 03/04/26

**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.**

D I S C L O S U R E   P U R S U A N T   T O  
T E R R O R I S M   R I S K   I N S U R A N C E   A C T

S C H E D U L E

Terrorism Premium (Certified Acts)    \$57.00

**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
CANBY CITY

Quote Number: J153846-13
Eff Date: 04/01/26 Exp Date: 04/01/27

COMMERCIAL UMBRELLA SCHEDULE

\*\*\*\*\*

RETAINED LIMIT

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability

Company: EMC Property & Casualty Company
Policy Number: BCPN712 Policy Period: 04/01/26 to 04/01/27

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

Employers Liability

Company: Employers Mutual Casualty Company
Policy Number: BCPZ620 Policy Period: 04/01/26 to 04/01/27

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

Commercial Auto Liability

Company: Employers Mutual Casualty Company
Policy Number: E153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

Quote Number: J153846-13  
Eff Date: 04/01/26 Exp Date: 04/01/27

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company  
Policy Number: K153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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

-----  
Law Enforcement Liability

Company: Employers Mutual Casualty Company  
Policy Number: G153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

\$ 1,000,000 Each Occurrence  
\$ 2,000,000 Aggregate  
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CRIME AND FIDELITY COVERAGE PART
QUOTATION (GOVERNMENT ENTITIES)

QUOTATION IS VALID: FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

PREPARED FOR: PRESENTED BY:

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: INSURING AGREEMENTS and PREMIUM. Rows include EMPLOYEE THEFT - BLANKET (PER LOSS) \$ 286.00, FORGERY OR ALTERATION - NEGOTIABLE INSTRUMENTS \$ 53.00, INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES \$ 76.00, INSIDE THE PREMISES - ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY \$ 35.00, OUTSIDE THE PREMISES \$ 9.00, and TOTAL POLICY PREMIUM \$ 459.00.



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## G O V E R N M E N T   C R I M E   P O L I C Y Q U O T E

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM |
|----------|-----------------|---|---------|
| CR0025   | 06-22           | GOVT. CRIME COV. FORM - LOSS SUST.  |         |
| CR0104   | 06-22           | KANSAS CHANGES  |         |
| CR0161   | 10-10           | KANSAS CHANGES - BINDING ARBITRATION  |         |
| CR0750   | 06-22           | AMENDMENT-DELETE PROV REGARD TERROR   |         |
| CR2042   | 05-23           | EXCL. DIGITAL TOKENS & OTHER ELEC.  |         |
| CR2502   | 06-22           | INCL DESIGNATED AGENTS AS EMPLOYEES   |         |
| CR2508   | 06-22           | INC SPEC NON-COMP OFFICERS AS EMP<br>ALL BOARD MEMBERS EXCLUDING<br>TREASURER |         |
| CR2519   | 06-22           | ADD FAITHFL PERF OF DUTY COV FOR GOV<br>PER LOSS LIMIT: \$130,000             |         |
| 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)  |         |
| CRTC25   | 06-22           | GOVERNMENT CRIME COV. TABLE OF CONT.  |         |
| IL0017   | 11-98           | COMMON POLICY CONDITIONS  |         |
| IL0160   | 01-16           | KS CHGS/CONCEALMENT, MISREPRSNT, FRAUD  |         |
| IL0261   | 09-07           | KS 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   |         |
| *IL7604  | 01-19           | KANSAS COMPANY ELIMINATION  |         |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANBY CITY

EFF DATE: 04/01/26

QUOTE NUMBER: F153846-01  
EXP DATE: 04/01/27

CRIME AND FIDELITY COVERAGE PART  
QUOTATION SCHEDULE (GOVERNMENT ENTITIES)

| DESCRIPTION   | DED<br>(PER OCCURRENCE) | LIMIT<br>(PER OCCURRENCE) |
|---|-------------------------|---------------------------|
| EMPLOYEE THEFT - BLANKET (PER LOSS)                                 | \$ 3,000                | \$ 130,000                |
| FORGERY OR ALTERATION -<br>NEGOTIABLE INSTRUMENTS                   | \$ 3,000                | \$ 130,000                |
| INSIDE THE PREMISES - THEFT OF MONEY<br>& SECURITIES                | \$ 2,500                | \$ 75,000                 |
| INSIDE THE PREMISES - ROBBERY OR SAFE<br>BURGLARY OF OTHER PROPERTY | \$ 2,500                | \$ 75,000                 |
| OUTSIDE THE PREMISES  | \$ 2,500                | \$ 75,000                 |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K153846-01

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

QUOTATION IS VALID FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R : P R E S E N T E D B Y :
CITY OF CANEY Acrisure Midwest Partners Ins
PO BOX 129 Svcs LLC
CAN EY KS 67333-0129 PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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: 04/01/88
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (UNLIMITED)

Table with 2 columns: Description and Amount. Rows include: EACH LOSS (\$ 1,000,000), AGGREGATE FOR EACH POLICY TERM (\$ 2,000,000), INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) (\$ 2,000)

TOTAL ADVANCE PREMIUM \$ 8,469.00

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: 12/29/2025



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: G153846-02

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

Quotation is Valid From 01/09/26 to 04/01/26
Proposed Policy Period: From 04/01/26 to 04/01/27

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

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

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL

BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: Description and Amount. Rows include: Each Occurrence (\$ 1,000,000), Aggregate Limit (\$ 2,000,000), Medical Expense (Any one person) (\$ 5,000), Deductible Per Occurrence (\$ 2,500)

TOTAL POLICY PREMIUM \$ 7,916.00

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



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: G153846-02

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

LAW ENFORCEMENT POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Rows include various policy forms like IL7004, IL7012, LE7001A, etc., with their respective dates and descriptions.

AS QUOTED ON: 01/09/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
 CANEY CITY

Quote Number: G153846-02  
 Eff Date: 04/01/26 Exp Date: 04/01/27

L A W   E N F O R C E M E N T   S C H E D U L E

\*\*\*\*\*

Type of Jurisdiction: Municipality

Population: 1,759

| Code/Classification                        | Exposure | Rate    | Premium  |
|--|----------|---------|----------|
| 88500                                      |          |         |          |
| Peace Officers / Full Time                 | 6        | 912.627 | 5476.00  |
| Premium Basis:                             |          |         |          |
| Per Each                                   |          |         |          |
| 88501                                      |          |         |          |
| Peace Officers / Part Time                 | 4        | 457.083 | 1828.00  |
| Premium Basis:                             |          |         |          |
| Per Each                                   |          |         |          |
| 88502                                      |          |         |          |
| Police Dogs                                | 1        | 457.083 | 457.00   |
| Premium Basis:                             |          |         |          |
| Per Each                                   |          |         |          |
| PREMIUM FOR CERTIFIED ACTS OF TERRORISM \$ |          |         | 155.00   |
| TOTAL POLICY PREMIUM \$                    |          |         | 7,916.00 |



**ACRISURE MIDWEST PARTNERS INS SVCS LLC**

PO BOX 510187  
NEW BERLIN, WI  
53151-0187



**CITY OF CANEY**

**Your Business**

**CITY OF CANEY**  
PO BOX 129  
CANEY, KS 67333-0129

**Your Agent**

**ACRISURE MIDWEST PARTNERS  
INS SVCS LLC**  
PO BOX 510187  
NEW BERLIN, WI 53151-0187

**Your Quote**

Quote: 8X98920 002  
Prepared on 03/04/2026  
Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

**Your Account Summary**

**Your Premium Estimate**

|                                    |             |
|------------------------------------|-------------|
| Commercial Property (Version #3)   | \$88,032.00 |
| General Liability (Version #3)     | \$8,682.00  |
| Workers' Compensation (Version #4) | \$43,478.00 |
| Inland Marine (Version #2)         | \$3,527.00  |
| Business Auto (E-04)               | \$48,903.00 |
| Commercial Umbrella (J-13)         | \$5,744.00  |
| Govt Crime/Fidelity Package (F-01) | \$459.00    |
| Linebacker - Claims Made (K-01)    | \$8,469.00  |
| Law Enforcement Liability (G-02)   | \$7,916.00  |

**Total Account Premium Estimate** **\$215,210.00**

**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.emcinsurance.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**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

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

**Coverages**

| Coverages Provided                                   | Premium            |
|--|--------------------|
| Building   | \$6,766.00         |
| Personal Property                                    | \$3,348.00         |
| Blanket ID Number - 1 - See Schedule for Description | \$77,918.00        |
| Property Premium                                     | \$88,032.00        |
| <b>Total Property Premium</b>                        | <b>\$88,032.00</b> |

**Forms Applicable**

CP0090(07/88), CP0101(06/19), CP0140(07/06), CP0320(04/18), CP1040(02/19), CP1075(12/20), CP1218(10/12), CP1420(07/88), CP1440(06/07), CP1450(10/00), CP1615A(02/12), CP7001A(02/12), CP7121.4(08/18), CP7121(11/23), CP7173(12/19), CP7175(03/25), CP7342(02/17), CP7358(02/17), CP8036(07/21), CP8121(10/24), IL0017(11/98), IL0160(01/16), IL0261(09/07), IL0952(01/15), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7170(09/24), IL7306(08/98), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8493(01/25)

## Commercial Property Summary Proposal

### Endorsement Schedule

| Form     | Edition Date | Description/Additional Information  | Premium |
|----------|--------------|---|---------|
| CP 00 90 | 07 88        | Commercial Property Conditions  |         |
| CP 01 01 | 06 19        | Kansas 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 10 40 | 02 19        | Earthquake and Volcanic Eruption Coverage with Percentage Deductible  |         |
| CP 10 75 | 12 20        | Cyber Incident Exclusion  |         |
| CP 12 18 | 10 12        | Loss Payable Provisions   |         |
| CP 14 20 | 07 88        | <p>Additional Property Not Covered</p> <p>Location 11<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 6<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 12<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 10<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 15<br/>Building 1</p> |         |

| Form | Edition Date | Description/Additional Information  | Premium |
|------|--------------|---|---------|
|      |              | <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 9<br/>           Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 7<br/>           Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 8<br/>           Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 5<br/>           Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 13<br/>           Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 1<br/>           Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY</p> |         |



| Form       | Edition Date | Description/Additional Information  | Premium |
|------------|--------------|---|---------|
|            |              | <p>211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 14<br/>           Building 1<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 7<br/>           Building 2<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 5<br/>           Building 2<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.</p> |         |
| CP 14 40   | 06 07        | Outdoor Signs   |         |
| CP 14 50   | 10 00        | Radio Or Television Antennas  |         |
| CP 16 15A  | 02 12        | Statement Of Values   |         |
| CP 70 01A  | 02 12        | Commercial Property Schedule  |         |
| CP 71 21   | 11 23        | Building and Personal Property Coverage Form - Public Entity  |         |
| CP 71 21.4 | 08 18        | Property Coverage Part Public Entity  |         |
| CP 71 73   | 12 19        | Cannabis Exclusion  |         |
| CP 71 75   | 03 25        | <p>Limitations On Coverage For Roof System<br/>           Location 1<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 5<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 5<br/>           Building 2<br/>           Paragraph B Applies</p>   |         |



Employers Mutual Casualty Company

Quote: BCPP246 - Option 002

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

Valid Through: 04/18/2026

| Form     | Edition Date | Description/Additional Information  | Premium |
|----------|--------------|---|---------|
|          |              | Location 6<br>Building 1<br>Paragraph B Applies<br>Location 7<br>Building 1<br>Paragraph B Applies<br>Location 7<br>Building 2<br>Paragraph B Applies<br>Location 8<br>Building 1<br>Paragraph B Applies<br>Location 9<br>Building 1<br>Paragraph B Applies<br>Location 10<br>Building 1<br>Paragraph B Applies<br>Location 11<br>Building 1<br>Paragraph B Applies<br>Location 12<br>Building 1<br>Paragraph B Applies<br>Location 13<br>Building 1<br>Paragraph B Applies<br>Location 14<br>Building 1<br>Paragraph B Applies<br>Location 15<br>Building 1<br>Paragraph B Applies |         |
| CP 73 42 | 02 17        | Kansas Changes  |         |
| CP 73 58 | 02 17        | Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)  |         |
| CP 80 36 | 07 21        | Commercial Property Valuation Increase  |         |
| CP 81 21 | 10 24        | Important Notice To Policyholders   |         |



**Employers Mutual Casualty Company**

Quote: BCPP246 - Option 002

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>                | <b>Premium</b> |
|-------------|---------------------|--|----------------|
| IL 00 17    | 11 98               | Common Policy Conditions                                 |                |
| IL 01 60    | 01 16               | Kansas Changes - Concealment, Misrepresentation Or Fraud |                |
| IL 02 61    | 09 07               | Kansas 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 70 07A   | 01 21               | Installment Premium Payment Schedule                     |                |
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule                   |                |
| IL 71 70    | 09 24               | Actual Cash Value Definition                             |                |
| IL 73 06    | 08 98               | Exclusion Of Certain Computer-Related Losses             |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement                   |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act      | \$780.00       |
| IL 83 84A   | 01 08               | Terrorism Notice   |                |
| IL 84 93    | 01 25               | Actual Cash Value Definition - PHN                       |                |



## Terrorism Notice

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**

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|                                    |          |
|------------------------------------|----------|
| Terrorism Premium (Certified Acts) | \$780.00 |
|------------------------------------|----------|

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**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 terrorism 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 rate allocations in accordance with the 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 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

|                                   |                     |                         |
|-----------------------------------|---------------------|-------------------------|
| <b>Blanket Limit of Insurance</b> | <b>\$24,785,216</b> | <b>Coinsurance: 90%</b> |
| Except:                           |                     |                         |
| Earthquake                        | \$23,831,937        | Coinsurance:            |

**Locations**

For inspection contact: See agent on Dec page

|                                      |  |
|--------------------------------------|--|
| <b>Location 1</b>                    |  |
| 1645 Cr 1300<br>Caney, KS 67333-8555 |  |
| <b>Building 1</b>                    | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building</p> <p><b>In Protection Class:</b> 6X</p> <p><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE</p> <p><b>Deductible Per Occurrence:</b> \$5,000</p> <p style="padding-left: 20px;">Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |



|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|---|--------------------|------------------------|-------------|----------|---|
|                 | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                 |   |
|-----------------|---|
| Special Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - WATER TOWER<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |
|-----------------|---|



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 3**

S SMITH ST AT 5TH AVE  
CANNEY, KS 67333

| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |   |             |          |                                  |
|--------------------|--|--------------------|---|-------------|----------|----------------------------------|
|                    | Coverage   | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages               |
|                    | Property In The Open   | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value |
| Earthquake         |  |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |                                  |

**Location 4**

12TH & HIGH  
CANNEY, KS 67333

|                    |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |  |  |  |  |
|                    |  |  |  |  |  |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 5**

904 W 6th Ave

Caney, KS 67333-1404

| <b>Building 1</b> | <p><b>Description:</b> 2 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |  |
|-------------------|--|--------------------|------------------------|-------------|----------|--|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |
|                   | YOUR BUSINESS<br>PERSONAL<br>PROPERTY  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value   |
|                   |  |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |



| <b>Building 2</b> | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DOG POUND<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Location 6**

408 N Ridgeway St  
Caney, KS 67333-2010

|                   |  |
|-------------------|--|
| <b>Building 1</b> | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |
|-------------------|--|



|                 | Coverage  | Limit of Insurance | Covered Causes of Loss   | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|---|--------------------|--|-------------|----------|---|
|                 | Building  | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |   |                    | Earthquake   |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                 | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |   |                    | Earthquake   |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |  |             |          |   |
|                 | Coverage  | Limit of Insurance | Covered Causes of Loss   | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open  | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
| Earthquake      |   |                    | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |             |          |   |



**Location 7**  
 300 E 4TH AVE  
 CANEY, KS 67333  
 Location Description: WARK MEMORIAL PARK

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** RESTROOM  
**Deductible Per Occurrence:** \$5,000  
 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake

| Building 1 | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|--|---|
|            | Building | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** WATER FOUNTAIN BLDG  
**Deductible Per Occurrence:** \$5,000  
 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake



|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|--|--------------------|------------------------|-------------|----------|---|
|                 | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 2 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - SHELTER HOUSE<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake        |                    |                        |             |          |   |
|                 |  |                    |                        |             |          |   |

|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|--------------------|---|--------------------|------------------------|-------------|----------|---|
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 3 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - GAZEBO<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake            |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 4 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - WARK WAR MEMORIAL<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |



| <b>Location 8</b><br>1645 Cr 1300<br>Caney, KS 67333-8555<br>Location Description: WATER PLANT |   |                    |                        |             |  |   |
|--|---|--------------------|------------------------|-------------|--|---|
| <b>Building 1</b>  | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |  |   |
|  | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|  | Building  | See Blkt 1         | Special                | See Blkt 1  | 2  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|  |   |                    | Earthquake             |             |  | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|  | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value  |
|  |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |
| <b>Special Class 1</b>   | <b>Description:</b> PROPERTY IN THE OPEN - COMMUNICATION TOWER<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake   |                    |                        |             |  |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|----------------------|--------------------|------------------------|-------------|----------|--|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Radio Or Television Antennas     |
|                      |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 9**

1301 N Wood St  
Caney, KS 67333-2209

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> BOOSTER PUMP STATION<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |  |             |          |   |
|-------------------|---|--------------------|--|-------------|----------|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss   | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
| Earthquake        |   |                    | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |             |          |   |



|  |                                 |            |            |            |   |  |
|--|---------------------------------|------------|------------|------------|---|--|
|  | YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 1 | Replacement Cost<br>Agreed Value                                     |
|  |                                 |            | Earthquake |            |   | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 10**

800 N Wood St

Caney, KS 67333-1158

Location Description: NORTH WOOD PARK

| <b>Building 1</b>      | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> SHELTER HOUSE<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|------------------------|--|--------------------|------------------------|-------------|----------|---|
|                        | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                        | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br><br>Limitations On Coverage For Roof System<br><br>Debris Removal \$250,000 |
|                        |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible  |
| <b>Special Class 1</b> | <p><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p>  |                    |                        |             |          |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> Caney City Hall and Police Station<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |   |             |          |  |
|-------------------|---|--------------------|---|-------------|----------|--|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages   |
|                   | Building  | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
| Earthquake        |   |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |  |



|  |                                 |            |            |            |   |  |
|--|---------------------------------|------------|------------|------------|---|--|
|  | YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 3 | Replacement Cost<br>Agreed Value                                     |
|  |                                 |            | Earthquake |            |   | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 12**

127 N Spring St  
Caney, KS 67333-1303

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> FIRE BARN<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|-------------------|--|--------------------|------------------------|-------------|----------|---|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                   | PERSONAL PROPERTY OF YOUR BUSINESS   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |



**Location 13**

109 S State St  
Caney, KS 67333-1447

| <b>Building 1</b> | <p><b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN)<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|-------------------|--|--------------------|------------------------|-------------|----------|---|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                   | PERSONAL PROPERTY OF YOUR BUSINESS   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 14**

211 W 5th Ave  
Caney, KS 67333-1409

|                   |   |
|-------------------|---|
| <b>Building 1</b> | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> NEW CITY LIBRARY<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |
|-------------------|---|



|            | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|----------|---|
| Building 1 | Building | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 15**

114 N State St  
Caney, KS 67333-1334

| Building 1 | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> FUTURE GROCERY STORE<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|------------|---|--------------------|------------------------|-------------|--|---|
|            | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|            | Building  | \$1,115,655        | Special                | 90%         |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |



|  |  |           |            |     |  |
|--|--|-----------|------------|-----|--|
|  | PERSONAL PROPERTY OF YOUR BUSINESS - REFRIGERATION EQUIPMENT | \$483,310 | Special    | 80% | Replacement Cost Agreed Value  |
|  |  |           | Earthquake |     | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Miscellaneous Location Level Coverages**

See coverage form for deductible amounts applicable to these coverages.

| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 1        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 1        | Fire Department Service Charge                                      | \$50,000           |
| 2        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 2        | Fire Department Service Charge                                      | \$50,000           |
| 3        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 3        | Fire Department Service Charge                                      | \$50,000           |
| 4        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 4        | Fire Department Service Charge                                      | \$50,000           |
| 5        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 5        | Fire Department Service Charge                                      | \$50,000           |
| 6        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 6        | Fire Department Service Charge                                      | \$50,000           |
| 7        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 7        | Fire Department Service Charge                                      | \$50,000           |
| 8        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 8        | Fire Department Service Charge                                      | \$50,000           |
| 9        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 9        | Fire Department Service Charge                                      | \$50,000           |
| 10       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 10       | Fire Department Service Charge                                      | \$50,000           |



| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 11       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 11       | Fire Department Service Charge                                      | \$50,000           |
| 12       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 12       | Fire Department Service Charge                                      | \$50,000           |
| 13       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 13       | Fire Department Service Charge                                      | \$50,000           |
| 14       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 14       | Fire Department Service Charge                                      | \$50,000           |
| 15       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 15       | Fire Department Service Charge                                      | \$50,000           |

**Miscellaneous Policy Level Coverages**

---

|   |                   |
|---|-------------------|
| Public Entity Line Additional Coverages and Coverage Extensions | See Coverage Form |
| Unreported Buildings, Structures and Outdoor Fixtures           | \$50,000          |

**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**

---

USDA, RURAL DEVELOPMENT  
 PO BOX 408  
 202 W MILLER RD  
 IOLA, KS 66749-0408



**Special Interest(s)**

---

**2 Mortgagee**

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USDA RURAL DEVELOPMENT  
202 W MILLER RD  
IOLA, KS 66749-1641

**3 Loss Payable**

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CANON FINANCIAL SERVICES INC  
158 GAITHER DR STE 200  
MOUNT LAUREL, NJ 08054-1716



## Statement of Values

**Location 1**  
 1645 Cr 1300  
 Caney, KS 67333-8555

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$38,899.00        | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X   |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP   | 66,912             | Replacement Cost  |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                        |                                    |                    |                   |
|------------------------|------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X     |                    |                   |
|                        | <b>Coverage</b>                    | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WATER TOWER | 1,486,770          | Replacement Cost  |

**Location 3**  
 S SMITH ST AT 5TH AVE  
 CANEY, KS 67333

|                        |                                |  |  |
|------------------------|--------------------------------|--|--|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X |  |  |
|------------------------|--------------------------------|--|--|



|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 4**

12TH & HIGH  
CANEY, KS 67333

|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class: 6</b>       |                    |                   |
|                        | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 5**

904 W 6th Ave  
Caney, KS 67333-1404

|                   |  |                    |                   |
|-------------------|--|--------------------|-------------------|
| <b>Building 1</b> | <b>Description: 2 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING</b> |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$7,404,541.00     | Replacement Cost  |
|                   | YOUR BUSINESS PERSONAL PROPERTY  | \$22,932.00        | Replacement Cost  |
| <b>Building 2</b> | <b>Description: 1 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DOG POUND</b>  |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$106,170.00       | Replacement Cost  |



**Location 6**  
 408 N Ridgeway St  
 Caney, KS 67333-2010

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$112,438.00       | Replacement Cost  |
|                        | YOUR BUSINESS PERSONAL PROPERTY  | \$4,490.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY   | 6,880              | Replacement Cost  |

**Location 7**  
 300 E 4TH AVE  
 CANEY, KS 67333  
 Location Description: WARK MEMORIAL PARK

|                   |   |                    |                   |
|-------------------|---|--------------------|-------------------|
| <b>Building 1</b> | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> RESTROOM |                    |                   |
|                   | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building  | \$71,228.00        | Replacement Cost  |



|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 2</b>      | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building |                    |                   |
|                        | <b>In Protection Class:</b> 6  |                    |                   |
| <b>Building 2</b>      | <b>Occupancy:</b> WATER FOUNTAIN BLDG  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$3,431.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT                                  | 36,492             | Replacement Cost  |
| <b>Special Class 2</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - SHELTER HOUSE   | 33,687             | Replacement Cost  |
| <b>Special Class 3</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - GAZEBO  | 19,116             | Replacement Cost  |
| <b>Special Class 4</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WARK WAR MEMORIAL                                     | 2,867              | Replacement Cost  |

**Location 8**

1645 Cr 1300

Caney, KS 67333-8555

Location Description: WATER PLANT



|                 |  |                    |                   |
|-----------------|--|--------------------|-------------------|
| Building 1      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | Building   | \$7,786,282.00     | Replacement Cost  |
|                 | YOUR BUSINESS PERSONAL PROPERTY  | \$143,326.00       | Replacement Cost  |
| Special Class 1 | <b>In Protection Class:</b> 6X   |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | PROPERTY IN THE OPEN - COMMUNICATION TOWER   | 30,764             | Replacement Cost  |

**Location 9**

1301 N Wood St  
 Caney, KS 67333-2209

|            |   |                    |                   |
|------------|---|--------------------|-------------------|
| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> BOOSTER PUMP STATION |                    |                   |
|            | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|            | Building  | \$22,253.00        | Replacement Cost  |
|            | YOUR BUSINESS PERSONAL PROPERTY   | \$65,639.00        | Replacement Cost  |

**Location 10**

800 N Wood St  
 Caney, KS 67333-1158  
 Location Description: NORTH WOOD PARK



| <b>Building 1</b>                           | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> SHELTER HOUSE  |                  |             |            |   |            |                  |  |
|---|---|------------------|-------------|------------|---|------------|------------------|--|
|   | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$7,876.00</td> <td>Replacement Cost</td> </tr> </tbody> </table>                                | Coverage         | 100% Values | Value Type | Building                                    | \$7,876.00 | Replacement Cost |  |
| Coverage                                    | 100% Values   | Value Type       |             |            |   |            |                  |  |
| Building                                    | \$7,876.00  | Replacement Cost |             |            |   |            |                  |  |
| <b>Special Class 1</b>                      | <b>In Protection Class:</b> 6   |                  |             |            |   |            |                  |  |
|   | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT</td> <td>11,307</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage         | 100% Values | Value Type | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 11,307     | Replacement Cost |  |
| Coverage                                    | 100% Values   | Value Type       |             |            |   |            |                  |  |
| PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 11,307  | Replacement Cost |             |            |   |            |                  |  |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b>               | <b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> Caney City Hall and Police Station  |                  |             |            |          |                |                  |                                 |              |                  |  |  |
|---------------------------------|--|------------------|-------------|------------|----------|----------------|------------------|---------------------------------|--------------|------------------|--|--|
|                                 | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$2,675,658.00</td> <td>Replacement Cost</td> </tr> <tr> <td>YOUR BUSINESS PERSONAL PROPERTY</td> <td>\$134,684.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage         | 100% Values | Value Type | Building | \$2,675,658.00 | Replacement Cost | YOUR BUSINESS PERSONAL PROPERTY | \$134,684.00 | Replacement Cost |  |  |
|                                 | Coverage   | 100% Values      | Value Type  |            |          |                |                  |                                 |              |                  |  |  |
| Building                        | \$2,675,658.00   | Replacement Cost |             |            |          |                |                  |                                 |              |                  |  |  |
| YOUR BUSINESS PERSONAL PROPERTY | \$134,684.00   | Replacement Cost |             |            |          |                |                  |                                 |              |                  |  |  |

**Location 12**

127 N Spring St

Caney, KS 67333-1303



| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> FIRE BARN |                |                  |
|------------|--|----------------|------------------|
|            | Coverage   | 100% Values    | Value Type       |
|            | Building   | \$1,238,954.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$179,582.00   | Replacement Cost |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| Building 1 | <b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN) |              |                  |
|------------|--|--------------|------------------|
|            | Coverage   | 100% Values  | Value Type       |
|            | Building   | \$740,029.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$7,973.00   | Replacement Cost |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

| Building 1 | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> NEW CITY LIBRARY |                |                  |
|------------|---|----------------|------------------|
|            | Coverage  | 100% Values    | Value Type       |
|            | Building  | \$2,198,386.00 | Replacement Cost |



|                            |                        |
|----------------------------|------------------------|
| Total Building             | \$22,406,145.00 RC     |
| Total Personal Property    | \$558,626.00 RC        |
| Total Property in the Open | \$1,820,445.00 RC      |
| <b>Combined Total</b>      | <b>\$24,785,216.00</b> |

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: \_\_\_\_\_



## General Liability Summary Proposal

**Prepared For**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

**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**

|  |                   |
|--|-------------------|
| Products/Completed Operations            | \$39.00           |
| Other Than Products/Completed Operations | \$8,643.00        |
| <b>Total Estimated Policy Premium</b>    | <b>\$8,682.00</b> |

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

**Forms Applicable**

CG0001(04/13), CG0069(12/23), CG0070(01/26), CG0109(11/85), CG0300(01/96), CG2028(12/19), CG2100(07/98), CG2106(12/23), CG2147(12/07), CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2196(03/05), CG2244(04/13), CG2250(04/13), CG2256(07/98), CG2264(04/13), CG2409(07/98), CG4032(05/23), CG4035(12/23), CG7001A(10/12), CG7003(10/13), CG7185(10/13), CG7236(10/01), CG7551(10/19), CG7558(02/20), CG7605(10/14), CG7638(12/10), CG7673(10/19), CG7698(01/24), CG7740(11/20), CG7748(10/22), CG9909(12/19), IL0017(11/98), IL0021(09/08), IL0261(09/07), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7168(01/22), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8576(10/17)

## 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 00 70 | 01 26        | Exclusion - War  |         |
| CG 01 09 | 11 85        | Kansas And Oklahoma Changes - Transfer Of Rights   |         |
| CG 03 00 | 01 96        | Deductible Liability Insurance<br>Application of Endorsement (Enter below any limitations on the application and if NO, Limitations leave Blank) NONE  |         |
| CG 20 28 | 12 19        | Additional Insured - Lessor Of Leased Equipment<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST BANK<br>PO BOX 36<br>CANEY KS 67333<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST EQUIPMENT FINANCE<br>P.O. BOX 1110<br>FORT SMITH, AR 72917 |         |
| CG 21 00 | 07 98        | Exclusion - All Hazards In Connection With Designated Premises<br>Description Of Premises: - 410 S STATE, CANEY KS<br>Description Of Premises: - 302 S SPRING, CANEY KS<br>Description Of Premises: - 100 E TAYLOR, CANEY KS<br>Description Of Premises: - 502 N MAIN, CANEY KS              |         |
| 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 21 96 | 03 05        | Silica Or Silica-Related Dust Exclusion  |         |
| CG 22 44 | 04 13        | Exclusion - Services Furnished By Health Care Providers<br>Description of Operations - Any and all services furnished by health care providers   |         |



| Form      | Edition Date | Description/Additional Information   | Premium |
|-----------|--------------|--|---------|
| CG 22 50  | 04 13        | Exclusion - Failure To Supply  |         |
| CG 22 56  | 07 98        | Exclusion - Injury To Volunteer Firefighters   |         |
| CG 22 64  | 04 13        | Pesticide Or Herbicide Applicator - Limited Pollution Coverage<br>Description Of Operations - WEED CONTROL AND<br>MOSQUITO FOGGING OPERATIONS                  |         |
| CG 24 09  | 07 98        | Governmental Subdivisions  |         |
| CG 40 32  | 05 23        | Exclusion-Perfluoroalkyl and Polyfluoroalkyl Substances  |         |
| CG 40 35  | 12 23        | Exclusion - Cyber Incident   |         |
| CG 70 01A | 10 12        | General Liability Schedule   |         |
| CG 70 03  | 10 13        | GL Quick Reference (Occurrence)  |         |
| CG 71 85  | 10 13        | Exclusion - Lead   |         |
| CG 72 36  | 10 01        | Additional Insured - Association Or Organization<br>Schedule of Association Or Organizations - CITY LIBRARY<br>BOARD   |         |
| CG 75 51  | 10 19        | Abuse Or Molestation Liability   |         |
| CG 75 58  | 02 20        | Kansas Tort Claims Act Endorsement   |         |
| CG 76 05  | 10 14        | Exclusion - Law Enforcement Activities   |         |
| CG 76 38  | 12 10        | Municipal Liability Endorsement  |         |
| CG 76 73  | 10 19        | Municipal Violent Event Response Coverage<br>Aggregate Limit \$100,000<br>Each Event Limit \$100,000<br>Each Person Limit \$25,000                             |         |
| CG 76 98  | 01 24        | General Liability Municipalities Elite Extension   |         |
| CG 77 40  | 11 20        | Communicable Disease Exclusion - Pandemic, Epidemic or Public<br>Health Emergency  |         |
| CG 77 48  | 10 22        | Cannabis Exclusion With Limited Exception For Retail Sales Of<br>CBD Products And Hemp Exception   |         |
| CG 99 09  | 12 19        | Premium Audit Noncompliance Charge<br>Audit Noncompliance Charge Factor 1<br>Number of Written Attempts To Obtain Audit Information 2<br>Reassessment Charge 0 |         |
| IL 00 17  | 11 98        | Common Policy Conditions   |         |



**EMC Property & Casualty Company**

Quote: BCPN712 - Option 002

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>           | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IL 00 21    | 09 08               | Nuclear Energy Liability Exclusion Endorsement      |                |
| IL 02 61    | 09 07               | Kansas Changes - Cancellation And Nonrenewal        |                |
| IL 70 04    | 03 20               | Mutual Policy Provisions                            |                |
| IL 70 07A   | 01 21               | Installment Premium Payment Schedule                |                |
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule              |                |
| IL 71 68    | 01 22               | Asbestos Exclusion                                  |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement              |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act | \$76.00        |
| IL 83 84A   | 01 08               | Notice  |                |
| IL 85 76    | 10 17               | Important Notice To Policyholders                   |                |



## Terrorism Notice

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) | \$76.00 |
|------------------------------------|---------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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.





| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>48924</b> Swimming Pools - commercially operated<br/>                     Prem Basis: Gross Sales<br/>                     Exposure: \$27,000<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 12.921            | \$349                     |
| <p><b>87522</b> Town Liability -<br/>                     Premises/Operations In Progress Including Work Subcontracted To Others -<br/>                     Population 1,001 - 2,500<br/>                     Prem Basis: Per Capita<br/>                     Exposure: 1,759<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Including Products/Completed Operations unless Otherwise Excluded</p> |                                |  | 1.694             | \$2,979                   |
| <p><b>99943</b> Water Companies<br/>                     Prem Basis: Payroll<br/>                     Exposure: \$119,886<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 22.162            | \$2,657                   |
| <p><b>Location 002</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 8<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$14                      |



| Code No./Exposure/Classification  | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|---|--------------------------------|--|-------------------|---------------------------|
| <p><b>Location 003</b><br/> <b>68607</b> Vacant Buildings - not factories -<br/>                     Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 2,040<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p> |                                |  | 10.618            | \$22                      |
| <p><b>Location 004</b><br/> <b>68607</b> Vacant Buildings - not factories -<br/>                     Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 798<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>   |                                |  | 10.618            | \$8                       |
| <p><b>Location 005</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>  |                                |  | 1.694             | \$2                       |
| <p><b>Location 006</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>  |                                |  | 1.694             | \$2                       |



| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>Location 007</b></p> <p><b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 2<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$3                       |
| <p><b>Location 008</b></p> <p><b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$2                       |
| <p><b>Location 009</b></p> <p><b>13673</b> Grocery Stores<br/>                     Prem Basis: Gross Sales<br/>                     Exposure: \$630,895<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     \$500 Deductible Applies To PD Per Claim For Products/Completed Operations</p> <p><b>47051</b> Real Estate Development Property<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p> | 0.0620                         | \$39                                   | 1.474             | \$930                     |
| <p><b>47051</b> Real Estate Development Property<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 5.950             | \$6                       |



**Policy Level Coverages**

| Coverages                               | Limit of Insurance | Premium           |
|---|--------------------|-------------------|
| General Liability Elite Extension       |                    | \$300             |
| Premium For Certified Acts of Terrorism |                    | \$76.00           |
| <b>Total Estimated Policy Premium</b>   |                    | <b>\$8,682.00</b> |

**Location of All Premises Owned, Rented or Occupied**

| Rated Locations     |   |
|---------------------|---|
| <b>Location 1</b>   | 100 W 4th Ave<br>Caney, KS 67333-1410<br>Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |
| <b>Location 2</b>   | SEC 18 T35S R 14 E<br>Caney, KS 67333<br>Description: MONTGOMERY COUNTY, KS.                    |
| <b>Location 3</b>   | 112-116 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 4</b>   | 108 1/2 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 5</b>   | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 6</b>   | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 7</b>   | SE Corner of 7th & Forman St<br>Caney, KS 67333   |
| <b>Location 8</b>   | 117 W 4th Ave<br>Caney, KS 67333-1459   |
| <b>Location 9</b>   | 114 N State St<br>Caney, KS 67333-1334  |
| All Other Locations |   |
| <b>Location: 10</b> | 109 S State St<br>Caney, KS 67333-1447  |

CONDITIONAL



**EMC Property & Casualty Company**

Quote: BCPN712 - Option 002

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

**Location: 11**

211 W 5th Ave  
Caney, KS 67333-1409



Information Page

**Workers' Compensation and Employers' Liability Summary Proposal**

This information page along with the 'policy provisions' completes the numbered policy.

Item 1

**Prepared For**

**Presented By**

CITY OF CANEY  
PO BOX 129  
CANEY, KS 67333-0129

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
PO BOX 510187  
NEW BERLIN, WI 53151-0187  
AGENT NO. L7428  
AGENT PHONE: 620-879-2311  
CLAIM REPORTING: 888-362-2255  
SERVICING CARRIER: 316-352-5700

AGENCY BILL

Phone Number: 620-879-2772

Insured Is: Other

Business Desc: MUNICIPALITY

Intrastate ID: 150115639

Federal Employer's ID: 48-6042166

Item 2

Policy Period: From: 04/01/2026

To: 04/01/2027

At 12:01 A.M., Standard Time at the insured's mailing address

Item 3

- A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation law of the states listed here: KS
- B. Employers' Liability Ins. : Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are
 

|                           |           |               |
|---------------------------|-----------|---------------|
| Bodily Injury By Accident | \$500,000 | Each Accident |
| Bodily Injury By Disease  | \$500,000 | Each Employee |
| Bodily Injury By Disease  | \$500,000 | Policy Limit  |
- C. Other States Ins. : Part Three of the policy applies to All States except ME, ND, OH, WA, WY and states designated in item 3.A shown above, and the following states:



D. This policy includes these endorsements and schedules: See Schedule Attached

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**Item 4**

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans.

All information required below is subject to verification and change by audit. See Schedule Attached

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|                            |                                |             |
|----------------------------|--------------------------------|-------------|
|                            | Total Estimated Policy Premium | \$43,478.00 |
| Minimum Premium \$1,000.00 | Expense Constant               | \$160.00    |
| Kansas                     |                                |             |

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## Workers' Compensation Summary Proposal

### Endorsement Schedule

| Form          | Edition Date | Description/Additional Information   | Premium  |
|---------------|--------------|--|----------|
| 04 05 B       | 04 24        | Privacy Notice   |          |
| IL 70 04      | 03 20        | Mutual Policy Provisions   |          |
| IL 70 07 A    | 01 21        | Installment Premium Payment Schedule   |          |
| IL 71 31A     | 04 01        | Commercial Workers' Compensation Policy Declarations                         |          |
| IL 76 04      | 05 25        | Kansas Company Elimination Endorsement                                       |          |
| IL 83 83.2A   | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act                          | \$149.00 |
| IL 85 76      | 10 17        | Important Notice To Policyholders  |          |
| WC 00 00 00 C | 01 15        | Workers Compensation And Employers Liability Insurance Policy                |          |
| WC 00 03 10   | 04 84        | Sole Proprietors, Partners, Officers And Others Coverage Endorsement         |          |
| WC 00 04 14 A | 01 19        | 90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement |          |
| WC 00 04 19 A | 08 22        | Part Five-Premium Amendatory Endorsement                                     |          |
| WC 00 04 21 F | 08 22        | Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement     |          |
| WC 00 04 22 C | 01 21        | Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement  |          |
| WC 00 04 24   | 01 17        | Audit Noncompliance Charge Endorsement                                       |          |
| WC 00 04 25   | 05 17        | Experience Rating Modification Factor Revision Endorsement                   |          |
| WC 15 04 01 A | 01 10        | Kansas Final Premium Endorsement   |          |
| WC 15 06 01 A | 01 87        | Kansas Cancelation And Nonrenewal Endorsement                                |          |
| WC 70 05      | 07 11        | WC Quick Reference   |          |
| WC 71 68      | 02 21        | Workers Compensation Sliding Scale Dividend Plan                             |          |
| WC 81 30      | 10 14        | Important Notice   |          |
| WC 99 06 18   | 05 25        | Workers' Compensation and Employers' Liability Insurance Policy              |          |
| WC 99 06 19   | 05 25        | Workers Compensation Schedule  |          |



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) | \$149.00 |
|------------------------------------|----------|

**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 terrorism 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 rate allocations in accordance with the 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 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.



## Extension of Information

### Item 4 - Classification of Operations Schedule

**State:** Kansas

State Empl ID:

NCCI Intrastate ID: 150115639

| Location Number | Location Information  |
|-----------------|---|
| 1               | 100 W 4th Ave<br>Caney, Kansas 67333-1410<br>Maximum # of employees exposed at any one time: 23<br>Number of employees: Full Time: 22 Part Time: 1<br>Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |

| Classifications   | Code No. | Premium Basis<br>Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|---|----------|--|------------------------------|--------------------------|
| Location 1  |          |  |                              |                          |
| Street or Road Construction-Paving or Repaving & Drivers                            | 5506     | 82,543   | 4.149                        | \$3,425.00               |
| Waterworks Operation & Drivers.   | 7520     | 84,688   | 2.717                        | \$2,301.00               |
| Sewage Disposal Plant Operation & Drivers   | 7580     | 48,804   | 2.227                        | \$1,087.00               |
| Ambulance Service Companies and EMS (Emergency Medical Service) Providers & Drivers | 7705     | 11,848   | 5.035                        | \$597.00                 |
| Firefighters & Drivers-Volunteer  | 7711     | 36,566   | 4.189                        | \$1,532.00               |
| Police Officers & Drivers   | 7720     | 359,601  | 2.758                        | \$9,918.00               |
| Store-Meat, Grocery and Provision-Combined-Retail NOC.                              | 8033     | 274,286  | 1.909                        | \$5,236.00               |
| Clerical Office Employees NOC.  | 8810     | 441,598  | 0.123                        | \$543.00                 |
| Law Office-All Employees & Clerical, Messengers, Drivers.                           | 8820     | 4,800  | 0.100                        | \$5.00                   |
| Swimming Pool-Public Operation-All Other Employees                                  | 9015     | 41,449   | 3.303                        | \$1,369.00               |
| Park NOC-All Employees & Drivers.   | 9102     | 60,381   | 3.020                        | \$1,824.00               |
| Cemetery Operation & Drivers  | 9220     | If Any   | 4.104                        | \$0.00                   |
| Garbage, Ashes or Refuse Collection & Drivers                                       | 9403     | If Any   | 8.158                        | \$0.00                   |
| Municipal, Township, County, or State Employee NOC.                                 | 9410     | 43,705   | 5.245                        | \$2,292.00               |
| <b>Total Manual Premium</b>   |          |  |                              | <b>\$30,129.00</b>       |
| Employers Liability Increased Limits  |          |  |                              | \$241.00                 |
| <b>Total Subject Premium</b>  |          |  |                              | <b>\$30,370.00</b>       |
| Experience Mod (1.5200)   |          |  |                              | \$15,792.00              |
| <b>Total Modified Premium</b>   |          |  |                              | <b>\$46,162.00</b>       |
| State Expense Constant  |          |  |                              | \$160.00                 |



| Classifications  | Code No. | Premium Basis Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|--|----------|---|------------------------------|--------------------------|
| (continued)  |          |   |                              |                          |
| Catastrophe (Other Than Certified Acts of Terrorism)<br>Premium Endorsement (0.020)    |          |   |                              | \$298.00                 |
| Terrorism Risk Insurance Program Reauthorization Act<br>Disclosure Endorsement (0.010) |          |   |                              | \$149.00                 |
| Premium Discount   |          |   |                              | (\$3,291.00)             |
| <b>Estimated Annual Premium</b>  |          |   |                              | <b>\$43,478.00</b>       |
| <b>Total Amount Due</b>  |          |   |                              | <b>\$43,478.00</b>       |

**Total Estimated Annual Premium**      \$43,478.00

## Workers' Compensation Insurance

# Sliding Scale Dividend Plan

WC8575 (10-20)

### Advantages of the Plan

A policyholder with exceptionally good experience can earn a dividend of 5% to 10%, as shown in the table below.

Workers' compensation dividends are fixed and determined by the Board of Directors in accordance with the law and cannot be legally guaranteed. However, the company has paid dividends under this or comparable plans continuously since 1944.

The possibility of a high dividend return in recognition of favorable loss experience offers the policyholder prompt material rewards for cooperation in accident prevention measures and plant improvement.

The policyholder does not have to give up the premium savings afforded by the Premium Discount Plan. (However, when any of the standard retrospective rating plans are used, the Premium Discount Plan is deleted.) The sliding scale dividend is payable after allowance of the premium discount, if applicable.

### How the Plan Operates

#### Plan Eligibility

The Sliding Scale Dividend Plan will be paid from first dollar and applies only to risks that run a full term with an earned premium of \$25,000 or more (after allowance of the premium discount, if applicable). If a risk develops less than \$25,000 earned premium in their state of domicile, the risk is not eligible for a dividend.

#### Dividend Eligibility

The loss experience determines whether the risk is qualified for a dividend. If the incurred loss ratio is under 25%, the dividend is payable in accordance with the table displayed.

**Note:** No dividend will be paid on policies canceled midterm, except for those instances where policies are rewritten by EMC Insurance Companies.

#### Computation

The sliding scale dividend calculation will be computed six months after policy expiration when losses are more fully developed, or at the completion of the final audit of the policy, whichever occurs later. Once calculated, the dividend plan will be considered closed and final.

Minimum Earned Premium = \$25,000 (after allowance of the premium discount, if applicable)

### Example of Plan Operation

Earned Premium: \$50,000  
 Paid Losses.....\$7,000  
 Reserves..... \$1,000  
 Total Incurred Losses.....\$8,000

Total Incurred Loss Ratio:  
 $\$8,000 \div \$50,000 = 16\%$

4% Sliding Scale Dividend on \$50,000 .....\$2,000

| Loss Ratio % | Earned Premium       |                      |                      |                    |
|--------------|----------------------|----------------------|----------------------|--------------------|
|              | \$25,000 to \$49,999 | \$50,000 to \$64,999 | \$65,000 to \$99,999 | \$100,000 and over |
| 0-4.99       | 5%                   | 7%                   | 8%                   | 10%                |
| 5-9.99       | 4%                   | 6%                   | 7%                   | 9%                 |
| 10-14.99     | 3%                   | 5%                   | 6%                   | 8%                 |
| 15-19.99     | 2%                   | 4%                   | 5%                   | 7%                 |
| 20-24.99     | 0%                   | 0%                   | 4%                   | 6%                 |
| 25-29.99     | 0%                   | 0%                   | 0%                   | 5%                 |
| 30-34.99     | 0%                   | 0%                   | 0%                   | 0%                 |

### Contact Us

Contact your EMC underwriter or marketing representative for more information.

www.emcins.com





## Commercial Inland Marine Summary Proposal

### Prepared For

### Presented By

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

### Coverages

See attached schedule for limits and description of coverages.

| Coverage Headings                  | Premium           |
|------------------------------------|-------------------|
| Contractors Equipment              | \$1,826.00        |
| *Signs                             | \$7.00            |
| Scheduled Property Floater         | \$1,694.00        |
| <b>Inland Marine Premium</b>       | <b>\$3,527.00</b> |
| <b>Total Inland Marine Premium</b> | <b>\$3,527.00</b> |

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.

Forms applicable to the above coverages indicated with an asterisk (\*):

IL7007A(01/21), CM7000.2A(01/21), IL7131A(04/01), IL8383.2A(12/20), CM7001.3A(01/21), IL7004(03/20), IL0261(09/07), IL0017(11/98), CM0001(09/04), CM8068(12/19), CM7021.1(02/20), CM7002(09/00), IL7306(08/98), IL0952(01/15), IL0160(01/16), CM9905(12/19), CM0028(01/13), CM0202(06/19)

Refer to prior distribution(s) for any forms not attached.

Forms applicable to all other coverages:

IM2033(02/22), CL0600(01/15), CL0100(03/99), IM7000(04/04), IM0891(03/99), CM7323(08/09), CL0700(10/06), CM7004(09/06), CL0122(05/13), IM7500(04/04)

CONDITIONAL



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 002

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

Refer to prior distribution(s) for any forms not attached.

## Inland Marine Summary Proposal

### Endorsement Schedule

| Form        | Edition Date | Description/Additional Information                               | Premium |
|-------------|--------------|--|---------|
| CL 01 00    | 03 99        | Common Policy Conditions   |         |
| CL 01 22    | 05 13        | Amendatory Endorsement Kansas                                    |         |
| CL 06 00    | 01 15        | Certified Terrorism Loss   |         |
| CL 07 00    | 10 06        | Virus Or Bacteria Exclusion                                      |         |
| CM 00 01    | 09 04        | Commercial Inland Marine Conditions                              |         |
| CM 00 28    | 01 13        | Signs Coverage Form  |         |
| CM 02 02    | 06 19        | Kansas Changes   |         |
| CM 70 00.2A | 01 21        | Commercial Inland Marine Declarations                            |         |
| CM 70 01.3A | 01 21        | Commercial Inland Marine Schedule - Kansas                       |         |
| CM 70 02    | 09 00        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 04    | 09 06        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 21.1  | 02 20        | Loss Payable Endorsement   |         |
| CM 73 23    | 08 09        | Personal Effects of Each Emergency Personnel                     |         |
| CM 80 68    | 12 19        | Cannabis Exclusion Endorsement- Advisory Notice To Policyholders |         |
| CM 99 05    | 12 19        | Cannabis Exclusion   |         |
| IL 00 17    | 11 98        | Common Policy Conditions   |         |
| IL 01 60    | 01 16        | Kansas Changes - Concealment, Misrepresentation Or Fraud         |         |
| IL 02 61    | 09 07        | Kansas 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 70 07A   | 01 21        | Installment Premium Payment Schedule                             |         |
| IL 71 31A   | 04 01        | Commercial Policy Endorsement Schedule                           |         |
| IL 73 06    | 08 98        | Exclusion Of Certain Computer-Related Losses                     |         |
| IL 76 04    | 01 19        | Kansas Company Elimination Endorsement                           |         |
| IL 83 83.2A | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act              | Waived  |
| IM 08 91    | 03 99        | Amendatory Endorsement Kansas                                    |         |
| IM 20 33    | 02 22        | Amendatory Endorsement Kansas                                    |         |



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 002

Prepared on 03/04/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/18/2026**

| Form     | Edition Date | Description/Additional Information | Premium |
|----------|--------------|------------------------------------|---------|
| IM 70 00 | 04 04        | Contractors' Equipment Coverage    |         |
| IM 75 00 | 04 04        | Scheduled Property Floater         |         |



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 terrorism 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 rate allocations in accordance with the 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 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 Inland Marine Summary Proposal - Kansas

### Policywide Coverage

| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Contractors Equipment</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Coinsurance   |                  | 80%       |
| Catastrophe Limit - The Most "We" Pay For Loss in Any One Occurrence  |                  | \$197,000 |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| 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   |
| <b>Scheduled Items</b>  |                  |           |
| Actual Cash Value<br>1) SALT DOG DISPENSER SN: 15002 Model SCH096C  |                  | \$1,800   |
| Actual Cash Value<br>2) GENERATOR MODEL STAR 8000 WATT SN: 01144915 Manufacturer HONDA  |                  | \$900     |
| Actual Cash Value<br>3) 35G COMPACT EXCAVATORWITH HEAVY DUTY BUCKET<br>Manufacturer JOHN DEERE Model Year 2015                      | 2                | \$22,000  |
| Actual Cash Value<br>4) MOWER SN: 4502744563 Manufacturer BAD BOY Model Year 2015   | 3                | \$1,400   |
| Actual Cash Value<br>5) TRACTORW/FRONT END LOADER MDL LS525FL S/N A9586 SN: 57741 Manufacturer KUBOTA Model L3301DT Model Year 2016 | 3                | \$9,500   |



**Policywide Coverage**

| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>6) GENERAC SC 150 GENERATOR AND TRANSFERSWITCH SN:<br>301289038                                   |                  | \$39,000   |
| Actual Cash Value<br>7) FLATBED W/SNOW PLOWO SN: 3D6WU7ELXBG14380 Manufacturer<br>DODGE Model Year 2011                |                  | \$36,000   |
| Actual Cash Value<br>8) BACKHOE LOADER SN: 1T0410KXAFE276123 Manufacturer JOHN<br>DEERE Model 410K Model Year 2015     |                  | \$72,500   |
| Actual Cash Value<br>9) UTILITY VEHICLE SN: JK1AFCE195B535405 Manufacturer KAWASAKI<br>Model MULE 3010 Model Year 2005 |                  | \$13,900   |
| Contractors Equipment Premium  |                  | \$1,826.00 |
| <b>Contractors Equipment - Leased or Rented From Others</b>  |                  |            |
| <b>Limits of Insurance</b>   |                  |            |
| The Most "We" Pay For Loss To Any One Item   |                  | \$25,000   |
| The Most "We" Pay For Loss In Any One Occurrence   |                  | \$25,000   |
| Actual Cash Value  |                  |            |
| Deductible \$500   |                  |            |
| CE Leased or Rented From Others Premium  |                  | \$0.00     |

**Locations**

For inspection contact: See agent on Dec page

**Location 1**

INSURED PREMISES/OPERATIONS  
CANNEY, KS 67333



| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Signs</b>  |                  |           |
| <b>Signs And Lamps - Neon, Fluorescent, Etc.</b>  |                  |           |
| 1) LIGHTED PLASTIC SIGN LOCATED AT 4TH AND MCGEE  |                  | \$5,200   |
| Actual Cash Value   |                  |           |
| A Deductible Amount of 5% Of the Limit Of Insurance Applies   |                  |           |
| Signs Premium   |                  | \$7.00    |
| <b>Scheduled Property Floater</b>   |                  |           |
| <b>Scheduled Property Floater - Location</b>  |                  |           |
| Coinsurance   |                  | 80%       |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| Pollutant Cleanup and Removal   |                  | \$10,000  |
| Property In Transit or Off Premises   |                  | \$106,170 |
| <b>Scheduled Items</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Actual Cash Value<br>1) 1 TORNADO WARNING SYSTEM (5 SIRENS)   |                  | \$13,000  |
| Actual Cash Value<br>2) FOUR (4) SOLAR POWERED FLASHING SCHOOL ZONE LIGHTS @ \$3,000 EACH   |                  | \$12,000  |
| Actual Cash Value<br>3) UNSCHEDULED MISC. EQUIPMENT ON FIRE TRUCKS  |                  | \$60,000  |
| Actual Cash Value<br>4) POLICE CAR CAMERAS (6) MED-2 MARTEL DIGITAL VIDEO SYSTEMS S/N 25070, 25071, 25072, 25073, 25074 & 25078 INCLUDING: (6) TRANSMITTERS - S/N WT10430105, WT10430126, WT10430117, WT10430106, WT10430125 & WT10430113 | 1, 2             | \$19,170  |



| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>5) VHF KENWOOD BASE REPEATERS STATION |                  | \$900      |
| Actual Cash Value<br>6) VHF DUPLEXER                       |                  | \$1,100    |
| Scheduled Property Floater Premium                         |                  | \$1,694.00 |

**Special Interest(s)**

**1 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST BANK  
 301 W 4TH AVE  
 CANEY,KS 67333-1463

**2 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST EQUIPMENT FINANCE  
 PO BOX 11110  
 FORT SMITH,AR 72917-1110

**3 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 COMMERCIAL BANK  
 105 E 9TH ST  
 COFFEYVILLE,KS 67337-6439

**Total Premium For Changes**

**\$3,527.00**



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

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 03/04/26 TO 04/18/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R P R E S E N T E D B Y

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

Table with columns: COVERAGES, COV AUTOS, LIMITS/DEDUCTIBLES, PREMIUM. Rows include Covered Autos Liability, Uninsured and Underinsured Motorists, Physical Damage Coverage (Comprehensive, Collision), Hired or Borrowed Auto, Non-ownership Liability, and Estimated Total Policy Premium.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

COMMERCIAL AUTO POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Contains various endorsement codes and descriptions such as BUSINESS AUTO COVERAGE FORM, KANSAS CHANGES, and COMM'L POLICY ENDORSEMENT SCHEDULE.

AS QUOTED ON: 03/04/26



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

\*\*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 INSUR-  
ANCE 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"<br>AND "PROPERTY<br>DAMAGE"<br>COMBINED<br>ST SINGLE LIMIT | "BODILY INJURY"<br>EACH PERSON<br>EACH "ACCIDENT" | "BODILY INJURY"<br>EACH "ACCIDENT" | "PROPERTY DAMAGE"<br>EACH "ACCIDENT" |
| KS   |   | \$ 1,000,000                       |                                      |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

\*\*\*\*\*

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

\*\*\*\*\*

LOC: 001 201 S STATE ST
CANEY KS. 67333

VEH NO 1 TERR: 114
1999 FREIGHTLINER DEMO FIRE TRUCK ID NO 1FV6JLCV9XHA28999.
ADDITIONAL INFORMATION:
COST NEW: 139000 RADIUS: USE: NA .
AGE: LIAB-x PHYS-Z .
FIRE DEPT VEHICLE CLASS: 7909 .
COVERED AUTOS LIABILITY . \$ 563.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE 139000 3000 DED . 247.00
\$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

REPLACEMENT COST - REFER TO CA7492

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS
COLLISION 139000 3000 DED . 236.00
REPLACEMENT COST - REFER TO CA7492
TOTAL VEHICLE PREMIUM . \$ 1,122.00

-----
VEH NO 2 TERR: 114
2004 STERLING DUMP TRUCK W/EQUIP ID NO 2FZACFCS24AM20528.
ADDITIONAL INFORMATION:
COST NEW: 61724 RADIUS: LOCAL USE: COMMERCIAL .
AGE: LIAB-T PHYS-T .
HEAVY TRUCK CLASS: 33479 .
COVERED AUTOS LIABILITY . \$ 508.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 138.00
\$ 1000 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 1000 DED . 207.00
TOTAL VEHICLE PREMIUM . \$ 929.00
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 3 TERR: 114 .  
 2003 CHEVY 1500 SILVERADO PICKUP ID NO 1GCEK19T93Z221048 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 26742 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 514.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 590.00

VEH NO 4 TERR: 114 .  
 2002 CHEVY EXTCAB PICKUP W/ FIRE EQUIP ID NO 1GCHK29U22E270531 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 28587 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-V .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 62.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 776.00

VEH NO 5 TERR: 114 .  
 2008 CHEVROLET F250 FIRE DEPT ID NO 1GCHK29K38E196558 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 29735 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-N .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 82.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 796.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 6 TERR: 114 .  
 2009 CHEVROLET SC1 PICKUP ID NO 1GCEC14C59Z180591 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18045 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-M PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 540.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 616.00

-----  
 VEH NO 7 TERR: 114 .  
 1993 FREIGHTLINER PUMPER FIRE TRUCK ID NO 1FV6JLCB5PL469166 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 135000 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Z .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 3000 DED . 69.00  
 \$ 3000 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 3000 DED . 90.00  
 TOTAL VEHICLE PREMIUM . \$ 798.00

SPECIAL INTEREST:  
06 - LOSS PAYEE

-----  
 VEH NO 8 TERR: 114 .  
 2006 FORD EXPLORER POLICE ID NO 1FMEU74E36ZA07789 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 32565 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Q .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 214.00  
\$ 1000 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 1000 DED . 212.00  
TOTAL VEHICLE PREMIUM . \$ 1,465.00

-----  
VEH NO 9 TERR: 114 .  
2004 INT L KC B009169 VAC TRJ ID NO 1HTWDADR04J026758.  
ADDITIONAL INFORMATION:  
COST NEW: 57292 RADIUS: LOCAL USE: NA .  
AGE: LIAB-T PHYS-T .  
EX-HEAVY TRUCK-TRAC CLASS: 50499 .  
COVERED AUTOS LIABILITY . \$ 1,099.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 194.00  
\$ 1000 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 1000 DED . 256.00  
TOTAL VEHICLE PREMIUM . \$ 1,625.00

SPECIAL INTEREST:  
06 - LOSS PAYEE  
-----  
VEH NO 10 TERR: 114 .  
2011 DODGE 5500 ID NO 3D6WU7ELXBG614380.  
ADDITIONAL INFORMATION:  
COST NEW: 55508 RADIUS: LOCAL USE: COMMERCIAL .  
AGE: LIAB-K PHYS-K .  
MEDIUM TRUCK CLASS: 23499 .  
COVERED AUTOS LIABILITY . \$ 737.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 260.00  
\$ 1000 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 1000 DED . 229.00  
TOTAL VEHICLE PREMIUM . \$ 1,302.00

-----  
VEH NO 11 TERR: 114 .  
1987 FORD LN8000 FIRETRUCK ID NO 1FDYR82A3HVA59907.  
ADDITIONAL INFORMATION:  
COST NEW: 32681 RADIUS: USE: NA .  
AGE: LIAB-x PHYS- .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 639.00  
-----

VEH NO 12 TERR: 114 .  
2017 FORD EXPLORER ID NO 1FM5K8AR1HGD06196.  
ADDITIONAL INFORMATION:  
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-E PHYS-E .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 689.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 13 TERR: 114 .  
2017 FORD EXPLORER ID NO 1FM5K8ARXHGD06195.  
ADDITIONAL INFORMATION:  
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-E PHYS-E .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 689.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 14 TERR: 114 .  
2010 TORO 2100 ATV 16HP 272CC ID NO 0725320000023 .  
ADDITIONAL INFORMATION:  
COST NEW: 12000 RADIUS: USE: NA .  
AGE: LIAB-L PHYS- .  
GOLF CARTS CLASS: 9463 .  
COVERED AUTOS LIABILITY . \$ 121.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 165.00  
-----

VEH NO 15 TERR: 114 .  
1993 GMC-CHEVY C7H042 ID NO 1GDM7H1J4PJ518549 .  
ADDITIONAL INFORMATION:  
COST NEW: 35159 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-Z .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 66.00  
\$ 1000 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 1000 DED . 75.00  
TOTAL VEHICLE PREMIUM . \$ 780.00  
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 16 TERR: 114 .  
 2020 FORD TRANSIT CO ID NO NM0LS7E25L1475889 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 25590 RADIUS: USE: NA .  
 AGE: LIAB-b PHYS-B .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 58429 1000 DED . 210.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 58429 1000 DED . 242.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 1,091.00

-----  
 VEH NO 17 TERR: 114 .  
 2003 CHEVROLET 1500 ID NO 1GCEC14X43Z283092 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18191 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 489.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 565.00

-----  
 VEH NO 18 TERR: 114 .  
 2011 CHEVROLET TAHOE 1500 ID NO 1GNSK2E07BR326018 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 36900 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-K PHYS-K .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 618.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 222.00  
 \$ 1000 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 1000 DED . 143.00  
 TOTAL VEHICLE PREMIUM . \$ 1,059.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 19 TERR: 114 .  
 1900 DOOLITTLE TRAILER ID NO JDGP16229WCH1TT79.  
 ADDITIONAL INFORMATION: DUMP  
 COST NEW: 4500 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-Z PHYS-Z .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 27.00  
 COMPREHENSIVE ACV 1000 DED . 67.00  
 \$ 1000 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 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 180.00

-----  
 VEH NO 20 TERR: 114 .  
 2021 DELCO EQUIPMENT ID NO 5WWBC2226M6014569.  
 ADDITIONAL INFORMATION: TRAILER 102X20  
 COST NEW: 7200 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-A PHYS-A .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 48.00  
 COMPREHENSIVE ACV 1000 DED . 84.00  
 \$ 1000 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 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 218.00

-----  
 VEH NO 21 TERR: 114 .  
 2015 FORD EXPLORER ID NO 1FM5K8ARXFG62113.  
 ADDITIONAL INFORMATION:  
 COST NEW: 33700 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-G PHYS-G .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 648.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 243.00  
\$ 1000 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 1000 DED . 170.00  
TOTAL VEHICLE PREMIUM . \$ 1,137.00

-----  
VEH NO 22 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 SUV ID NO 1GNLC2E06DR198598.  
ADDITIONAL INFORMATION:  
COST NEW: 34350 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-I PHYS-I .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 627.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 218.00  
\$ 1000 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 1000 DED . 148.00  
TOTAL VEHICLE PREMIUM . \$ 1,069.00

-----  
VEH NO 23 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 ID NO 1GNLC2E09DR191726.  
ADDITIONAL INFORMATION:  
COST NEW: 58429 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-I .  
LAW ENFORCEMENT VEH CLASS: 7912 .  
COVERED AUTOS LIABILITY . \$ 963.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE 58429 1000 DED . 535.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 58429 1000 DED . 686.00  
STATED AMOUNT - REFER TO CA9928  
TOTAL VEHICLE PREMIUM . \$ 2,260.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 24 TERR: 114 .  
 2016 CHEVROLET TAHOE 1500 PATROL VEH ID NO 1GNLCDEC1GR358963.  
 ADDITIONAL INFORMATION:  
 COST NEW: 41915 RADIUS: USE: NA .  
 AGE: LIAB-f PHYS-F .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 409.00  
 \$ 1000 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 | 1000 DED              | .   | 339.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,787.00 |

-----  
 VEH NO 25 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KTXDS679323.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 335.00  
 \$ 1000 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 | 1000 DED              | .   | 254.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,628.00 |

-----  
 VEH NO 26 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KT1DS679324.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 335.00  
\$ 1000 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 1000 DED . 254.00  
TOTAL VEHICLE PREMIUM . \$ 1,628.00

-----  
VEH NO 27 TERR: 114 .  
2016 CHEVROLET SILVERADO ID NO 1GC1KUEG5GF296913.  
ADDITIONAL INFORMATION:  
COST NEW: 41085 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 687.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 219.00  
TOTAL VEHICLE PREMIUM . \$ 1,279.00

-----  
VEH NO 28 TERR: 114 .  
2016 CHEVROLET COLORADO ID NO 1GCGTDE30G1110678.  
ADDITIONAL INFORMATION:  
COST NEW: 34640 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 662.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 251.00  
\$ 1000 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 1000 DED . 181.00  
TOTAL VEHICLE PREMIUM . \$ 1,170.00

-----  
AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 29 TERR: 114 .  
 2020 GMC-CHEVY 3500HD ID NO 1GB3WRE78LF216254.  
 ADDITIONAL INFORMATION:  
 COST NEW: 67333 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-B PHYS-B .  
 MEDIUM TRUCK CLASS: 21499 .  
 COVERED AUTOS LIABILITY . \$ 811.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 482.00  
 \$ 1000 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 1000 DED . 399.00  
 TOTAL VEHICLE PREMIUM . \$ 1,768.00

-----  
 VEH NO 30 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG4TC216426.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 31 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG8TC216428.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 32 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFGXTC216429.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 33 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216427.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 34 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216430.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANNEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

PREMIUM SUMMARY

Table with 2 columns: Coverage Type and Amount. Rows include COVERED AUTOS LIABILITY (21,645.00), UNINSURED MOTORISTS (2,660.00), UNDERINSURED MOTORISTS (INCLUDED), COMPREHENSIVE (14,724.00), COLLISION (8,587.00), and TOTAL (47,616.00).

EXCEPT FOR TOWING AND LABOR, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE NAMED BELOW ACCORDING TO THEIR INTERESTS IN THE AUTO AT THE TIME OF THE LOSS

SPECIAL INTERESTS

LOSS PAYEE:

- 02 BANC OF AMERICA, LEASING & CAPITAL, LLC
555 CALIFORNIA ST 4TH FL
SAN FRANCISCO, CA 94104
REFERENCE #
04 DAILMER CHRYSLER SERVICES
NORTH AMERICA LLC
PO BOX 55329
STOCKTON, CA 95205-9095
REFERENCE #
06 COMMUNITY NATIONAL BANK
PO BOX 67
CANNEY, KS 67333-0067
REFERENCE #

LESSOR - ADDITIONAL INSURED/LOSS PAYEE:

- 07 COMMUNITY FIRST NATIONAL
BANK AND/OR ITS ASSIGNS
215 S SETH CHILD RD
MANHATTAN, KS 66502-3089
REFERENCE # CANKS2026-01E

OTHER:

ADDL INSD CA9901 :

- 01 BANK IV LEASING
P.O. BOX 4
WICHITA, KS 67201-0004
REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

ADDL INSD CA9901 :  
03            BANC OF AMERICA, LEASING  
              & CAPITAL , LLC  
              555 CALIFORNIA ST 4TH FL  
              SAN FRANCISCO, CA    94104  
              REFERENCE #

ADDL INSD CA9901 :  
05            DAIMLER CHRYSLER SERVICES  
              NORTH AMERICA LLC  
              PO BOX 55329  
              STOCKTON, CA    95205-9095  
              REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

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 LIABILITY COVERAGE | HIRE FOR ALL STATES | RATE | PREMIUM |
|---|---------------------|------|---------|
|---|---------------------|------|---------|

|  |    |        |     |    |        |
|--|----|--------|-----|----|--------|
| EXCESS   | KS | IF ANY | 100 | \$ | 172.00 |
| 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 |  |  |  | \$    | 172.00 |

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY

|                     |          |    |        |
|---------------------|----------|----|--------|
| NUMBER OF EMPLOYEES | 26 - 100 | \$ | 516.00 |
|---------------------|----------|----|--------|

|   |  |  |           |
|---|--|--|-----------|
|   |  |  | -----     |
| TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM |  |  | \$ 516.00 |



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

ENDORSEMENT PREMIUM DETAIL

| ENDORSEMENTS                            | CLASS | PREMIUM   |
|---|-------|-----------|
| Auto Elite Extension Muni &/Or Vol Fire | 8580  | \$ 500.00 |

# Commercial Auto

## Coverage Highlights CA7450



EMC's Elite Commercial Auto Extension CA7450 is available for most policies.

| Commercial Auto Coverage                             | CA7450  |
|--|---|
| Airbag Accidental Discharge                          | Included; mechanical breakdown exclusion does not apply                   |
| Audio, Visual, Electronic Equipment Coverage         | \$5,000 limit   |
| Auto Loan Lease Gap Coverage                         | \$10,000; \$500 max for fees and penalties                                |
| Autos Rented or Hired by Employees                   | Included  |
| Blanket Additional Insureds                          | Written agreement   |
| Blanket Waiver of Subrogation                        | Included  |
| Business Auto Conditions                             | Included  |
| Duties in event of accident                          | Included  |
| Unintentional failure to disclose exposures          | Included  |
| Data Electronic Equipment                            | \$5,000   |
| Employees as Additional Insureds                     | Included  |
| Extra Expense for Stolen Auto                        | \$1,000 limit   |
| Fellow Employee                                      | Included  |
| Glass Repair or Replacement                          | No deductible glass repair;<br>\$500 glass replacement                    |
| Hired Auto Physical Damage                           | \$100,000 limit   |
| Hired Auto Physical Damage Lessors Loss              | \$1,000   |
| Liberalization                                       | Automatic revisions   |
| Lockout/Key Expense (including electronic)           | \$250 private passenger   |
| Loss of Two or More Covered Autos Same Accident      | 2X Highest Deductible   |
| Mental Anguish                                       | Included in definition of "bodily injury"                                 |
| Newly Formed or Acquired Organizations               | Up to 180 days after acquisition  |
| Personal Effects                                     | \$500 limit   |
| Personal Property of Others                          | \$500 limit   |
| Primary and NonContributory Other Insurance          | Included  |
| Rental Reimbursement: Not theft                      | \$75 day; 30 days; \$2,250 max  |
| Replacement Cost on New Autos                        | Included; if less than 180 days   |
| Subsidiaries as Insureds                             | When you own 50% of the voting stock on the effective date of this policy |
| Supplementary Payments                               | \$5,000 for bail bonds; \$500 loss of earnings                            |
| Temporary Substitute Autos: Physical damage coverage | Included  |
| Towing   | \$100 private passenger type;<br>\$500 other than private passenger type  |
| Transportation Expense: For total theft              | \$75 per day; \$2,500 max   |
| Vehicle Wrap Coverage                                | \$2,000   |
| Vehicle Tracking                                     | Included; 50% Comprehensive Deductible                                    |

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: J153846-13

**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 03/04/26 to 04/18/26  
Proposed Policy Period: From 04/01/26 to 04/01/27  
(Quote may be subject to change)

|                         |                               |
|-------------------------|-------------------------------|
| P R E P A R E D F O R : | P R E S E N T E D B Y :       |
| -----                   |                               |
| CITY OF CANEY           | Acrisure Midwest Partners Ins |
| PO BOX 129              | Svcs LLC                      |
| CANEY KS 67333-0129     | PO BOX 510187                 |
|                         | NEW BERLIN WI 53151-0187      |

|             |                            |
|-------------|----------------------------|
| AGENCY BILL | AGENT: AL 7428             |
|             | AGENT PHONE: (620)879-2311 |
| -----       |                            |

|                      |                             |
|----------------------|-----------------------------|
| Insured is MUNICIPAL | Business Desc: MUNICIPALITY |
| -----                |                             |

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

|  |              |
|--|--------------|
| Each Occurrence Limit (Liability Coverage)                                       | \$ 1,000,000 |
| Personal & Advertising Injury Limit<br>(Any one person or organization)          | \$ 1,000,000 |
| Aggregate Limit (Liability Coverage)<br>(except with respect to "covered autos") | \$ 1,000,000 |

|                                 |          |
|---------------------------------|----------|
| PREMIUM NOT SUBJECT TO AUDIT \$ | 5,744.00 |
| -----                           |          |

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



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-13

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

COMMERCIAL UMBRELLA POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Contains various endorsement entries such as CU0001, CU0005, \*CU0006, etc., with their respective dates and descriptions.

AS QUOTED ON: 03/04/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-13

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

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

=====  
ENDORSEMENT SCHEDULE

| FORM      | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM     |
|-----------|-----------------|-------------------------------------|-------------|
|           |                 | ABUSE OR MOLESTATION LIABILITY      |             |
|           |                 | AGGREGATE LIMIT:                    | \$1,000,000 |
| 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                  |             |
| IL7605    | 01-19           | KANSAS COMPANY ELIMINATION          |             |
| IL8383.2A | 12-20           | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 57       |
| IL8384A   | 01-08           | TERRORISM NOTICE                    |             |

AS QUOTED ON: 03/04/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CITY OF CANEY

QUOTE NUMBER: J153846-13  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

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: 03/04/26

**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.**

D I S C L O S U R E   P U R S U A N T   T O  
T E R R O R I S M   R I S K   I N S U R A N C E   A C T

---

S C H E D U L E

Terrorism Premium (Certified Acts)    \$57.00

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**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
CANBY CITY

Quote Number: J153846-13
Eff Date: 04/01/26 Exp Date: 04/01/27

COMMERCIAL UMBRELLA SCHEDULE

\*\*\*\*\*

RETAINED LIMIT

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability

Company: EMC Property & Casualty Company
Policy Number: BCPN712 Policy Period: 04/01/26 to 04/01/27

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

Employers Liability

Company: Employers Mutual Casualty Company
Policy Number: BCPZ620 Policy Period: 04/01/26 to 04/01/27

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

Commercial Auto Liability

Company: Employers Mutual Casualty Company
Policy Number: E153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

Quote Number: J153846-13  
Eff Date: 04/01/26 Exp Date: 04/01/27

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company  
Policy Number: K153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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

-----  
Law Enforcement Liability

Company: Employers Mutual Casualty Company  
Policy Number: G153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

\$ 1,000,000 Each Occurrence  
\$ 2,000,000 Aggregate  
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CRIME AND FIDELITY COVERAGE PART
QUOTATION (GOVERNMENT ENTITIES)

QUOTATION IS VALID: FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

PREPARED FOR: PRESENTED BY:

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: INSURING AGREEMENTS and PREMIUM. Rows include EMPLOYEE THEFT - BLANKET (PER LOSS) \$ 286.00, FORGERY OR ALTERATION - NEGOTIABLE INSTRUMENTS \$ 53.00, INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES \$ 76.00, INSIDE THE PREMISES - ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY \$ 35.00, OUTSIDE THE PREMISES \$ 9.00, and TOTAL POLICY PREMIUM \$ 459.00.



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## G O V E R N M E N T   C R I M E   P O L I C Y Q U O T E

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM |
|----------|-----------------|---|---------|
| CR0025   | 06-22           | GOVT. CRIME COV. FORM - LOSS SUST.  |         |
| CR0104   | 06-22           | KANSAS CHANGES  |         |
| CR0161   | 10-10           | KANSAS CHANGES - BINDING ARBITRATION  |         |
| CR0750   | 06-22           | AMENDMENT-DELETE PROV REGARD TERROR   |         |
| CR2042   | 05-23           | EXCL. DIGITAL TOKENS & OTHER ELEC.  |         |
| CR2502   | 06-22           | INCL DESIGNATED AGENTS AS EMPLOYEES   |         |
| CR2508   | 06-22           | INC SPEC NON-COMP OFFICERS AS EMP<br>ALL BOARD MEMBERS EXCLUDING<br>TREASURER |         |
| CR2519   | 06-22           | ADD FAITHFL PERF OF DUTY COV FOR GOV<br>PER LOSS LIMIT: \$130,000             |         |
| 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)  |         |
| CRTC25   | 06-22           | GOVERNMENT CRIME COV. TABLE OF CONT.  |         |
| IL0017   | 11-98           | COMMON POLICY CONDITIONS  |         |
| IL0160   | 01-16           | KS CHGS/CONCEALMENT, MISREPRSNT, FRAUD  |         |
| IL0261   | 09-07           | KS 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   |         |
| *IL7604  | 01-19           | KANSAS COMPANY ELIMINATION  |         |



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER: F153846-01  
EXP DATE: 04/01/27

CRIME AND FIDELITY COVERAGE PART  
QUOTATION SCHEDULE (GOVERNMENT ENTITIES)

| DESCRIPTION   | DED<br>(PER OCCURRENCE) | LIMIT<br>(PER OCCURRENCE) |
|---|-------------------------|---------------------------|
| EMPLOYEE THEFT - BLANKET (PER LOSS)                                 | \$ 3,000                | \$ 130,000                |
| FORGERY OR ALTERATION -<br>NEGOTIABLE INSTRUMENTS                   | \$ 3,000                | \$ 130,000                |
| INSIDE THE PREMISES - THEFT OF MONEY<br>& SECURITIES                | \$ 2,500                | \$ 75,000                 |
| INSIDE THE PREMISES - ROBBERY OR SAFE<br>BURGLARY OF OTHER PROPERTY | \$ 2,500                | \$ 75,000                 |
| OUTSIDE THE PREMISES  | \$ 2,500                | \$ 75,000                 |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K153846-01

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

QUOTATION IS VALID FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R : P R E S E N T E D B Y :
CITY OF CANEY Acrisure Midwest Partners Ins
PO BOX 129 Svcs LLC
CAN EY KS 67333-0129 PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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: 04/01/88
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (UNLIMITED)

Table with 2 columns: Description and Amount. Rows include: EACH LOSS (\$ 1,000,000), AGGREGATE FOR EACH POLICY TERM (\$ 2,000,000), INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) (\$ 2,000)

TOTAL ADVANCE PREMIUM \$ 8,469.00

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: 12/29/2025



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: G153846-02

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

Quotation is Valid From 01/09/26 to 04/01/26
Proposed Policy Period: From 04/01/26 to 04/01/27

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

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

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL

BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: Limit Description and Amount. Rows include: Each Occurrence (\$ 1,000,000), Aggregate Limit (\$ 2,000,000), Medical Expense (Any one person) (\$ 5,000), Deductible Per Occurrence (\$ 2,500).

TOTAL POLICY PREMIUM \$ 7,916.00

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



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: G153846-02

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

LAW ENFORCEMENT POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Rows include various policy forms like IL7004, IL7012, LE7001A, etc., with descriptions and a premium value of \$ 155 for LE7001A.

AS QUOTED ON: 01/09/26





**ACRISURE MIDWEST PARTNERS INS SVCS LLC**

PO BOX 510187  
NEW BERLIN, WI  
53151-0187



**CITY OF CANEY**

**Your Business**

**CITY OF CANEY**  
PO BOX 129  
CANEY, KS 67333-0129

**Your Agent**

**ACRISURE MIDWEST PARTNERS  
INS SVCS LLC**  
PO BOX 510187  
NEW BERLIN, WI 53151-0187

**Your Quote**

Quote: 8X98920 005  
Prepared on 03/10/2026  
Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

**Your Account Summary**

**Your Premium Estimate**

|                                    |             |
|------------------------------------|-------------|
| Commercial Property (Version #5)   | \$87,610.00 |
| General Liability (Version #5)     | \$7,669.00  |
| Workers' Compensation (Version #5) | \$36,104.00 |
| Inland Marine (Version #2)         | \$3,527.00  |
| Business Auto (E-04)               | \$48,903.00 |
| Commercial Umbrella (J-14)         | \$5,636.00  |
| Govt Crime/Fidelity Package (F-01) | \$459.00    |
| Linebacker - Claims Made (K-01)    | \$8,469.00  |
| Law Enforcement Liability (G-02)   | \$7,916.00  |

**Total Account Premium Estimate** **\$206,293.00**

**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.emcinsurance.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**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

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

**Coverages**

| Coverages Provided                                   | Premium            |
|--|--------------------|
| Blanket ID Number - 1 - See Schedule for Description | \$87,610.00        |
| Property Premium                                     | \$87,610.00        |
| <b>Total Property Premium</b>                        | <b>\$87,610.00</b> |

**Forms Applicable**

CP0090(07/88), CP0101(06/19), CP0140(07/06), CP0320(04/18), CP1040(02/19), CP1075(12/20), CP1218(10/12), CP1420(07/88), CP1440(06/07), CP1450(10/00), CP1615A(02/12), CP7001A(02/12), CP7121.4(08/18), CP7121(11/23), CP7173(12/19), CP7175(03/25), CP7342(02/17), CP7358(02/17), CP8036(07/21), CP8121(10/24), IL0017(11/98), IL0160(01/16), IL0261(09/07), IL0952(01/15), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7170(09/24), IL7306(08/98), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8493(01/25)

## Commercial Property Summary Proposal

### Endorsement Schedule

| Form     | Edition Date | Description/Additional Information   | Premium |
|----------|--------------|--|---------|
| CP 00 90 | 07 88        | Commercial Property Conditions   |         |
| CP 01 01 | 06 19        | Kansas 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 10 40 | 02 19        | Earthquake and Volcanic Eruption Coverage with Percentage Deductible   |         |
| CP 10 75 | 12 20        | Cyber Incident Exclusion   |         |
| CP 12 18 | 10 12        | Loss Payable Provisions  |         |
| CP 14 20 | 07 88        | <p>Additional Property Not Covered</p> <p>Location 12<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PERSONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 6<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PERSONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 10<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PERSONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 1<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PERSONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 13<br/>Building 1</p> |         |



| Form | Edition Date | Description/Additional Information   | Premium |
|------|--------------|--|---------|
|      |              | <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 14<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 5<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 11<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 7<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 9<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 8<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY</p> |         |



| Form       | Edition Date | Description/Additional Information   | Premium |
|------------|--------------|--|---------|
|            |              | 211 W 5TH AVE,CANEY, KS 67333.<br>Location 5<br>Building 2<br>Description of Additional Property Not Covered PREM 018<br>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br>211 W 5TH AVE,CANEY, KS 67333.<br>Location 7<br>Building 2<br>Description of Additional Property Not Covered PREM 018<br>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br>211 W 5TH AVE,CANEY, KS 67333. |         |
| CP 14 40   | 06 07        | Outdoor Signs  |         |
| CP 14 50   | 10 00        | Radio Or Television Antennas   |         |
| CP 16 15A  | 02 12        | Statement Of Values  |         |
| CP 70 01A  | 02 12        | Commercial Property Schedule   |         |
| CP 71 21   | 11 23        | Building and Personal Property Coverage Form - Public Entity   |         |
| CP 71 21.4 | 08 18        | Property Coverage Part Public Entity   |         |
| CP 71 73   | 12 19        | Cannabis Exclusion   |         |
| CP 71 75   | 03 25        | Limitations On Coverage For Roof System<br>Location 1<br>Building 1<br>Paragraph B Applies<br>Location 5<br>Building 1<br>Paragraph B Applies<br>Location 5<br>Building 2<br>Paragraph B Applies<br>Location 6<br>Building 1<br>Paragraph B Applies<br>Location 7<br>Building 1<br>Paragraph B Applies   |         |



| Form      | Edition Date | Description/Additional Information  | Premium |
|-----------|--------------|---|---------|
|           |              | Location 7<br>Building 2<br>Paragraph B Applies<br>Location 8<br>Building 1<br>Paragraph B Applies<br>Location 9<br>Building 1<br>Paragraph B Applies<br>Location 10<br>Building 1<br>Paragraph B Applies<br>Location 11<br>Building 1<br>Paragraph B Applies<br>Location 12<br>Building 1<br>Paragraph B Applies<br>Location 13<br>Building 1<br>Paragraph B Applies<br>Location 14<br>Building 1<br>Paragraph B Applies |         |
| CP 73 42  | 02 17        | Kansas Changes  |         |
| CP 73 58  | 02 17        | Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)  |         |
| CP 80 36  | 07 21        | Commercial Property Valuation Increase  |         |
| CP 81 21  | 10 24        | Important Notice To Policyholders   |         |
| IL 00 17  | 11 98        | Common Policy Conditions  |         |
| IL 01 60  | 01 16        | Kansas Changes - Concealment, Misrepresentation Or Fraud  |         |
| IL 02 61  | 09 07        | Kansas 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 70 07A | 01 21        | Installment Premium Payment Schedule  |         |



**Employers Mutual Casualty Company**

Quote: BCPP246 - Option 005

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>           | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule              |                |
| IL 71 70    | 09 24               | Actual Cash Value Definition                        |                |
| IL 73 06    | 08 98               | Exclusion Of Certain Computer-Related Losses        |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement              |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act | \$749.00       |
| IL 83 84A   | 01 08               | Terrorism Notice                                    |                |
| IL 84 93    | 01 25               | Actual Cash Value Definition - PHN                  |                |



## Terrorism Notice

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) | \$749.00 |
|------------------------------------|----------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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

|                                   |                     |                         |
|-----------------------------------|---------------------|-------------------------|
| <b>Blanket Limit of Insurance</b> | <b>\$24,785,216</b> | <b>Coinsurance: 90%</b> |
| Except:                           |                     |                         |
| Earthquake                        | \$23,831,937        | Coinsurance:            |

**Locations**

For inspection contact: See agent on Dec page

|                                      |  |
|--------------------------------------|--|
| <b>Location 1</b>                    |  |
| 1645 Cr 1300<br>Caney, KS 67333-8555 |  |
| <b>Building 1</b>                    | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building</p> <p><b>In Protection Class:</b> 6X</p> <p><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE</p> <p><b>Deductible Per Occurrence:</b> \$2,500</p> <p style="padding-left: 20px;">Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |



|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|---|--------------------|------------------------|-------------|----------|---|
|                 | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                 |   |
|-----------------|---|
| Special Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - WATER TOWER<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |
|-----------------|---|



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 3**

S SMITH ST AT 5TH AVE  
CANEY, KS 67333

| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |   |             |          |                                  |
|--------------------|--|--------------------|---|-------------|----------|----------------------------------|
|                    | Coverage   | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages               |
|                    | Property In The Open   | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value |
| Earthquake         |  |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |                                  |

**Location 4**

12TH & HIGH  
CANEY, KS 67333

|                    |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |  |  |  |  |
|--------------------|--|--|--|--|--|



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|----------------------|--------------------|------------------------|-------------|----------|--|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value                                     |
|                      |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 5**

904 W 6th Ave

Caney, KS 67333-1404

| <b>Building 1</b> | <p><b>Description:</b> 2 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |   |
|-------------------|--|--------------------|------------------------|-------------|----------|---|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                   | YOUR BUSINESS<br>PERSONAL<br>PROPERTY  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                   |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |



| <b>Building 2</b> | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DOG POUND<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Location 6**

408 N Ridgeway St  
Caney, KS 67333-2010

|                   |  |
|-------------------|--|
| <b>Building 1</b> | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |
|-------------------|--|



|                        | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|------------------------|---|--------------------|------------------------|-------------|----------|---|
|                        | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                        |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                        | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                        |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| <b>Special Class 1</b> | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                        | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                        | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                        |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |



**Location 7**  
 300 E 4TH AVE  
 CANEY, KS 67333  
 Location Description: WARK MEMORIAL PARK

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** RESTROOM  
**Deductible Per Occurrence:** \$2,500  
 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake

| Building 1 | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|--|---|
|            | Building | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** WATER FOUNTAIN BLDG  
**Deductible Per Occurrence:** \$2,500  
 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake



|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|--|--------------------|------------------------|-------------|----------|---|
|                 | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 2 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - SHELTER HOUSE<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake        |                    |                        |             |          |   |

|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|--------------------|---|--------------------|------------------------|-------------|----------|---|
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 3 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - GAZEBO<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake            |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 4 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - WARK WAR MEMORIAL<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |



| <b>Location 8</b><br>1645 Cr 1300<br>Caney, KS 67333-8555<br>Location Description: WATER PLANT |   |                    |                        |             |          |   |
|--|---|--------------------|------------------------|-------------|----------|---|
| <b>Building 1</b>  | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|  | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|  | Building  | See Blkt 1         | Special                | See Blkt 1  | 2        | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|  |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|  | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|  |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| <b>Special Class 1</b>   | <b>Description:</b> PROPERTY IN THE OPEN - COMMUNICATION TOWER<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake   |                    |                        |             |          |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|----------------------|--------------------|------------------------|-------------|----------|--|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Radio Or Television Antennas     |
|                      |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 9**

1301 N Wood St  
Caney, KS 67333-2209

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> BOOSTER PUMP STATION<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |



|  |                                 |            |            |            |   |  |
|--|---------------------------------|------------|------------|------------|---|--|
|  | YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 1 | Replacement Cost<br>Agreed Value                                     |
|  |                                 |            | Earthquake |            |   | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 10**

800 N Wood St

Caney, KS 67333-1158

Location Description: NORTH WOOD PARK

| <b>Building 1</b>      | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> SHELTER HOUSE<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|------------------------|--|--------------------|------------------------|-------------|--|---|
|                        | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                        | Building   | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br><br>Limitations On Coverage For Roof System<br><br>Debris Removal \$250,000 |
|                        |  | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |
| <b>Special Class 1</b> | <p><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p>  |                    |                        |             |  |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> Caney City Hall and Police Station<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |   |             |          |  |
|-------------------|---|--------------------|---|-------------|----------|--|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages   |
|                   | Building  | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
| Earthquake        |   |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |  |



|  |                                       |            |            |            |   |   |
|--|---------------------------------------|------------|------------|------------|---|---|
|  | YOUR BUSINESS<br>PERSONAL<br>PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 3 | Replacement Cost<br>Agreed Value  |
|  |                                       |            | Earthquake |            |   | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 12**

127 N Spring St  
Caney, KS 67333-1303

| <b>Building 1</b>                        | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> FIRE BARN<br/> <b>Deductible Per Occurrence:</b> \$2,500<br/>                 Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |   |  |
|--|--|--------------------|------------------------|-------------|---|--|
|  | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int  | Optional Coverages   |
|  | Building   | See Blkt 1         | Special                | See Blkt 1  |   | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
|  |  |                    | Earthquake             |             |   | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |
| PERSONAL<br>PROPERTY OF<br>YOUR BUSINESS | See Blkt 1   | Special            | See Blkt 1             |             | Replacement Cost<br>Agreed Value  |  |
|  |  | Earthquake         |                        |             | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |  |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| <b>Building 1</b>                  | <b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN)<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |  |   |
|------------------------------------|---|--------------------|------------------------|-------------|--|---|
|                                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                                    | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                                    |   |                    | Earthquake             |             |  | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| PERSONAL PROPERTY OF YOUR BUSINESS | See Blkt 1  | Special            | See Blkt 1             |             | Replacement Cost<br>Agreed Value                                     |   |
|                                    |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

|                   |  |  |  |  |  |
|-------------------|--|--|--|--|--|
| <b>Building 1</b> | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> NEW CITY LIBRARY<br><b>Deductible Per Occurrence:</b> \$2,500<br>Except: \$10,000 On Windstorm Or Hail, 10% On Earthquake |  |  |  |  |
|-------------------|--|--|--|--|--|



|            | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|----------|---|
| Building 1 | Building | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Miscellaneous Location Level Coverages**

See coverage form for deductible amounts applicable to these coverages.

| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 1        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 1        | Fire Department Service Charge                                      | \$50,000           |
| 2        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 2        | Fire Department Service Charge                                      | \$50,000           |
| 3        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 3        | Fire Department Service Charge                                      | \$50,000           |
| 4        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 4        | Fire Department Service Charge                                      | \$50,000           |
| 5        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 5        | Fire Department Service Charge                                      | \$50,000           |
| 6        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 6        | Fire Department Service Charge                                      | \$50,000           |
| 7        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 7        | Fire Department Service Charge                                      | \$50,000           |



| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 8        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 8        | Fire Department Service Charge                                      | \$50,000           |
| 9        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 9        | Fire Department Service Charge                                      | \$50,000           |
| 10       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 10       | Fire Department Service Charge                                      | \$50,000           |
| 11       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 11       | Fire Department Service Charge                                      | \$50,000           |
| 12       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 12       | Fire Department Service Charge                                      | \$50,000           |
| 13       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 13       | Fire Department Service Charge                                      | \$50,000           |
| 14       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 14       | Fire Department Service Charge                                      | \$50,000           |

**Miscellaneous Policy Level Coverages**

|   |                   |
|---|-------------------|
| Public Entity Line Additional Coverages and Coverage Extensions | See Coverage Form |
| Unreported Buildings, Structures and Outdoor Fixtures           | \$50,000          |

**Equipment Breakdown Endorsement**

See Coverage Form

**Coverages**

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



**Special Interest(s)**

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**1 Loss Payable**

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USDA, RURAL DEVELOPMENT  
PO BOX 408  
202 W MILLER RD  
IOLA, KS 66749-0408

**2 Mortgagee**

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USDA RURAL DEVELOPMENT  
202 W MILLER RD  
IOLA, KS 66749-1641

**3 Loss Payable**

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CANON FINANCIAL SERVICES INC  
158 GAITHER DR STE 200  
MOUNT LAUREL, NJ 08054-1716



## Statement of Values

**Location 1**  
 1645 Cr 1300  
 Caney, KS 67333-8555

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$38,899.00        | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X   |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP   | 66,912             | Replacement Cost  |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                        |                                    |                    |                   |
|------------------------|------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X     |                    |                   |
|                        | <b>Coverage</b>                    | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WATER TOWER | 1,486,770          | Replacement Cost  |

**Location 3**  
 S SMITH ST AT 5TH AVE  
 CANEY, KS 67333

|                        |                                |  |  |
|------------------------|--------------------------------|--|--|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X |  |  |
|------------------------|--------------------------------|--|--|



|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 4**

12TH & HIGH  
CANEY, KS 67333

|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class: 6</b>       |                    |                   |
|                        | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 5**

904 W 6th Ave  
Caney, KS 67333-1404

|                   |  |                    |                   |
|-------------------|--|--------------------|-------------------|
| <b>Building 1</b> | <b>Description: 2 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING</b> |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$7,404,541.00     | Replacement Cost  |
|                   | YOUR BUSINESS PERSONAL PROPERTY  | \$22,932.00        | Replacement Cost  |
| <b>Building 2</b> | <b>Description: 1 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DOG POUND</b>  |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$106,170.00       | Replacement Cost  |



**Location 6**

408 N Ridgeway St  
Caney, KS 67333-2010

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$112,438.00       | Replacement Cost  |
|                        | YOUR BUSINESS PERSONAL PROPERTY  | \$4,490.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY   | 6,880              | Replacement Cost  |

**Location 7**

300 E 4TH AVE  
CANEY, KS 67333

Location Description: WARK MEMORIAL PARK

|                   |   |                    |                   |
|-------------------|---|--------------------|-------------------|
| <b>Building 1</b> | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> RESTROOM |                    |                   |
|                   | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building  | \$71,228.00        | Replacement Cost  |



|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 2</b>      | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building |                    |                   |
|                        | <b>In Protection Class:</b> 6  |                    |                   |
| <b>Building 2</b>      | <b>Occupancy:</b> WATER FOUNTAIN BLDG  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$3,431.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT                                  | 36,492             | Replacement Cost  |
| <b>Special Class 2</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - SHELTER HOUSE   | 33,687             | Replacement Cost  |
| <b>Special Class 3</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - GAZEBO  | 19,116             | Replacement Cost  |
| <b>Special Class 4</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WARK WAR MEMORIAL                                     | 2,867              | Replacement Cost  |

**Location 8**

1645 Cr 1300

Caney, KS 67333-8555

Location Description: WATER PLANT



|                 |  |                    |                   |
|-----------------|--|--------------------|-------------------|
| Building 1      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | Building   | \$7,786,282.00     | Replacement Cost  |
|                 | YOUR BUSINESS PERSONAL PROPERTY  | \$143,326.00       | Replacement Cost  |
| Special Class 1 | <b>In Protection Class:</b> 6X   |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | PROPERTY IN THE OPEN - COMMUNICATION TOWER   | 30,764             | Replacement Cost  |

**Location 9**

1301 N Wood St  
 Caney, KS 67333-2209

|            |   |                    |                   |
|------------|---|--------------------|-------------------|
| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> BOOSTER PUMP STATION |                    |                   |
|            | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|            | Building  | \$22,253.00        | Replacement Cost  |
|            | YOUR BUSINESS PERSONAL PROPERTY   | \$65,639.00        | Replacement Cost  |

**Location 10**

800 N Wood St  
 Caney, KS 67333-1158  
 Location Description: NORTH WOOD PARK



|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> SHELTER HOUSE |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$7,876.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT  | 11,307             | Replacement Cost  |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

|                   |   |                    |                   |
|-------------------|---|--------------------|-------------------|
| <b>Building 1</b> | <b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> Caney City Hall and Police Station |                    |                   |
|                   | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building  | \$2,675,658.00     | Replacement Cost  |
|                   | YOUR BUSINESS PERSONAL PROPERTY   | \$134,684.00       | Replacement Cost  |

**Location 12**

127 N Spring St

Caney, KS 67333-1303



| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> FIRE BARN |                |                  |
|------------|--|----------------|------------------|
|            | Coverage   | 100% Values    | Value Type       |
|            | Building   | \$1,238,954.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$179,582.00   | Replacement Cost |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| Building 1 | <b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN) |              |                  |
|------------|--|--------------|------------------|
|            | Coverage   | 100% Values  | Value Type       |
|            | Building   | \$740,029.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$7,973.00   | Replacement Cost |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

| Building 1 | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> NEW CITY LIBRARY |                |                  |
|------------|---|----------------|------------------|
|            | Coverage  | 100% Values    | Value Type       |
|            | Building  | \$2,198,386.00 | Replacement Cost |



|                            |                        |
|----------------------------|------------------------|
| Total Building             | \$22,406,145.00 RC     |
| Total Personal Property    | \$558,626.00 RC        |
| Total Property in the Open | \$1,820,445.00 RC      |
| <b>Combined Total</b>      | <b>\$24,785,216.00</b> |

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: \_\_\_\_\_



## General Liability Summary Proposal

### Prepared For

CITY OF CANEY  
PO BOX 129  
CANEY, KS 67333-0129  
AGENCY BILL

### Presented By

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
PO BOX 510187  
NEW BERLIN, WI 53151-0187  
AGENT NO. L7428  
AGENT PHONE: 620-879-2311  
CLAIM REPORTING: 888-362-2255  
SERVICING CARRIER: 316-352-5700

### 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 | \$7,669.00        |
| <b>Total Estimated Policy Premium</b>    | <b>\$7,669.00</b> |

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

### Forms Applicable

CG0001(04/13), CG0069(12/23), CG0070(01/26), CG0109(11/85), CG0300(01/96), CG2028(12/19), CG2100(07/98), CG2106(12/23), CG2147(12/07), CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2196(03/05), CG2244(04/13), CG2250(04/13), CG2256(07/98), CG2264(04/13), CG2409(07/98), CG4032(05/23), CG4035(12/23), CG7001A(10/12), CG7003(10/13), CG7185(10/13), CG7236(10/01), CG7551(10/19), CG7558(02/20), CG7605(10/14), CG7638(12/10), CG7673(10/19), CG7698(01/24), CG7740(11/20), CG7748(10/22), CG9909(12/19), IL0017(11/98), IL0021(09/08), IL0261(09/07), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7168(01/22), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8576(10/17)

## 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 00 70 | 01 26        | Exclusion - War  |         |
| CG 01 09 | 11 85        | Kansas And Oklahoma Changes - Transfer Of Rights   |         |
| CG 03 00 | 01 96        | Deductible Liability Insurance<br>Application of Endorsement (Enter below any limitations on the application and if NO, Limitations leave Blank) NONE  |         |
| CG 20 28 | 12 19        | Additional Insured - Lessor Of Leased Equipment<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST BANK<br>PO BOX 36<br>CANEY KS 67333<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST EQUIPMENT FINANCE<br>P.O. BOX 1110<br>FORT SMITH, AR 72917 |         |
| CG 21 00 | 07 98        | Exclusion - All Hazards In Connection With Designated Premises<br>Description Of Premises: - 410 S STATE, CANEY KS<br>Description Of Premises: - 302 S SPRING, CANEY KS<br>Description Of Premises: - 100 E TAYLOR, CANEY KS<br>Description Of Premises: - 502 N MAIN, CANEY KS              |         |
| 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 21 96 | 03 05        | Silica Or Silica-Related Dust Exclusion  |         |
| CG 22 44 | 04 13        | Exclusion - Services Furnished By Health Care Providers<br>Description of Operations - Any and all services furnished by health care providers   |         |



| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>  | <b>Premium</b> |
|-------------|---------------------|--|----------------|
| CG 22 50    | 04 13               | Exclusion - Failure To Supply  |                |
| CG 22 56    | 07 98               | Exclusion - Injury To Volunteer Firefighters   |                |
| CG 22 64    | 04 13               | Pesticide Or Herbicide Applicator - Limited Pollution Coverage<br>Description Of Operations - WEED CONTROL AND<br>MOSQUITO FOGGING OPERATIONS                  |                |
| CG 24 09    | 07 98               | Governmental Subdivisions  |                |
| CG 40 32    | 05 23               | Exclusion-Perfluoroalkyl and Polyfluoroalkyl Substances  |                |
| CG 40 35    | 12 23               | Exclusion - Cyber Incident   |                |
| CG 70 01A   | 10 12               | General Liability Schedule   |                |
| CG 70 03    | 10 13               | GL Quick Reference (Occurrence)  |                |
| CG 71 85    | 10 13               | Exclusion - Lead   |                |
| CG 72 36    | 10 01               | Additional Insured - Association Or Organization<br>Schedule of Association Or Organizations - CITY LIBRARY<br>BOARD   |                |
| CG 75 51    | 10 19               | Abuse Or Molestation Liability   |                |
| CG 75 58    | 02 20               | Kansas Tort Claims Act Endorsement   |                |
| CG 76 05    | 10 14               | Exclusion - Law Enforcement Activities   |                |
| CG 76 38    | 12 10               | Municipal Liability Endorsement  |                |
| CG 76 73    | 10 19               | Municipal Violent Event Response Coverage<br>Aggregate Limit \$100,000<br>Each Event Limit \$100,000<br>Each Person Limit \$25,000                             |                |
| CG 76 98    | 01 24               | General Liability Municipalities Elite Extension   |                |
| CG 77 40    | 11 20               | Communicable Disease Exclusion - Pandemic, Epidemic or Public<br>Health Emergency  |                |
| CG 77 48    | 10 22               | Cannabis Exclusion With Limited Exception For Retail Sales Of<br>CBD Products And Hemp Exception   |                |
| CG 99 09    | 12 19               | Premium Audit Noncompliance Charge<br>Audit Noncompliance Charge Factor 1<br>Number of Written Attempts To Obtain Audit Information 2<br>Reassessment Charge 0 |                |
| IL 00 17    | 11 98               | Common Policy Conditions   |                |



**EMC Property & Casualty Company**

Quote: BCPN712 - Option 005

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>           | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IL 00 21    | 09 08               | Nuclear Energy Liability Exclusion Endorsement      |                |
| IL 02 61    | 09 07               | Kansas Changes - Cancellation And Nonrenewal        |                |
| IL 70 04    | 03 20               | Mutual Policy Provisions                            |                |
| IL 70 07A   | 01 21               | Installment Premium Payment Schedule                |                |
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule              |                |
| IL 71 68    | 01 22               | Asbestos Exclusion                                  |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement              |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act | \$68.00        |
| IL 83 84A   | 01 08               | Notice  |                |
| IL 85 76    | 10 17               | Important Notice To Policyholders                   |                |



## Terrorism Notice

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) | \$68.00 |
|------------------------------------|---------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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.





| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>48924</b> Swimming Pools - commercially operated<br/>                     Prem Basis: Gross Sales<br/>                     Exposure: \$27,000<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 12.921            | \$349                     |
| <p><b>87522</b> Town Liability -<br/>                     Premises/Operations In Progress Including Work Subcontracted To Others -<br/>                     Population 1,001 - 2,500<br/>                     Prem Basis: Per Capita<br/>                     Exposure: 1,759<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Including Products/Completed Operations unless Otherwise Excluded</p> |                                |  | 1.694             | \$2,979                   |
| <p><b>99943</b> Water Companies<br/>                     Prem Basis: Payroll<br/>                     Exposure: \$119,886<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 22.162            | \$2,657                   |
| <p><b>Location 002</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 8<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$14                      |



| Code No./Exposure/Classification  | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|---|--------------------------------|--|-------------------|---------------------------|
| <p><b>Location 003</b><br/> <b>68607</b> Vacant Buildings - not factories -<br/>                     Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 2,040<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p> |                                |  | 10.618            | \$22                      |
| <p><b>Location 004</b><br/> <b>68607</b> Vacant Buildings - not factories -<br/>                     Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 798<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>   |                                |  | 10.618            | \$8                       |
| <p><b>Location 005</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>  |                                |  | 1.694             | \$2                       |
| <p><b>Location 006</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per<br/>                     Claim For All Other<br/>                     Products/Completed Operations are<br/>                     subject to the General Aggregate Limit</p>  |                                |  | 1.694             | \$2                       |



| Code No./Exposure/Classification  | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|---|--------------------------------|--|-------------------|---------------------------|
| <b>Location 007</b><br><b>49452</b> Vacant Land - Not-For-Profit only<br>Prem Basis: Acres<br>Exposure: 2<br>\$500 Deductible Applies To PD Per<br>Claim For All Other<br>Products/Completed Operations are<br>subject to the General Aggregate Limit |                                |  | 1.694             | \$3                       |
| <b>Location 008</b><br><b>49452</b> Vacant Land - Not-For-Profit only<br>Prem Basis: Acres<br>Exposure: 1<br>\$500 Deductible Applies To PD Per<br>Claim For All Other<br>Products/Completed Operations are<br>subject to the General Aggregate Limit |                                |  | 1.694             | \$2                       |
| <b>Location 009</b><br><b>47051</b> Real Estate Development Property<br>Prem Basis: Acres<br>Exposure: 1<br>\$500 Deductible Applies To PD Per<br>Claim For All Other<br>Products/Completed Operations are<br>subject to the General Aggregate Limit  |                                |  | 5.950             | \$6                       |

**Policy Level Coverages**

| Coverages                               | Limit of Insurance | Premium           |
|---|--------------------|-------------------|
| General Liability Elite Extension       |                    | \$300             |
| Premium For Certified Acts of Terrorism |                    | \$68.00           |
| <b>Total Estimated Policy Premium</b>   |                    | <b>\$7,669.00</b> |



**Location of All Premises Owned, Rented or Occupied**

| <b>Rated Locations</b>     |   |
|----------------------------|---|
| <b>Location 1</b>          | 100 W 4th Ave<br>Caney, KS 67333-1410<br>Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |
| <b>Location 2</b>          | SEC 18 T35S R 14 E<br>Caney, KS 67333<br>Description: MONTGOMERY COUNTY, KS.                    |
| <b>Location 3</b>          | 112-116 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 4</b>          | 108 1/2 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 5</b>          | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 6</b>          | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 7</b>          | SE Corner of 7th & Forman St<br>Caney, KS 67333   |
| <b>Location 8</b>          | 117 W 4th Ave<br>Caney, KS 67333-1459   |
| <b>Location 9</b>          | 114 N State St<br>Caney, KS 67333-1334  |
| <b>All Other Locations</b> |   |
| <b>Location: 10</b>        | 109 S State St<br>Caney, KS 67333-1447  |
| <b>Location: 11</b>        | 211 W 5th Ave<br>Caney, KS 67333-1409   |



Information Page

**Workers' Compensation and Employers' Liability Summary Proposal**

This information page along with the 'policy provisions' completes the numbered policy.

Item 1

**Prepared For**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

AGENCY BILL

Phone Number: 620-879-2772

Insured Is: Other

Business Desc: MUNICIPALITY

Intrastate ID: 150115639

Federal Employer's ID: 48-6042166

Item 2

Policy Period: From: 04/01/2026

To: 04/01/2027

At 12:01 A.M., Standard Time at the insured's mailing address

Item 3

- A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation law of the states listed here: KS
- B. Employers' Liability Ins. : Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are
 

|                           |           |               |
|---------------------------|-----------|---------------|
| Bodily Injury By Accident | \$500,000 | Each Accident |
| Bodily Injury By Disease  | \$500,000 | Each Employee |
| Bodily Injury By Disease  | \$500,000 | Policy Limit  |
- C. Other States Ins. : Part Three of the policy applies to All States except ME, ND, OH, WA, WY and states designated in item 3.A shown above, and the following states:



D. This policy includes these endorsements and schedules: See Schedule Attached

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**Item 4**

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans.

All information required below is subject to verification and change by audit. See Schedule Attached

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|                            |                                |             |
|----------------------------|--------------------------------|-------------|
|                            | Total Estimated Policy Premium | \$36,104.00 |
| Minimum Premium \$1,000.00 | Expense Constant               | \$160.00    |
| Kansas                     |                                |             |

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## Workers' Compensation Summary Proposal

### Endorsement Schedule

| Form          | Edition Date | Description/Additional Information   | Premium  |
|---------------|--------------|--|----------|
| 04 05 B       | 04 24        | Privacy Notice   |          |
| IL 70 04      | 03 20        | Mutual Policy Provisions   |          |
| IL 70 07 A    | 01 21        | Installment Premium Payment Schedule   |          |
| IL 71 31A     | 04 01        | Commercial Workers' Compensation Policy Declarations                         |          |
| IL 76 04      | 05 25        | Kansas Company Elimination Endorsement                                       |          |
| IL 83 83.2A   | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act                          | \$122.00 |
| IL 85 76      | 10 17        | Important Notice To Policyholders  |          |
| WC 00 00 00 C | 01 15        | Workers Compensation And Employers Liability Insurance Policy                |          |
| WC 00 03 10   | 04 84        | Sole Proprietors, Partners, Officers And Others Coverage Endorsement         |          |
| WC 00 04 14 A | 01 19        | 90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement |          |
| WC 00 04 19 A | 08 22        | Part Five-Premium Amendatory Endorsement                                     |          |
| WC 00 04 21 F | 08 22        | Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement     |          |
| WC 00 04 22 C | 01 21        | Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement  |          |
| WC 00 04 24   | 01 17        | Audit Noncompliance Charge Endorsement                                       |          |
| WC 00 04 25   | 05 17        | Experience Rating Modification Factor Revision Endorsement                   |          |
| WC 15 04 01 A | 01 10        | Kansas Final Premium Endorsement   |          |
| WC 15 06 01 A | 01 87        | Kansas Cancelation And Nonrenewal Endorsement                                |          |
| WC 70 05      | 07 11        | WC Quick Reference   |          |
| WC 71 68      | 02 21        | Workers Compensation Sliding Scale Dividend Plan                             |          |
| WC 81 30      | 10 14        | Important Notice   |          |
| WC 99 06 18   | 05 25        | Workers' Compensation and Employers' Liability Insurance Policy              |          |
| WC 99 06 19   | 05 25        | Workers Compensation Schedule  |          |



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) | \$122.00 |
|------------------------------------|----------|

**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 terrorism 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 rate allocations in accordance with the 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 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.



## Extension of Information

### Item 4 - Classification of Operations Schedule

**State:** Kansas

State Empl ID:

NCCI Intrastate ID: 150115639

| Location Number | Location Information  |
|-----------------|---|
| 1               | 100 W 4th Ave<br>Caney, Kansas 67333-1410<br>Maximum # of employees exposed at any one time: 23<br>Number of employees: Full Time: 22 Part Time: 1<br>Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |

| Classifications   | Code No. | Premium Basis<br>Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|---|----------|--|------------------------------|--------------------------|
| Location 1  |          |  |                              |                          |
| Street or Road Construction-Paving or Repaving & Drivers                            | 5506     | 82,543   | 4.149                        | \$3,425.00               |
| Waterworks Operation & Drivers.   | 7520     | 84,688   | 2.717                        | \$2,301.00               |
| Sewage Disposal Plant Operation & Drivers   | 7580     | 48,804   | 2.227                        | \$1,087.00               |
| Ambulance Service Companies and EMS (Emergency Medical Service) Providers & Drivers | 7705     | 11,848   | 5.035                        | \$597.00                 |
| Firefighters & Drivers-Volunteer  | 7711     | 36,566   | 4.189                        | \$1,532.00               |
| Police Officers & Drivers   | 7720     | 359,601  | 2.758                        | \$9,918.00               |
| Clerical Office Employees NOC.  | 8810     | 441,598  | 0.123                        | \$543.00                 |
| Law Office-All Employees & Clerical, Messengers, Drivers.                           | 8820     | 4,800  | 0.100                        | \$5.00                   |
| Swimming Pool-Public Operation-All Other Employees                                  | 9015     | 41,449   | 3.303                        | \$1,369.00               |
| Park NOC-All Employees & Drivers.   | 9102     | 60,381   | 3.020                        | \$1,824.00               |
| Cemetery Operation & Drivers  | 9220     | If Any   | 4.104                        | \$0.00                   |
| Garbage, Ashes or Refuse Collection & Drivers                                       | 9403     | If Any   | 8.158                        | \$0.00                   |
| Municipal, Township, County, or State Employee NOC.                                 | 9410     | 43,705   | 5.245                        | \$2,292.00               |
| <b>Total Manual Premium</b>   |          |  |                              | <b>\$24,893.00</b>       |
| Employers Liability Increased Limits  |          |  |                              | \$199.00                 |
| <b>Total Subject Premium</b>  |          |  |                              | <b>\$25,092.00</b>       |
| Experience Mod (1.5200)   |          |  |                              | \$13,048.00              |
| <b>Total Modified Premium</b>   |          |  |                              | <b>\$38,140.00</b>       |
| State Expense Constant  |          |  |                              | \$160.00                 |
| Catastrophe (Other Than Certified Acts of Terrorism)                                |          |  |                              | \$243.00                 |
| Premium Endorsement (0.020)   |          |  |                              |                          |



| Classifications                                      | Code No. | Premium Basis Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|--|----------|---|------------------------------|--------------------------|
| (continued)  |          |   |                              |                          |
| Terrorism Risk Insurance Program Reauthorization Act |          |   |                              | \$122.00                 |
| Disclosure Endorsement (0.010)                       |          |   |                              |                          |
| Premium Discount                                     |          |   |                              | (\$2,561.00)             |
| <b>Estimated Annual Premium</b>                      |          |   |                              | <b>\$36,104.00</b>       |
| <b>Total Amount Due</b>                              |          |   |                              | <b>\$36,104.00</b>       |

**Total Estimated Annual Premium**      \$36,104.00

## Workers' Compensation Insurance

# Sliding Scale Dividend Plan

WC8575 (10-20)

### Advantages of the Plan

A policyholder with exceptionally good experience can earn a dividend of 5% to 10%, as shown in the table below.

Workers' compensation dividends are fixed and determined by the Board of Directors in accordance with the law and cannot be legally guaranteed. However, the company has paid dividends under this or comparable plans continuously since 1944.

The possibility of a high dividend return in recognition of favorable loss experience offers the policyholder prompt material rewards for cooperation in accident prevention measures and plant improvement.

The policyholder does not have to give up the premium savings afforded by the Premium Discount Plan. (However, when any of the standard retrospective rating plans are used, the Premium Discount Plan is deleted.) The sliding scale dividend is payable after allowance of the premium discount, if applicable.

### How the Plan Operates

#### Plan Eligibility

The Sliding Scale Dividend Plan will be paid from first dollar and applies only to risks that run a full term with an earned premium of \$25,000 or more (after allowance of the premium discount, if applicable). If a risk develops less than \$25,000 earned premium in their state of domicile, the risk is not eligible for a dividend.

#### Dividend Eligibility

The loss experience determines whether the risk is qualified for a dividend. If the incurred loss ratio is under 25%, the dividend is payable in accordance with the table displayed.

**Note:** No dividend will be paid on policies canceled midterm, except for those instances where policies are rewritten by EMC Insurance Companies.

#### Computation

The sliding scale dividend calculation will be computed six months after policy expiration when losses are more fully developed, or at the completion of the final audit of the policy, whichever occurs later. Once calculated, the dividend plan will be considered closed and final.

Minimum Earned Premium = \$25,000 (after allowance of the premium discount, if applicable)

### Example of Plan Operation

Earned Premium: \$50,000  
 Paid Losses.....\$7,000  
 Reserves..... \$1,000  
 Total Incurred Losses.....\$8,000

Total Incurred Loss Ratio:  
 $\$8,000 \div \$50,000 = 16\%$

4% Sliding Scale Dividend on \$50,000 .....\$2,000

| Loss Ratio % | Earned Premium       |                      |                      |                    |
|--------------|----------------------|----------------------|----------------------|--------------------|
|              | \$25,000 to \$49,999 | \$50,000 to \$64,999 | \$65,000 to \$99,999 | \$100,000 and over |
| 0-4.99       | 5%                   | 7%                   | 8%                   | 10%                |
| 5-9.99       | 4%                   | 6%                   | 7%                   | 9%                 |
| 10-14.99     | 3%                   | 5%                   | 6%                   | 8%                 |
| 15-19.99     | 2%                   | 4%                   | 5%                   | 7%                 |
| 20-24.99     | 0%                   | 0%                   | 4%                   | 6%                 |
| 25-29.99     | 0%                   | 0%                   | 0%                   | 5%                 |
| 30-34.99     | 0%                   | 0%                   | 0%                   | 0%                 |

### Contact Us

Contact your EMC underwriter or marketing representative for more information.

www.emcins.com





## Commercial Inland Marine Summary Proposal

### Prepared For

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

### Presented By

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

### Coverages

See attached schedule for limits and description of coverages.

| Coverage Headings                  | Premium           |
|------------------------------------|-------------------|
| Contractors Equipment              | \$1,826.00        |
| *Signs                             | \$7.00            |
| Scheduled Property Floater         | \$1,694.00        |
| <b>Inland Marine Premium</b>       | <b>\$3,527.00</b> |
| <b>Total Inland Marine Premium</b> | <b>\$3,527.00</b> |

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.

Forms applicable to the above coverages indicated with an asterisk (\*):

IL7007A(01/21), CM7000.2A(01/21), IL7131A(04/01), IL8383.2A(12/20), CM7001.3A(01/21), IL7004(03/20), IL0261(09/07), IL0017(11/98), CM0001(09/04), CM8068(12/19), CM7021.1(02/20), CM7002(09/00), IL7306(08/98), IL0952(01/15), IL0160(01/16), CM9905(12/19), CM0028(01/13), CM0202(06/19)

Refer to prior distribution(s) for any forms not attached.

Forms applicable to all other coverages:

IM2033(02/22), CL0600(01/15), CL0100(03/99), IM7000(04/04), IM0891(03/99), CM7323(08/09), CL0700(10/06), CM7004(09/06), CL0122(05/13), IM7500(04/04)

CONDITIONAL



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 005

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

Refer to prior distribution(s) for any forms not attached.



## Inland Marine Summary Proposal

### Endorsement Schedule

| Form        | Edition Date | Description/Additional Information                               | Premium |
|-------------|--------------|--|---------|
| CL 01 00    | 03 99        | Common Policy Conditions   |         |
| CL 01 22    | 05 13        | Amendatory Endorsement Kansas                                    |         |
| CL 06 00    | 01 15        | Certified Terrorism Loss   |         |
| CL 07 00    | 10 06        | Virus Or Bacteria Exclusion                                      |         |
| CM 00 01    | 09 04        | Commercial Inland Marine Conditions                              |         |
| CM 00 28    | 01 13        | Signs Coverage Form  |         |
| CM 02 02    | 06 19        | Kansas Changes   |         |
| CM 70 00.2A | 01 21        | Commercial Inland Marine Declarations                            |         |
| CM 70 01.3A | 01 21        | Commercial Inland Marine Schedule - Kansas                       |         |
| CM 70 02    | 09 00        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 04    | 09 06        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 21.1  | 02 20        | Loss Payable Endorsement   |         |
| CM 73 23    | 08 09        | Personal Effects of Each Emergency Personnel                     |         |
| CM 80 68    | 12 19        | Cannabis Exclusion Endorsement- Advisory Notice To Policyholders |         |
| CM 99 05    | 12 19        | Cannabis Exclusion   |         |
| IL 00 17    | 11 98        | Common Policy Conditions   |         |
| IL 01 60    | 01 16        | Kansas Changes - Concealment, Misrepresentation Or Fraud         |         |
| IL 02 61    | 09 07        | Kansas 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 70 07A   | 01 21        | Installment Premium Payment Schedule                             |         |
| IL 71 31A   | 04 01        | Commercial Policy Endorsement Schedule                           |         |
| IL 73 06    | 08 98        | Exclusion Of Certain Computer-Related Losses                     |         |
| IL 76 04    | 01 19        | Kansas Company Elimination Endorsement                           |         |
| IL 83 83.2A | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act              | Waived  |
| IM 08 91    | 03 99        | Amendatory Endorsement Kansas                                    |         |
| IM 20 33    | 02 22        | Amendatory Endorsement Kansas                                    |         |



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 005

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b> | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IM 70 00    | 04 04               | Contractors' Equipment Coverage           |                |
| IM 75 00    | 04 04               | Scheduled Property Floater                |                |



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 terrorism 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 rate allocations in accordance with the 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 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 Inland Marine Summary Proposal - Kansas

**Policywide Coverage**

| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Contractors Equipment</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Coinsurance   |                  | 80%       |
| Catastrophe Limit - The Most "We" Pay For Loss in Any One Occurrence  |                  | \$197,000 |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| 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   |
| <b>Scheduled Items</b>  |                  |           |
| Actual Cash Value<br>1) SALT DOG DISPENSER SN: 15002 Model SCH096C  |                  | \$1,800   |
| Actual Cash Value<br>2) GENERATOR MODEL STAR 8000 WATT SN: 01144915 Manufacturer HONDA  |                  | \$900     |
| Actual Cash Value<br>3) 35G COMPACT EXCAVATORWITH HEAVY DUTY BUCKET<br>Manufacturer JOHN DEERE Model Year 2015                      | 2                | \$22,000  |
| Actual Cash Value<br>4) MOWER SN: 4502744563 Manufacturer BAD BOY Model Year 2015   | 3                | \$1,400   |
| Actual Cash Value<br>5) TRACTORW/FRONT END LOADER MDL LS525FL S/N A9586 SN: 57741 Manufacturer KUBOTA Model L3301DT Model Year 2016 | 3                | \$9,500   |



**Policywide Coverage**

| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>6) GENERAC SC 150 GENERATOR AND TRANSFERSWITCH SN:<br>301289038                                   |                  | \$39,000   |
| Actual Cash Value<br>7) FLATBED W/SNOW PLOWO SN: 3D6WU7ELXBG14380 Manufacturer<br>DODGE Model Year 2011                |                  | \$36,000   |
| Actual Cash Value<br>8) BACKHOE LOADER SN: 1T0410KXAFE276123 Manufacturer JOHN<br>DEERE Model 410K Model Year 2015     |                  | \$72,500   |
| Actual Cash Value<br>9) UTILITY VEHICLE SN: JK1AFCE195B535405 Manufacturer KAWASAKI<br>Model MULE 3010 Model Year 2005 |                  | \$13,900   |
| Contractors Equipment Premium  |                  | \$1,826.00 |
| <b>Contractors Equipment - Leased or Rented From Others</b>  |                  |            |
| <b>Limits of Insurance</b>   |                  |            |
| The Most "We" Pay For Loss To Any One Item   |                  | \$25,000   |
| The Most "We" Pay For Loss In Any One Occurrence   |                  | \$25,000   |
| Actual Cash Value  |                  |            |
| Deductible \$500   |                  |            |
| CE Leased or Rented From Others Premium  |                  | \$0.00     |

**Locations**

For inspection contact: See agent on Dec page

**Location 1**

INSURED PREMISES/OPERATIONS  
CANNEY, KS 67333



| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Signs</b>  |                  |           |
| <b>Signs And Lamps - Neon, Fluorescent, Etc.</b>  |                  |           |
| 1) LIGHTED PLASTIC SIGN LOCATED AT 4TH AND MCGEE  |                  | \$5,200   |
| Actual Cash Value   |                  |           |
| A Deductible Amount of 5% Of the Limit Of Insurance Applies   |                  |           |
| Signs Premium   |                  | \$7.00    |
| <b>Scheduled Property Floater</b>   |                  |           |
| <b>Scheduled Property Floater - Location</b>  |                  |           |
| Coinsurance   |                  | 80%       |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| Pollutant Cleanup and Removal   |                  | \$10,000  |
| Property In Transit or Off Premises   |                  | \$106,170 |
| <b>Scheduled Items</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Actual Cash Value<br>1) 1 TORNADO WARNING SYSTEM (5 SIRENS)   |                  | \$13,000  |
| Actual Cash Value<br>2) FOUR (4) SOLAR POWERED FLASHING SCHOOL ZONE LIGHTS @ \$3,000 EACH   |                  | \$12,000  |
| Actual Cash Value<br>3) UNSCHEDULED MISC. EQUIPMENT ON FIRE TRUCKS  |                  | \$60,000  |
| Actual Cash Value<br>4) POLICE CAR CAMERAS (6) MED-2 MARTEL DIGITAL VIDEO SYSTEMS S/N 25070, 25071, 25072, 25073, 25074 & 25078 INCLUDING: (6) TRANSMITTERS - S/N WT10430105, WT10430126, WT10430117, WT10430106, WT10430125 & WT10430113 | 1, 2             | \$19,170  |



| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>5) VHF KENWOOD BASE REPEATERS STATION |                  | \$900      |
| Actual Cash Value<br>6) VHF DUPLEXER                       |                  | \$1,100    |
| Scheduled Property Floater Premium                         |                  | \$1,694.00 |

**Special Interest(s)**

**1 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST BANK  
 301 W 4TH AVE  
 CANEY,KS 67333-1463

**2 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST EQUIPMENT FINANCE  
 PO BOX 11110  
 FORT SMITH,AR 72917-1110

**3 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 COMMERCIAL BANK  
 105 E 9TH ST  
 COFFEYVILLE,KS 67337-6439

**Total Premium For Changes**

**\$3,527.00**



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

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 03/04/26 TO 04/18/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R P R E S E N T E D B Y

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

Table with columns: COVERAGES, COV AUTOS, LIMITS/DEDUCTIBLES, PREMIUM. Rows include Covered Autos Liability, Uninsured and Underinsured Motorists, Physical Damage Coverage (Comprehensive, Collision), Hired or Borrowed Auto, Non-Ownership Liability, and Estimated Total Policy Premium.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

COMMERCIAL AUTO POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Contains various endorsement codes and descriptions such as BUSINESS AUTO COVERAGE FORM, KANSAS CHANGES, and STATED AMOUNT INSURANCE.

AS QUOTED ON: 03/04/26



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

\*\*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 INSUR-  
ANCE 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"<br>AND "PROPERTY<br>DAMAGE"<br>COMBINED<br>ST SINGLE LIMIT | "BODILY INJURY"<br>EACH PERSON<br>EACH "ACCIDENT" | "BODILY INJURY"<br>EACH "ACCIDENT" | "PROPERTY DAMAGE"<br>EACH "ACCIDENT" |
| KS   |   | \$ 1,000,000                       |                                      |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

\*\*\*\*\*

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

\*\*\*\*\*

LOC: 001 201 S STATE ST
CANEY KS. 67333

VEH NO 1 TERR: 114
1999 FREIGHTLINER DEMO FIRE TRUCK ID NO 1FV6JLCV9XHA28999.
ADDITIONAL INFORMATION:
COST NEW: 139000 RADIUS: USE: NA .
AGE: LIAB-x PHYS-Z .
FIRE DEPT VEHICLE CLASS: 7909 .
COVERED AUTOS LIABILITY . \$ 563.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE 139000 3000 DED . 247.00
\$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

REPLACEMENT COST - REFER TO CA7492

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS
COLLISION 139000 3000 DED . 236.00
REPLACEMENT COST - REFER TO CA7492
TOTAL VEHICLE PREMIUM . \$ 1,122.00

VEH NO 2 TERR: 114
2004 STERLING DUMP TRUCK W/EQUIP ID NO 2FZACFCS24AM20528.
ADDITIONAL INFORMATION:
COST NEW: 61724 RADIUS: LOCAL USE: COMMERCIAL .
AGE: LIAB-T PHYS-T .
HEAVY TRUCK CLASS: 33479 .
COVERED AUTOS LIABILITY . \$ 508.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 138.00
\$ 1000 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 1000 DED . 207.00
TOTAL VEHICLE PREMIUM . \$ 929.00



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 3 TERR: 114 .  
 2003 CHEVY 1500 SILVERADO PICKUP ID NO 1GCEK19T93Z221048 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 26742 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 514.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 590.00

VEH NO 4 TERR: 114 .  
 2002 CHEVY EXTCAB PICKUP W/ FIRE EQUIP ID NO 1GCHK29U22E270531 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 28587 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-V .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 62.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 776.00

VEH NO 5 TERR: 114 .  
 2008 CHEVROLET F250 FIRE DEPT ID NO 1GCHK29K38E196558 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 29735 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-N .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 82.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 796.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 6 TERR: 114 .  
 2009 CHEVROLET SC1 PICKUP ID NO 1GCEC14C59Z180591 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18045 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-M PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 540.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 616.00

-----  
 VEH NO 7 TERR: 114 .  
 1993 FREIGHTLINER PUMPER FIRE TRUCK ID NO 1FV6JLCB5PL469166 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 135000 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Z .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 3000 DED . 69.00  
 \$ 3000 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 3000 DED . 90.00  
 TOTAL VEHICLE PREMIUM . \$ 798.00

SPECIAL INTEREST:  
06 - LOSS PAYEE

-----  
 VEH NO 8 TERR: 114 .  
 2006 FORD EXPLORER POLICE ID NO 1FMEU74E36ZA07789 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 32565 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Q .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 214.00  
\$ 1000 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 1000 DED . 212.00  
TOTAL VEHICLE PREMIUM . \$ 1,465.00

-----  
VEH NO 9 TERR: 114 .  
2004 INT L KC B009169 VAC TRJ ID NO 1HTWDADR04J026758.  
ADDITIONAL INFORMATION:  
COST NEW: 57292 RADIUS: LOCAL USE: NA .  
AGE: LIAB-T PHYS-T .  
EX-HEAVY TRUCK-TRAC CLASS: 50499 .  
COVERED AUTOS LIABILITY . \$ 1,099.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 194.00  
\$ 1000 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 1000 DED . 256.00  
TOTAL VEHICLE PREMIUM . \$ 1,625.00

SPECIAL INTEREST:  
06 - LOSS PAYEE  
-----  
VEH NO 10 TERR: 114 .  
2011 DODGE 5500 ID NO 3D6WU7ELXBG614380.  
ADDITIONAL INFORMATION:  
COST NEW: 55508 RADIUS: LOCAL USE: COMMERCIAL .  
AGE: LIAB-K PHYS-K .  
MEDIUM TRUCK CLASS: 23499 .  
COVERED AUTOS LIABILITY . \$ 737.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANNEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 260.00
\$ 1000 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 1000 DED . 229.00
TOTAL VEHICLE PREMIUM . \$ 1,302.00

VEH NO 11 TERR: 114 .
1987 FORD LN8000 FIRETRUCK ID NO 1FDYR82A3HVA59907.
ADDITIONAL INFORMATION:
COST NEW: 32681 RADIUS: USE: NA .
AGE: LIAB-x PHYS- .
FIRE DEPT VEHICLE CLASS: 7909 .
COVERED AUTOS LIABILITY . \$ 563.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
TOTAL VEHICLE PREMIUM . \$ 639.00

VEH NO 12 TERR: 114 .
2017 FORD EXPLORER ID NO 1FM5K8AR1HGD06196.
ADDITIONAL INFORMATION:
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .
AGE: LIAB-E PHYS-E .
LIGHT TRUCK CLASS: 01499 .
COVERED AUTOS LIABILITY . \$ 689.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 297.00
\$ 1000 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 1000 DED . 225.00
TOTAL VEHICLE PREMIUM . \$ 1,287.00

VEH NO 13 TERR: 114 .
2017 FORD EXPLORER ID NO 1FM5K8ARXHGD06195.
ADDITIONAL INFORMATION:
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .
AGE: LIAB-E PHYS-E .
LIGHT TRUCK CLASS: 01499 .
COVERED AUTOS LIABILITY . \$ 689.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 14 TERR: 114 .  
2010 TORO 2100 ATV 16HP 272CC ID NO 0725320000023 .  
ADDITIONAL INFORMATION:  
COST NEW: 12000 RADIUS: USE: NA .  
AGE: LIAB-L PHYS- .  
GOLF CARTS CLASS: 9463 .  
COVERED AUTOS LIABILITY . \$ 121.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 165.00  
-----

VEH NO 15 TERR: 114 .  
1993 GMC-CHEVY C7H042 ID NO 1GDM7H1J4PJ518549 .  
ADDITIONAL INFORMATION:  
COST NEW: 35159 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-Z .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 66.00  
\$ 1000 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 1000 DED . 75.00  
TOTAL VEHICLE PREMIUM . \$ 780.00  
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 16 TERR: 114 .  
 2020 FORD TRANSIT CO ID NO NM0LS7E25L1475889 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 25590 RADIUS: USE: NA .  
 AGE: LIAB-b PHYS-B .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 58429 1000 DED . 210.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 58429 1000 DED . 242.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 1,091.00

-----  
 VEH NO 17 TERR: 114 .  
 2003 CHEVROLET 1500 ID NO 1GCEC14X43Z283092 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18191 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 489.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 565.00

-----  
 VEH NO 18 TERR: 114 .  
 2011 CHEVROLET TAHOE 1500 ID NO 1GNSK2E07BR326018 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 36900 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-K PHYS-K .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 618.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 222.00  
 \$ 1000 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 1000 DED . 143.00  
 TOTAL VEHICLE PREMIUM . \$ 1,059.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 19 TERR: 114 .  
 1900 DOOLITTLE TRAILER ID NO JDGP16229WCH1TT79.  
 ADDITIONAL INFORMATION: DUMP  
 COST NEW: 4500 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-Z PHYS-Z .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 27.00  
 COMPREHENSIVE ACV 1000 DED . 67.00  
 \$ 1000 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 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 180.00

VEH NO 20 TERR: 114 .  
 2021 DELCO EQUIPMENT ID NO 5WWBC2226M6014569.  
 ADDITIONAL INFORMATION: TRAILER 102X20  
 COST NEW: 7200 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-A PHYS-A .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 48.00  
 COMPREHENSIVE ACV 1000 DED . 84.00  
 \$ 1000 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 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 218.00

VEH NO 21 TERR: 114 .  
 2015 FORD EXPLORER ID NO 1FM5K8ARXFG62113.  
 ADDITIONAL INFORMATION:  
 COST NEW: 33700 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-G PHYS-G .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 648.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 243.00  
\$ 1000 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 1000 DED . 170.00  
TOTAL VEHICLE PREMIUM . \$ 1,137.00

-----  
VEH NO 22 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 SUV ID NO 1GNLC2E06DR198598.  
ADDITIONAL INFORMATION:  
COST NEW: 34350 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-I PHYS-I .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 627.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 218.00  
\$ 1000 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 1000 DED . 148.00  
TOTAL VEHICLE PREMIUM . \$ 1,069.00

-----  
VEH NO 23 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 ID NO 1GNLC2E09DR191726.  
ADDITIONAL INFORMATION:  
COST NEW: 58429 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-I .  
LAW ENFORCEMENT VEH CLASS: 7912 .  
COVERED AUTOS LIABILITY . \$ 963.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE 58429 1000 DED . 535.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 58429 1000 DED . 686.00  
STATED AMOUNT - REFER TO CA9928  
TOTAL VEHICLE PREMIUM . \$ 2,260.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 24 TERR: 114 .  
 2016 CHEVROLET TAHOE 1500 PATROL VEH ID NO 1GNLCDEC1GR358963.  
 ADDITIONAL INFORMATION:  
 COST NEW: 41915 RADIUS: USE: NA .  
 AGE: LIAB-f PHYS-F .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 409.00  
 \$ 1000 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 | 1000 DED              | .   | 339.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,787.00 |

-----  
 VEH NO 25 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KTXDS679323.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 335.00  
 \$ 1000 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 | 1000 DED              | .   | 254.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,628.00 |

-----  
 VEH NO 26 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KT1DS679324.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 335.00  
\$ 1000 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 1000 DED . 254.00  
TOTAL VEHICLE PREMIUM . \$ 1,628.00

-----  
VEH NO 27 TERR: 114 .  
2016 CHEVROLET SILVERADO ID NO 1GC1KUEG5GF296913.  
ADDITIONAL INFORMATION:  
COST NEW: 41085 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 687.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 219.00  
TOTAL VEHICLE PREMIUM . \$ 1,279.00

-----  
VEH NO 28 TERR: 114 .  
2016 CHEVROLET COLORADO ID NO 1GCGTDE30G1110678.  
ADDITIONAL INFORMATION:  
COST NEW: 34640 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 662.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 251.00  
\$ 1000 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 1000 DED . 181.00  
TOTAL VEHICLE PREMIUM . \$ 1,170.00

-----  
AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 29 TERR: 114 .  
 2020 GMC-CHEVY 3500HD ID NO 1GB3WRE78LF216254.  
 ADDITIONAL INFORMATION:  
 COST NEW: 67333 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-B PHYS-B .  
 MEDIUM TRUCK CLASS: 21499 .  
 COVERED AUTOS LIABILITY . \$ 811.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 482.00  
 \$ 1000 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 1000 DED . 399.00  
 TOTAL VEHICLE PREMIUM . \$ 1,768.00

-----  
 VEH NO 30 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG4TC216426.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 31 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG8TC216428.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 32 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFGXTC216429.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 33 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216427.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 34 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216430.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANEEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

PREMIUM SUMMARY

Table with 2 columns: Coverage Type and Amount. Rows include COVERED AUTOS LIABILITY (21,645.00), UNINSURED MOTORISTS (2,660.00), UNDERINSURED MOTORISTS (INCLUDED), COMPREHENSIVE (14,724.00), COLLISION (8,587.00), and TOTAL (47,616.00).

EXCEPT FOR TOWING AND LABOR, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE NAMED BELOW ACCORDING TO THEIR INTERESTS IN THE AUTO AT THE TIME OF THE LOSS

SPECIAL INTERESTS

LOSS PAYEE:

- 02 BANC OF AMERICA, LEASING & CAPITAL, LLC
555 CALIFORNIA ST 4TH FL
SAN FRANCISCO, CA 94104
REFERENCE #
04 DAILMER CHRYSLER SERVICES
NORTH AMERICA LLC
PO BOX 55329
STOCKTON, CA 95205-9095
REFERENCE #
06 COMMUNITY NATIONAL BANK
PO BOX 67
CANEEY, KS 67333-0067
REFERENCE #

LESSOR - ADDITIONAL INSURED/LOSS PAYEE:

- 07 COMMUNITY FIRST NATIONAL
BANK AND/OR ITS ASSIGNS
215 S SETH CHILD RD
MANHATTAN, KS 66502-3089
REFERENCE # CANKS2026-01E

OTHER:

ADDL INSD CA9901 :

- 01 BANK IV LEASING
P.O. BOX 4
WICHITA, KS 67201-0004
REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

ADDL INSD CA9901 :  
03            BANC OF AMERICA, LEASING  
              & CAPITAL , LLC  
              555 CALIFORNIA ST 4TH FL  
              SAN FRANCISCO, CA    94104  
              REFERENCE #

ADDL INSD CA9901 :  
05            DAIMLER CHRYSLER SERVICES  
              NORTH AMERICA LLC  
              PO BOX 55329  
              STOCKTON, CA    95205-9095  
              REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

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 LIABILITY COVERAGE | HIRE FOR ALL STATES | RATE | PREMIUM |
|---|---------------------|------|---------|
|---|---------------------|------|---------|

|  |    |        |     |    |        |
|--|----|--------|-----|----|--------|
| EXCESS   | KS | IF ANY | 100 | \$ | 172.00 |
| 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 |  |  |  | \$    | 172.00 |

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY

| NUMBER OF EMPLOYEES |    | RATE   | PREMIUM |
|---------------------|----|--------|---------|
| 26 - 100            | \$ | 516.00 |         |

|   |  |  |       |        |
|---|--|--|-------|--------|
|   |  |  | ----- |        |
| TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM |  |  | \$    | 516.00 |



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

ENDORSEMENT PREMIUM DETAIL

| ENDORSEMENTS                            | CLASS | PREMIUM   |
|---|-------|-----------|
| Auto Elite Extension Muni &/Or Vol Fire | 8580  | \$ 500.00 |

# Commercial Auto

## Coverage Highlights CA7450



EMC's Elite Commercial Auto Extension CA7450 is available for most policies.

| Commercial Auto Coverage                             | CA7450  |
|--|---|
| Airbag Accidental Discharge                          | Included; mechanical breakdown exclusion does not apply                   |
| Audio, Visual, Electronic Equipment Coverage         | \$5,000 limit   |
| Auto Loan Lease Gap Coverage                         | \$10,000; \$500 max for fees and penalties                                |
| Autos Rented or Hired by Employees                   | Included  |
| Blanket Additional Insureds                          | Written agreement   |
| Blanket Waiver of Subrogation                        | Included  |
| Business Auto Conditions                             | Included  |
| Duties in event of accident                          | Included  |
| Unintentional failure to disclose exposures          | Included  |
| Data Electronic Equipment                            | \$5,000   |
| Employees as Additional Insureds                     | Included  |
| Extra Expense for Stolen Auto                        | \$1,000 limit   |
| Fellow Employee                                      | Included  |
| Glass Repair or Replacement                          | No deductible glass repair;<br>\$500 glass replacement                    |
| Hired Auto Physical Damage                           | \$100,000 limit   |
| Hired Auto Physical Damage Lessors Loss              | \$1,000   |
| Liberalization                                       | Automatic revisions   |
| Lockout/Key Expense (including electronic)           | \$250 private passenger   |
| Loss of Two or More Covered Autos Same Accident      | 2X Highest Deductible   |
| Mental Anguish                                       | Included in definition of "bodily injury"                                 |
| Newly Formed or Acquired Organizations               | Up to 180 days after acquisition  |
| Personal Effects                                     | \$500 limit   |
| Personal Property of Others                          | \$500 limit   |
| Primary and NonContributory Other Insurance          | Included  |
| Rental Reimbursement: Not theft                      | \$75 day; 30 days; \$2,250 max  |
| Replacement Cost on New Autos                        | Included; if less than 180 days   |
| Subsidiaries as Insureds                             | When you own 50% of the voting stock on the effective date of this policy |
| Supplementary Payments                               | \$5,000 for bail bonds; \$500 loss of earnings                            |
| Temporary Substitute Autos: Physical damage coverage | Included  |
| Towing   | \$100 private passenger type;<br>\$500 other than private passenger type  |
| Transportation Expense: For total theft              | \$75 per day; \$2,500 max   |
| Vehicle Wrap Coverage                                | \$2,000   |
| Vehicle Tracking                                     | Included; 50% Comprehensive Deductible                                    |

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: J153846-14

**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 03/10/26 to 04/24/26  
Proposed Policy Period: From 04/01/26 to 04/01/27  
(Quote may be subject to change)

|                         |                               |
|-------------------------|-------------------------------|
| P R E P A R E D F O R : | P R E S E N T E D B Y :       |
| -----                   |                               |
| CITY OF CANEY           | Acrisure Midwest Partners Ins |
| PO BOX 129              | Svcs LLC                      |
| CANEY KS 67333-0129     | PO BOX 510187                 |
|                         | NEW BERLIN WI 53151-0187      |

|             |                            |
|-------------|----------------------------|
| AGENCY BILL | AGENT: AL 7428             |
|             | AGENT PHONE: (620)879-2311 |

|                      |                             |
|----------------------|-----------------------------|
| -----                | -----                       |
| Insured is MUNICIPAL | Business Desc: MUNICIPALITY |
| -----                | -----                       |

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

|  |              |
|--|--------------|
| Each Occurrence Limit (Liability Coverage)                                       | \$ 1,000,000 |
| Personal & Advertising Injury Limit<br>(Any one person or organization)          | \$ 1,000,000 |
| Aggregate Limit (Liability Coverage)<br>(except with respect to "covered autos") | \$ 1,000,000 |

|                                 |          |
|---------------------------------|----------|
| -----                           | -----    |
| PREMIUM NOT SUBJECT TO AUDIT \$ | 5,636.00 |
| -----                           | -----    |

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



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-14

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## COMMERCIAL UMBRELLA POLICY QUOTE

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION   | PREMIUM |
|----------|-----------------|--|---------|
| CU0001   | 04-13           | COMM LIABILITY UMBRELLA COV FORM   |         |
| CU0005   | 12-23           | EXCL-VIOLATION/LAW ADDRESSING DATA   |         |
| *CU0006  | 01-26           | EXCLUSION - WAR  |         |
| CU0133   | 01-16           | KANSAS CHANGES   |         |
| CU0210   | 09-00           | KS CHANGES - CANCELLATION & NONRENEW   |         |
| CU2100   | 09-00           | EXCL-HAZ IN CONNECT WITH DESIGN PREM<br>DESCRIPTION AND LOCATION ON PREMISES:<br>410 S STATE, CANEY KS<br>302 S SPRING, CANEY KS<br>100 E TAYLOR, CANEY KS<br>502 N MAIN, CANEY KS |         |
| 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  |         |
| CU2176   | 12-07           | KS SILICA/RELATED DUST EXCL O/T AUTO   |         |
| CU2186   | 12-23           | EXCL-ACCESS/DISCL OF CONFID/PERSONAL   |         |
| CU2209   | 04-13           | EXCL - FAILURE TO SUPPLY   |         |
| CU2225   | 09-18           | EXCL-EMRGNCY VEH-VOL FIREFIGHTER INJ   |         |
| CU3444   | 09-22           | BROAD ABUSE OR MOLESTATION EXCLUSION   |         |
| CU3454   | 05-23           | EXCL PERFLUOROALKYL/POLYFLUROALKYL   |         |
| CU3456   | 12-23           | CYBER INCIDENT   |         |
| CU7001A  | 11-15           | SCHED OF PRIMARY INS - AUTOMATED   |         |
| CU7276   | 03-21           | COMMERCIAL UMBRELLA AMENDMENT OF COV   |         |
| CU7290.1 | 10-23           | LINEBACKER PUBLIC OFFICIALS/EPL END<br>PUBLIC OFFICIALS WRONGFUL ACT<br>AND EMPLOYMENT PRACTICES LIABILITY<br>RETROACTIVE DATE: 04/01/1988   |         |
| CU7293   | 08-06           | FOREIGN EXPOSURE FOLLOWING FORM  |         |
| CU7294   | 08-06           | GOV SUB HAZARDS RESTRICTIVE END  |         |
| CU7299   | 08-06           | EXCLUSION - LEAD   |         |
| CU7346.1 | 11-20           | COMMUNICABLE DISEASE EXCLUSION   |         |
| CU7347.1 | 11-20           | COMMUNICABLE DISEASE EXCLUSION   |         |
| CU7404.1 | 10-08           | UMBRELLA LIAB AMEND - FOLLOW FORM  |         |
| CU7441   | 05-19           | EXCLUSION-VIOLENT EVENT RESPONSE COV   |         |
| CU7462   | 04-15           | KS-TORT CLAIMS ACT ENDORSEMENT   |         |
| CU7464   | 07-15           | LAW ENFORCEMENT LIABILITY  |         |
| CU7483   | 03-20           | SILICA OR SILICA-RELATED DUST EXCL   |         |
| CU7486   | 10-22           | CANNABIS EXCL/EXCP RETAIL SALES CBD  |         |
| CU7487   | 07-23           | ABUSE OR MOLESTATION LIAB SUB/OCCUR<br>ABUSE OR MOLESTATION LIABILITY SUBLIMIT<br>WITHIN POLICY LIMIT<br>ABUSE OR MOLESTATION LIABILITY EACH<br>OCCURRENCE LIMIT: \$1,000,000      |         |

AS QUOTED ON: 03/10/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-14

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

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

=====  
ENDORSEMENT SCHEDULE

| FORM      | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM     |
|-----------|-----------------|-------------------------------------|-------------|
|           |                 | ABUSE OR MOLESTATION LIABILITY      |             |
|           |                 | AGGREGATE LIMIT:                    | \$1,000,000 |
| 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                  |             |
| IL7605    | 01-19           | KANSAS COMPANY ELIMINATION          |             |
| IL8383.2A | 12-20           | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 56       |
| IL8384A   | 01-08           | TERRORISM NOTICE                    |             |

AS QUOTED ON: 03/10/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CITY OF CANEY

QUOTE NUMBER: J153846-14  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

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

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For additional information, please contact your agent

AS QUOTED ON: 03/10/26

**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.**

D I S C L O S U R E   P U R S U A N T   T O  
T E R R O R I S M   R I S K   I N S U R A N C E   A C T

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S C H E D U L E

Terrorism Premium (Certified Acts)    \$56.00

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**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  
CANEY CITY

Quote Number: J153846-14  
Eff Date: 04/01/26 Exp Date: 04/01/27

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

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R E T A I N E D L I M I T

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

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Commercial General Liability

Company: EMC Property & Casualty Company

Policy Number: BCPN712 Policy Period: 04/01/26 to 04/01/27

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 |

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Employers Liability

Company: Employers Mutual Casualty Company

Policy Number: BCPZ620 Policy Period: 04/01/26 to 04/01/27

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  |

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Commercial Auto Liability

Company: Employers Mutual Casualty Company

Policy Number: E153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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

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**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

Quote Number: J153846-14  
Eff Date: 04/01/26 Exp Date: 04/01/27

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company  
Policy Number: K153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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

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Law Enforcement Liability

Company: Employers Mutual Casualty Company  
Policy Number: G153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

\$ 1,000,000 Each Occurrence  
\$ 2,000,000 Aggregate  
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CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CRIME AND FIDELITY COVERAGE PART
QUOTATION (GOVERNMENT ENTITIES)

QUOTATION IS VALID: FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

PREPARED FOR: PRESENTED BY:

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: INSURING AGREEMENTS and PREMIUM. Rows include Employee Theft - Blanket (Per Loss) at \$286.00, Forgery or Alteration - Negotiable Instruments at \$53.00, Inside the Premises - Theft of Money & Securities at \$76.00, Inside the Premises - Robbery or Safe Burglary of Other Property at \$35.00, Outside the Premises at \$9.00, and Total Policy Premium at \$459.00.



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## G O V E R N M E N T   C R I M E   P O L I C Y Q U O T E

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM |
|----------|-----------------|---|---------|
| CR0025   | 06-22           | GOVT. CRIME COV. FORM - LOSS SUST.  |         |
| CR0104   | 06-22           | KANSAS CHANGES  |         |
| CR0161   | 10-10           | KANSAS CHANGES - BINDING ARBITRATION  |         |
| CR0750   | 06-22           | AMENDMENT-DELETE PROV REGARD TERROR   |         |
| CR2042   | 05-23           | EXCL. DIGITAL TOKENS & OTHER ELEC.  |         |
| CR2502   | 06-22           | INCL DESIGNATED AGENTS AS EMPLOYEES   |         |
| CR2508   | 06-22           | INC SPEC NON-COMP OFFICERS AS EMP<br>ALL BOARD MEMBERS EXCLUDING<br>TREASURER |         |
| CR2519   | 06-22           | ADD FAITHFL PERF OF DUTY COV FOR GOV<br>PER LOSS LIMIT: \$130,000             |         |
| 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)  |         |
| CRTC25   | 06-22           | GOVERNMENT CRIME COV. TABLE OF CONT.  |         |
| IL0017   | 11-98           | COMMON POLICY CONDITIONS  |         |
| IL0160   | 01-16           | KS CHGS/CONCEALMENT, MISREPRSNT, FRAUD  |         |
| IL0261   | 09-07           | KS 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   |         |
| *IL7604  | 01-19           | KANSAS COMPANY ELIMINATION  |         |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANBY CITY

EFF DATE: 04/01/26

QUOTE NUMBER: F153846-01  
EXP DATE: 04/01/27

CRIME AND FIDELITY COVERAGE PART  
QUOTATION SCHEDULE (GOVERNMENT ENTITIES)

| DESCRIPTION   | DED<br>(PER OCCURRENCE) | LIMIT<br>(PER OCCURRENCE) |
|---|-------------------------|---------------------------|
| EMPLOYEE THEFT - BLANKET (PER LOSS)                                 | \$ 3,000                | \$ 130,000                |
| FORGERY OR ALTERATION -<br>NEGOTIABLE INSTRUMENTS                   | \$ 3,000                | \$ 130,000                |
| INSIDE THE PREMISES - THEFT OF MONEY<br>& SECURITIES                | \$ 2,500                | \$ 75,000                 |
| INSIDE THE PREMISES - ROBBERY OR SAFE<br>BURGLARY OF OTHER PROPERTY | \$ 2,500                | \$ 75,000                 |
| OUTSIDE THE PREMISES  | \$ 2,500                | \$ 75,000                 |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K153846-01

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

QUOTATION IS VALID FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R : P R E S E N T E D B Y :
CITY OF CANEY Acrisure Midwest Partners Ins
PO BOX 129 Svcs LLC
CAN EY KS 67333-0129 PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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: 04/01/88
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (UNLIMITED)

Table with 2 columns: Description and Amount. Rows include: EACH LOSS (\$ 1,000,000), AGGREGATE FOR EACH POLICY TERM (\$ 2,000,000), INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) (\$ 2,000)

TOTAL ADVANCE PREMIUM \$ 8,469.00

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: 12/29/2025



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: G153846-02

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

Quotation is Valid From 01/09/26 to 04/01/26
Proposed Policy Period: From 04/01/26 to 04/01/27

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

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

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL

BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: Description and Amount. Rows include: Each Occurrence (\$ 1,000,000), Aggregate Limit (\$ 2,000,000), Medical Expense (Any one person) (\$ 5,000), Deductible Per Occurrence (\$ 2,500)

TOTAL POLICY PREMIUM \$ 7,916.00

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



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: G153846-02

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

LAW ENFORCEMENT POLICY  
QUOTE

ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION   | PREMIUM |
|----------|-----------------|--|---------|
| IL7004   | 03-20           | MUTUAL POLICY PROVISIONS   |         |
| IL7012   | 01-18           | KS CHANGES - CANCELLATION/NONRENEWAL   |         |
| *IL7131A | 04-01           | COMM'L POLICY ENDORSEMENT SCHEDULE   |         |
| IL7149   | 01-08           | COMMON POLICY CONDITIONS   |         |
| IL7326   | 01-18           | CALCULATION OF PREMIUM   |         |
| IL7449   | 01-18           | KS CHANGES CONCEALMENT, MISREPRESENT   |         |
| IL7605   | 01-19           | KANSAS COMPANY ELIMINATION   |         |
| *IL8576  | 10-17           | MEDICARE IMPT NOTICE TO POLICYHOLDER   |         |
| LE7001A  | 01-08           | LAW ENFORCEMENT LIABILITY SCHEDULE<br>TERRORISM COVG INCL IN MAIN COV FORM                 | \$ 155  |
| LE7002   | 08-18           | LAW ENFORCEMENT LIABILITY COV FORM   |         |
| LE7100   | 01-08           | NUCLEAR ENERGY EXCLUSION ENDORSEMENT   |         |
| LE7102   | 01-09           | PROFESSIONAL ENDORSEMENT<br>SCHEDULE:<br>OTHER STAFF, CLERICAL, OR DISPATCH,<br>VOLUNTEERS |         |
| LE7107   | 01-08           | FUNGI OR BACTERIA EXCLUSION  |         |
| LE7108.1 | 04-15           | KANSAS TORT LIABILITY ENDORSEMENT  |         |
| LE7110   | 01-08           | PERSONAL INJURY PRIOR ACTS END.<br>RETROACTIVE DATE: 04/01/2009                            |         |
| LE7128   | 03-20           | SILICA OR SILICA-RELATED DUST EXCL   |         |

AS QUOTED ON: 01/09/26



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANEY CITY

Quote Number: G153846-02
Eff Date: 04/01/26 Exp Date: 04/01/27

LAW ENFORCEMENT SCHEDULE

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Type of Jurisdiction: Municipality Population: 1,759

Table with columns: Code/Classification, Exposure, Rate, Premium. Rows include: 88500 Peace Officers / Full Time (5476.00), 88501 Peace Officers / Part Time (1828.00), 88502 Police Dogs (457.00), and summary rows for Terrorism Premium (155.00) and Total Policy Premium (7,916.00).



**ACRISURE MIDWEST PARTNERS INS SVCS LLC**

PO BOX 510187  
NEW BERLIN, WI  
53151-0187



**CITY OF CANEY**

**Your Business**

**CITY OF CANEY**  
PO BOX 129  
CANEY, KS 67333-0129

**Your Agent**

**ACRISURE MIDWEST PARTNERS  
INS SVCS LLC**  
PO BOX 510187  
NEW BERLIN, WI 53151-0187

**Your Quote**

Quote: 8X98920 006  
Prepared on 03/10/2026  
Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

**Your Account Summary**

**Your Premium Estimate**

|                                    |             |
|------------------------------------|-------------|
| Commercial Property (Version #4)   | \$77,918.00 |
| General Liability (Version #5)     | \$7,669.00  |
| Workers' Compensation (Version #5) | \$36,104.00 |
| Inland Marine (Version #2)         | \$3,527.00  |
| Business Auto (E-04)               | \$48,903.00 |
| Commercial Umbrella (J-14)         | \$5,636.00  |
| Govt Crime/Fidelity Package (F-01) | \$459.00    |
| Linebacker - Claims Made (K-01)    | \$8,469.00  |
| Law Enforcement Liability (G-02)   | \$7,916.00  |

**Total Account Premium Estimate** **\$196,601.00**

**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.emcinsurance.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**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

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

**Coverages**

| Coverages Provided                                   | Premium            |
|--|--------------------|
| Blanket ID Number - 1 - See Schedule for Description | \$77,918.00        |
| Property Premium                                     | \$77,918.00        |
| <b>Total Property Premium</b>                        | <b>\$77,918.00</b> |

**Forms Applicable**

CP0090(07/88), CP0101(06/19), CP0140(07/06), CP0320(04/18), CP1040(02/19), CP1075(12/20), CP1218(10/12), CP1420(07/88), CP1440(06/07), CP1450(10/00), CP1615A(02/12), CP7001A(02/12), CP7121.4(08/18), CP7121(11/23), CP7173(12/19), CP7175(03/25), CP7342(02/17), CP7358(02/17), CP8036(07/21), CP8121(10/24), IL0017(11/98), IL0160(01/16), IL0261(09/07), IL0952(01/15), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7170(09/24), IL7306(08/98), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8493(01/25)

## Commercial Property Summary Proposal

### Endorsement Schedule

| Form     | Edition Date | Description/Additional Information   | Premium |
|----------|--------------|--|---------|
| CP 00 90 | 07 88        | Commercial Property Conditions   |         |
| CP 01 01 | 06 19        | Kansas 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 10 40 | 02 19        | Earthquake and Volcanic Eruption Coverage with Percentage Deductible   |         |
| CP 10 75 | 12 20        | Cyber Incident Exclusion   |         |
| CP 12 18 | 10 12        | Loss Payable Provisions  |         |
| CP 14 20 | 07 88        | <p>Additional Property Not Covered</p> <p>Location 9<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 11<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 7<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 6<br/>Building 1<br/>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.</p> <p>Location 8<br/>Building 1</p> |         |



| Form | Edition Date | Description/Additional Information   | Premium |
|------|--------------|--|---------|
|      |              | <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 10<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 12<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 13<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 14<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 1<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>211 W 5TH AVE,CANEY, KS 67333.<br/>Location 5<br/>Building 1</p> <p>Description of Additional Property Not Covered PREM 018<br/>BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY</p> |         |



| Form       | Edition Date | Description/Additional Information  | Premium |
|------------|--------------|---|---------|
|            |              | <p>211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 7<br/>           Building 2<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.<br/>           Location 5<br/>           Building 2<br/>           Description of Additional Property Not Covered PREM 018<br/>           BLDG 001DESCRIPTION OF PROPERTY: ALLBUSINESS<br/>           PRESONAL PROPERTY LOCATEDAT THE CITY LIBRARY<br/>           211 W 5TH AVE,CANEY, KS 67333.</p> |         |
| CP 14 40   | 06 07        | Outdoor Signs   |         |
| CP 14 50   | 10 00        | Radio Or Television Antennas  |         |
| CP 16 15A  | 02 12        | Statement Of Values   |         |
| CP 70 01A  | 02 12        | Commercial Property Schedule  |         |
| CP 71 21   | 11 23        | Building and Personal Property Coverage Form - Public Entity  |         |
| CP 71 21.4 | 08 18        | Property Coverage Part Public Entity  |         |
| CP 71 73   | 12 19        | Cannabis Exclusion  |         |
| CP 71 75   | 03 25        | <p>Limitations On Coverage For Roof System<br/>           Location 1<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 5<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 5<br/>           Building 2<br/>           Paragraph B Applies<br/>           Location 6<br/>           Building 1<br/>           Paragraph B Applies<br/>           Location 7<br/>           Building 1<br/>           Paragraph B Applies</p>   |         |



| Form      | Edition Date | Description/Additional Information  | Premium |
|-----------|--------------|---|---------|
|           |              | Location 7<br>Building 2<br>Paragraph B Applies<br>Location 8<br>Building 1<br>Paragraph B Applies<br>Location 9<br>Building 1<br>Paragraph B Applies<br>Location 10<br>Building 1<br>Paragraph B Applies<br>Location 11<br>Building 1<br>Paragraph B Applies<br>Location 12<br>Building 1<br>Paragraph B Applies<br>Location 13<br>Building 1<br>Paragraph B Applies<br>Location 14<br>Building 1<br>Paragraph B Applies |         |
| CP 73 42  | 02 17        | Kansas Changes  |         |
| CP 73 58  | 02 17        | Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)  |         |
| CP 80 36  | 07 21        | Commercial Property Valuation Increase  |         |
| CP 81 21  | 10 24        | Important Notice To Policyholders   |         |
| IL 00 17  | 11 98        | Common Policy Conditions  |         |
| IL 01 60  | 01 16        | Kansas Changes - Concealment, Misrepresentation Or Fraud  |         |
| IL 02 61  | 09 07        | Kansas 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 70 07A | 01 21        | Installment Premium Payment Schedule  |         |



**Employers Mutual Casualty Company**

Quote: BCPP246 - Option 006

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>           | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule              |                |
| IL 71 70    | 09 24               | Actual Cash Value Definition                        |                |
| IL 73 06    | 08 98               | Exclusion Of Certain Computer-Related Losses        |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement              |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act | \$749.00       |
| IL 83 84A   | 01 08               | Terrorism Notice                                    |                |
| IL 84 93    | 01 25               | Actual Cash Value Definition - PHN                  |                |



## Terrorism Notice

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) \$749.00

**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 terrorism 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 rate allocations in accordance with the 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 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

|                                   |                     |                         |
|-----------------------------------|---------------------|-------------------------|
| <b>Blanket Limit of Insurance</b> | <b>\$24,785,216</b> | <b>Coinsurance: 90%</b> |
| Except:                           |                     |                         |
| Earthquake                        | \$23,831,937        | Coinsurance:            |

**Locations**

For inspection contact: See agent on Dec page

|                                      |  |
|--------------------------------------|--|
| <b>Location 1</b>                    |  |
| 1645 Cr 1300<br>Caney, KS 67333-8555 |  |
| <b>Building 1</b>                    | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building</p> <p><b>In Protection Class:</b> 6X</p> <p><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE</p> <p><b>Deductible Per Occurrence:</b> \$5,000</p> <p style="padding-left: 20px;">Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |



|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|---|--------------------|------------------------|-------------|----------|---|
|                 | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
| Special Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - WATER TOWER<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |  |  |  |  |  |
|                 |   |  |  |  |  |  |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 3**

S SMITH ST AT 5TH AVE  
CANNEY, KS 67333

| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |   |             |          |                                  |
|--------------------|--|--------------------|---|-------------|----------|----------------------------------|
|                    | Coverage   | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages               |
|                    | Property In The Open   | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value |
| Earthquake         |  |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |                                  |

**Location 4**

12TH & HIGH  
CANNEY, KS 67333

|                    |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| Special<br>Class 1 | <b>Description:</b> PROPERTY IN THE OPEN - LIFT STATION<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |  |  |  |  |
|                    |  |  |  |  |  |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 5**

904 W 6th Ave

Caney, KS 67333-1404

| <b>Building 1</b> | <p><b>Description:</b> 2 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |          |  |
|-------------------|--|--------------------|------------------------|-------------|----------|--|
|                   | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|                   | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
|                   |  |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |
|                   | YOUR BUSINESS<br>PERSONAL<br>PROPERTY  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value   |
|                   |  |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |



| <b>Building 2</b> | <p><b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br/> <b>In Protection Class:</b> 6X<br/> <b>Occupancy:</b> DOG POUND<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Location 6**

408 N Ridgeway St  
Caney, KS 67333-2010

|                   |  |
|-------------------|--|
| <b>Building 1</b> | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |
|-------------------|--|



|                 | Coverage  | Limit of Insurance | Covered Causes of Loss   | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|---|--------------------|--|-------------|----------|---|
|                 | Building  | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |   |                    | Earthquake   |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                 | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |   |                    | Earthquake   |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 1</b><br><b>Description:</b> PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |  |             |          |   |
|                 | Coverage  | Limit of Insurance | Covered Causes of Loss   | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open  | See Blkt 1         | Special  | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
| Earthquake      |   |                    | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |             |          |   |



**Location 7**  
 300 E 4TH AVE  
 CANEY, KS 67333  
 Location Description: WARK MEMORIAL PARK

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** RESTROOM  
**Deductible Per Occurrence:** \$5,000  
 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake

| Building 1 | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|--|---|
|            | Building | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |

**Description:** 1 Story Joisted Masonry - Other Than Reinforced Building  
**In Protection Class:** 6  
**Occupancy:** WATER FOUNTAIN BLDG  
**Deductible Per Occurrence:** \$5,000  
 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake



|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|-----------------|--|--------------------|------------------------|-------------|----------|---|
|                 | Building   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 1 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                 | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                 | Property In The Open   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                 |  |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| Special Class 2 | <b>Associated to Building: 2</b><br><b>Description:</b> PROPERTY IN THE OPEN - SHELTER HOUSE<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake        |                    |                        |             |          |   |



|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|--------------------|---|--------------------|------------------------|-------------|----------|---|
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 3 | <b>Associated to Building: 2</b><br><b>Description: PROPERTY IN THE OPEN - GAZEBO</b><br><b>Deductible Per Occurrence: \$5,000</b><br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake            |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |
| Special<br>Class 4 | <b>Associated to Building: 2</b><br><b>Description: PROPERTY IN THE OPEN - WARK WAR MEMORIAL</b><br><b>Deductible Per Occurrence: \$5,000</b><br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|                    | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                    | Property In The Open  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                    |   |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |



| <b>Location 8</b><br>1645 Cr 1300<br>Caney, KS 67333-8555<br>Location Description: WATER PLANT |   |                    |                        |             |          |   |
|--|---|--------------------|------------------------|-------------|----------|---|
| <b>Building 1</b>  | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|  | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|  | Building  | See Blkt 1         | Special                | See Blkt 1  | 2        | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|  |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|  | YOUR BUSINESS PERSONAL PROPERTY   | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|  |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
| <b>Special Class 1</b>   | <b>Description:</b> PROPERTY IN THE OPEN - COMMUNICATION TOWER<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake   |                    |                        |             |          |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages   |
|----------------------|--------------------|------------------------|-------------|----------|--|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Radio Or Television Antennas     |
|                      |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 9**

1301 N Wood St  
Caney, KS 67333-2209

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> BOOSTER PUMP STATION<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                     Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|-------------------|---|--------------------|------------------------|-------------|--|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |



|  |                                 |            |            |            |   |  |
|--|---------------------------------|------------|------------|------------|---|--|
|  | YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 1 | Replacement Cost<br>Agreed Value                                     |
|  |                                 |            | Earthquake |            |   | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |

**Location 10**

800 N Wood St

Caney, KS 67333-1158

Location Description: NORTH WOOD PARK

| <b>Building 1</b>      | <p><b>Description:</b> 1 Story Frame Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> SHELTER HOUSE<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |  |   |
|------------------------|--|--------------------|------------------------|-------------|--|---|
|                        | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int   | Optional Coverages  |
|                        | Building   | See Blkt 1         | Special                | See Blkt 1  |  | Replacement Cost<br>Agreed Value<br><br>Limitations On Coverage For Roof System<br><br>Debris Removal \$250,000 |
|                        |  | Earthquake         |                        |             | Earthquake and Volcanic Eruption Coverage with Percentage Deductible |   |
| <b>Special Class 1</b> | <p><b>Description:</b> PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p>  |                    |                        |             |  |   |



| Coverage             | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|----------------------|--------------------|------------------------|-------------|----------|---|
| Property In The Open | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                      |                    | Earthquake             |             |          | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b> | <p><b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> Caney City Hall and Police Station<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |   |             |          |  |
|-------------------|---|--------------------|---|-------------|----------|--|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss  | Coinsurance | Spec Int | Optional Coverages   |
|                   | Building  | See Blkt 1         | Special   | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
| Earthquake        |   |                    | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |             |          |  |



|  |                                       |            |            |            |   |   |
|--|---------------------------------------|------------|------------|------------|---|---|
|  | YOUR BUSINESS<br>PERSONAL<br>PROPERTY | See Blkt 1 | Special    | See Blkt 1 | 3 | Replacement Cost<br>Agreed Value  |
|  |                                       |            | Earthquake |            |   | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |

**Location 12**

127 N Spring St  
Caney, KS 67333-1303

| <b>Building 1</b>                        | <p><b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br/> <b>In Protection Class:</b> 6<br/> <b>Occupancy:</b> FIRE BARN<br/> <b>Deductible Per Occurrence:</b> \$5,000<br/>                 Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake</p> |                    |                        |             |   |  |
|--|--|--------------------|------------------------|-------------|---|--|
|  | Coverage   | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int  | Optional Coverages   |
|  | Building   | See Blkt 1         | Special                | See Blkt 1  |   | Replacement Cost<br>Agreed Value<br>Limitations On<br>Coverage For Roof<br>System<br>Debris Removal<br>\$250,000 |
|  |  |                    | Earthquake             |             |   | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible                                    |
| PERSONAL<br>PROPERTY OF<br>YOUR BUSINESS | See Blkt 1   | Special            | See Blkt 1             |             | Replacement Cost<br>Agreed Value  |  |
|  |  | Earthquake         |                        |             | Earthquake and<br>Volcanic Eruption<br>Coverage with<br>Percentage Deductible |  |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| <b>Building 1</b> | <b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN)<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |                    |                        |             |          |   |
|-------------------|---|--------------------|------------------------|-------------|----------|---|
|                   | Coverage  | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|                   | Building  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|                   |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |
|                   | PERSONAL PROPERTY OF YOUR BUSINESS  | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value  |
|                   |   |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

|                   |  |
|-------------------|--|
| <b>Building 1</b> | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> NEW CITY LIBRARY<br><b>Deductible Per Occurrence:</b> \$5,000<br>Except: \$25,000 On Windstorm Or Hail, 10% On Earthquake |
|-------------------|--|



|            | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages  |
|------------|----------|--------------------|------------------------|-------------|----------|---|
| Building 1 | Building | See Blkt 1         | Special                | See Blkt 1  |          | Replacement Cost<br>Agreed Value<br>Limitations On Coverage For Roof System<br>Debris Removal \$250,000 |
|            |          |                    | Earthquake             |             |          | Earthquake and Volcanic Eruption Coverage with Percentage Deductible                                    |

**Miscellaneous Location Level Coverages**

See coverage form for deductible amounts applicable to these coverages.

| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 1        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 1        | Fire Department Service Charge                                      | \$50,000           |
| 2        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 2        | Fire Department Service Charge                                      | \$50,000           |
| 3        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 3        | Fire Department Service Charge                                      | \$50,000           |
| 4        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 4        | Fire Department Service Charge                                      | \$50,000           |
| 5        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 5        | Fire Department Service Charge                                      | \$50,000           |
| 6        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 6        | Fire Department Service Charge                                      | \$50,000           |
| 7        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 7        | Fire Department Service Charge                                      | \$50,000           |



| Location | Coverage  | Limit of Insurance |
|----------|---|--------------------|
| 8        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 8        | Fire Department Service Charge                                      | \$50,000           |
| 9        | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 9        | Fire Department Service Charge                                      | \$50,000           |
| 10       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 10       | Fire Department Service Charge                                      | \$50,000           |
| 11       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 11       | Fire Department Service Charge                                      | \$50,000           |
| 12       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 12       | Fire Department Service Charge                                      | \$50,000           |
| 13       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 13       | Fire Department Service Charge                                      | \$50,000           |
| 14       | Public Entity Location Additional Coverages and Coverage Extensions | See Coverage Form  |
| 14       | Fire Department Service Charge                                      | \$50,000           |

**Miscellaneous Policy Level Coverages**

|   |                   |
|---|-------------------|
| Public Entity Line Additional Coverages and Coverage Extensions | See Coverage Form |
| Unreported Buildings, Structures and Outdoor Fixtures           | \$50,000          |

**Equipment Breakdown Endorsement**

See Coverage Form

**Coverages**

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



**Special Interest(s)**

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**1 Loss Payable**

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USDA, RURAL DEVELOPMENT  
PO BOX 408  
202 W MILLER RD  
IOLA, KS 66749-0408

**2 Mortgagee**

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USDA RURAL DEVELOPMENT  
202 W MILLER RD  
IOLA, KS 66749-1641

**3 Loss Payable**

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CANON FINANCIAL SERVICES INC  
158 GAITHER DR STE 200  
MOUNT LAUREL, NJ 08054-1716



## Statement of Values

**Location 1**  
 1645 Cr 1300  
 Caney, KS 67333-8555

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> CONTACT BASIN ALL CONCRETE |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$38,899.00        | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X   |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - CLARIFIER TANK/SETTLING BASIN WITH DOME TOP   | 66,912             | Replacement Cost  |

**Location 2**  
 108 C STREET  
 CANEY, KS 67333

|                        |                                    |                    |                   |
|------------------------|------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X     |                    |                   |
|                        | <b>Coverage</b>                    | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WATER TOWER | 1,486,770          | Replacement Cost  |

**Location 3**  
 S SMITH ST AT 5TH AVE  
 CANEY, KS 67333

|                        |                                |  |  |
|------------------------|--------------------------------|--|--|
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6X |  |  |
|------------------------|--------------------------------|--|--|



|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 4**

12TH & HIGH  
CANEY, KS 67333

|                        |                                     |                    |                   |
|------------------------|-------------------------------------|--------------------|-------------------|
| <b>Special Class 1</b> | <b>In Protection Class: 6</b>       |                    |                   |
|                        | <b>Coverage</b>                     | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - LIFT STATION | 62,825             | Replacement Cost  |

**Location 5**

904 W 6th Ave  
Caney, KS 67333-1404

|                   |  |                    |                   |
|-------------------|--|--------------------|-------------------|
| <b>Building 1</b> | <b>Description: 2 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DISPOSAL PLANT SYSTEM INCLUDING LAB BUILDING AND SLUDGE BUILDING</b> |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$7,404,541.00     | Replacement Cost  |
|                   | YOUR BUSINESS PERSONAL PROPERTY  | \$22,932.00        | Replacement Cost  |
| <b>Building 2</b> | <b>Description: 1 Story Joisted Masonry - Other Than Reinforced Building</b>       |                    |                   |
|                   | <b>In Protection Class: 6X</b>   |                    |                   |
|                   | <b>Occupancy: DOG POUND</b>  |                    |                   |
|                   | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building   | \$106,170.00       | Replacement Cost  |



**Location 6**  
 408 N Ridgeway St  
 Caney, KS 67333-2010

|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 1</b>      | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> CEMETERY MAINTENANCE BUILDING |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$112,438.00       | Replacement Cost  |
|                        | YOUR BUSINESS PERSONAL PROPERTY  | \$4,490.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - ENTRANCE SIGN TO CEMETERY   | 6,880              | Replacement Cost  |

**Location 7**  
 300 E 4TH AVE  
 CANEY, KS 67333  
 Location Description: WARK MEMORIAL PARK

|                   |   |                    |                   |
|-------------------|---|--------------------|-------------------|
| <b>Building 1</b> | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> RESTROOM |                    |                   |
|                   | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|                   | Building  | \$71,228.00        | Replacement Cost  |



|                        |  |                    |                   |
|------------------------|--|--------------------|-------------------|
| <b>Building 2</b>      | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building |                    |                   |
|                        | <b>In Protection Class:</b> 6  |                    |                   |
| <b>Building 2</b>      | <b>Occupancy:</b> WATER FOUNTAIN BLDG  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | Building   | \$3,431.00         | Replacement Cost  |
| <b>Special Class 1</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT                                  | 36,492             | Replacement Cost  |
| <b>Special Class 2</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - SHELTER HOUSE   | 33,687             | Replacement Cost  |
| <b>Special Class 3</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - GAZEBO  | 19,116             | Replacement Cost  |
| <b>Special Class 4</b> | <b>In Protection Class:</b> 6  |                    |                   |
|                        | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                        | PROPERTY IN THE OPEN - WARK WAR MEMORIAL                                     | 2,867              | Replacement Cost  |

**Location 8**

1645 Cr 1300

Caney, KS 67333-8555

Location Description: WATER PLANT



|                 |  |                    |                   |
|-----------------|--|--------------------|-------------------|
| Building 1      | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6X<br><b>Occupancy:</b> WATER FILTRATION PLANT |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | Building   | \$7,786,282.00     | Replacement Cost  |
|                 | YOUR BUSINESS PERSONAL PROPERTY  | \$143,326.00       | Replacement Cost  |
| Special Class 1 | <b>In Protection Class:</b> 6X   |                    |                   |
|                 | <b>Coverage</b>  | <b>100% Values</b> | <b>Value Type</b> |
|                 | PROPERTY IN THE OPEN - COMMUNICATION TOWER   | 30,764             | Replacement Cost  |

**Location 9**

1301 N Wood St  
 Caney, KS 67333-2209

|            |   |                    |                   |
|------------|---|--------------------|-------------------|
| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> BOOSTER PUMP STATION |                    |                   |
|            | <b>Coverage</b>   | <b>100% Values</b> | <b>Value Type</b> |
|            | Building  | \$22,253.00        | Replacement Cost  |
|            | YOUR BUSINESS PERSONAL PROPERTY   | \$65,639.00        | Replacement Cost  |

**Location 10**

800 N Wood St  
 Caney, KS 67333-1158  
 Location Description: NORTH WOOD PARK



| <b>Building 1</b>                           | <b>Description:</b> 1 Story Frame Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> SHELTER HOUSE  |                  |             |            |   |            |                  |  |
|---|---|------------------|-------------|------------|---|------------|------------------|--|
|   | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$7,876.00</td> <td>Replacement Cost</td> </tr> </tbody> </table>                                | Coverage         | 100% Values | Value Type | Building                                    | \$7,876.00 | Replacement Cost |  |
| Coverage                                    | 100% Values   | Value Type       |             |            |   |            |                  |  |
| Building                                    | \$7,876.00  | Replacement Cost |             |            |   |            |                  |  |
| <b>Special Class 1</b>                      | <b>In Protection Class:</b> 6   |                  |             |            |   |            |                  |  |
|   | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT</td> <td>11,307</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage         | 100% Values | Value Type | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 11,307     | Replacement Cost |  |
| Coverage                                    | 100% Values   | Value Type       |             |            |   |            |                  |  |
| PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 11,307  | Replacement Cost |             |            |   |            |                  |  |

**Location 11**

100 W 4th Ave

Caney, KS 67333-1410

Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY

| <b>Building 1</b>               | <b>Description:</b> 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> Caney City Hall and Police Station  |                  |             |            |          |                |                  |                                 |              |                  |  |  |
|---------------------------------|--|------------------|-------------|------------|----------|----------------|------------------|---------------------------------|--------------|------------------|--|--|
|                                 | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$2,675,658.00</td> <td>Replacement Cost</td> </tr> <tr> <td>YOUR BUSINESS PERSONAL PROPERTY</td> <td>\$134,684.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage         | 100% Values | Value Type | Building | \$2,675,658.00 | Replacement Cost | YOUR BUSINESS PERSONAL PROPERTY | \$134,684.00 | Replacement Cost |  |  |
|                                 | Coverage   | 100% Values      | Value Type  |            |          |                |                  |                                 |              |                  |  |  |
| Building                        | \$2,675,658.00   | Replacement Cost |             |            |          |                |                  |                                 |              |                  |  |  |
| YOUR BUSINESS PERSONAL PROPERTY | \$134,684.00   | Replacement Cost |             |            |          |                |                  |                                 |              |                  |  |  |

**Location 12**

127 N Spring St

Caney, KS 67333-1303



| Building 1 | <b>Description:</b> 1 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> FIRE BARN |                |                  |
|------------|--|----------------|------------------|
|            | Coverage   | 100% Values    | Value Type       |
|            | Building   | \$1,238,954.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$179,582.00   | Replacement Cost |

**Location 13**  
 109 S State St  
 Caney, KS 67333-1447

| Building 1 | <b>Description:</b> 2 Story Non-Combustible - Light Steel Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> PUBLICWORKS BUILDING (OLD FIREBARN) |              |                  |
|------------|--|--------------|------------------|
|            | Coverage   | 100% Values  | Value Type       |
|            | Building   | \$740,029.00 | Replacement Cost |
|            | PERSONAL PROPERTY OF YOUR BUSINESS   | \$7,973.00   | Replacement Cost |

**Location 14**  
 211 W 5th Ave  
 Caney, KS 67333-1409

| Building 1 | <b>Description:</b> 1 Story Joisted Masonry - Other Than Reinforced Building<br><b>In Protection Class:</b> 6<br><b>Occupancy:</b> NEW CITY LIBRARY |                |                  |
|------------|---|----------------|------------------|
|            | Coverage  | 100% Values    | Value Type       |
|            | Building  | \$2,198,386.00 | Replacement Cost |



|                            |                        |
|----------------------------|------------------------|
| Total Building             | \$22,406,145.00 RC     |
| Total Personal Property    | \$558,626.00 RC        |
| Total Property in the Open | \$1,820,445.00 RC      |
| <b>Combined Total</b>      | <b>\$24,785,216.00</b> |

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: \_\_\_\_\_



## General Liability Summary Proposal

**Prepared For**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

**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 | \$7,669.00        |
| <b>Total Estimated Policy Premium</b>    | <b>\$7,669.00</b> |

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

**Forms Applicable**

CG0001(04/13), CG0069(12/23), CG0070(01/26), CG0109(11/85), CG0300(01/96), CG2028(12/19), CG2100(07/98), CG2106(12/23), CG2147(12/07), CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2196(03/05), CG2244(04/13), CG2250(04/13), CG2256(07/98), CG2264(04/13), CG2409(07/98), CG4032(05/23), CG4035(12/23), CG7001A(10/12), CG7003(10/13), CG7185(10/13), CG7236(10/01), CG7551(10/19), CG7558(02/20), CG7605(10/14), CG7638(12/10), CG7673(10/19), CG7698(01/24), CG7740(11/20), CG7748(10/22), CG9909(12/19), IL0017(11/98), IL0021(09/08), IL0261(09/07), IL7004(03/20), IL7007A(01/21), IL7131A(04/01), IL7168(01/22), IL7604(01/19), IL8383.2A(12/20), IL8384A(01/08), IL8576(10/17)

## 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 00 70 | 01 26        | Exclusion - War  |         |
| CG 01 09 | 11 85        | Kansas And Oklahoma Changes - Transfer Of Rights   |         |
| CG 03 00 | 01 96        | Deductible Liability Insurance<br>Application of Endorsement (Enter below any limitations on the application and if NO, Limitations leave Blank) NONE  |         |
| CG 20 28 | 12 19        | Additional Insured - Lessor Of Leased Equipment<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST BANK<br>PO BOX 36<br>CANEY KS 67333<br>Name of Additional Insured Person(s) or Organization(s) -<br>ARVEST EQUIPMENT FINANCE<br>P.O. BOX 1110<br>FORT SMITH, AR 72917 |         |
| CG 21 00 | 07 98        | Exclusion - All Hazards In Connection With Designated Premises<br>Description Of Premises: - 410 S STATE, CANEY KS<br>Description Of Premises: - 302 S SPRING, CANEY KS<br>Description Of Premises: - 100 E TAYLOR, CANEY KS<br>Description Of Premises: - 502 N MAIN, CANEY KS              |         |
| 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 21 96 | 03 05        | Silica Or Silica-Related Dust Exclusion  |         |
| CG 22 44 | 04 13        | Exclusion - Services Furnished By Health Care Providers<br>Description of Operations - Any and all services furnished by health care providers   |         |



| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>  | <b>Premium</b> |
|-------------|---------------------|--|----------------|
| CG 22 50    | 04 13               | Exclusion - Failure To Supply  |                |
| CG 22 56    | 07 98               | Exclusion - Injury To Volunteer Firefighters   |                |
| CG 22 64    | 04 13               | Pesticide Or Herbicide Applicator - Limited Pollution Coverage<br>Description Of Operations - WEED CONTROL AND<br>MOSQUITO FOGGING OPERATIONS                  |                |
| CG 24 09    | 07 98               | Governmental Subdivisions  |                |
| CG 40 32    | 05 23               | Exclusion-Perfluoroalkyl and Polyfluoroalkyl Substances  |                |
| CG 40 35    | 12 23               | Exclusion - Cyber Incident   |                |
| CG 70 01A   | 10 12               | General Liability Schedule   |                |
| CG 70 03    | 10 13               | GL Quick Reference (Occurrence)  |                |
| CG 71 85    | 10 13               | Exclusion - Lead   |                |
| CG 72 36    | 10 01               | Additional Insured - Association Or Organization<br>Schedule of Association Or Organizations - CITY LIBRARY<br>BOARD   |                |
| CG 75 51    | 10 19               | Abuse Or Molestation Liability   |                |
| CG 75 58    | 02 20               | Kansas Tort Claims Act Endorsement   |                |
| CG 76 05    | 10 14               | Exclusion - Law Enforcement Activities   |                |
| CG 76 38    | 12 10               | Municipal Liability Endorsement  |                |
| CG 76 73    | 10 19               | Municipal Violent Event Response Coverage<br>Aggregate Limit \$100,000<br>Each Event Limit \$100,000<br>Each Person Limit \$25,000                             |                |
| CG 76 98    | 01 24               | General Liability Municipalities Elite Extension   |                |
| CG 77 40    | 11 20               | Communicable Disease Exclusion - Pandemic, Epidemic or Public<br>Health Emergency  |                |
| CG 77 48    | 10 22               | Cannabis Exclusion With Limited Exception For Retail Sales Of<br>CBD Products And Hemp Exception   |                |
| CG 99 09    | 12 19               | Premium Audit Noncompliance Charge<br>Audit Noncompliance Charge Factor 1<br>Number of Written Attempts To Obtain Audit Information 2<br>Reassessment Charge 0 |                |
| IL 00 17    | 11 98               | Common Policy Conditions   |                |



**EMC Property & Casualty Company**

Quote: BCPN712 - Option 006

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b>           | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IL 00 21    | 09 08               | Nuclear Energy Liability Exclusion Endorsement      |                |
| IL 02 61    | 09 07               | Kansas Changes - Cancellation And Nonrenewal        |                |
| IL 70 04    | 03 20               | Mutual Policy Provisions                            |                |
| IL 70 07A   | 01 21               | Installment Premium Payment Schedule                |                |
| IL 71 31A   | 04 01               | Commercial Policy Endorsement Schedule              |                |
| IL 71 68    | 01 22               | Asbestos Exclusion                                  |                |
| IL 76 04    | 01 19               | Kansas Company Elimination Endorsement              |                |
| IL 83 83.2A | 12 20               | Disclosure Pursuant To Terrorism Risk Insurance Act | \$68.00        |
| IL 83 84A   | 01 08               | Notice  |                |
| IL 85 76    | 10 17               | Important Notice To Policyholders                   |                |



## Terrorism Notice

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) | \$68.00 |
|------------------------------------|---------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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.





| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>48924</b> Swimming Pools - commercially operated<br/>                     Prem Basis: Gross Sales<br/>                     Exposure: \$27,000<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 12.921            | \$349                     |
| <p><b>87522</b> Town Liability -<br/>                     Premises/Operations In Progress Including Work Subcontracted To Others -<br/>                     Population 1,001 - 2,500<br/>                     Prem Basis: Per Capita<br/>                     Exposure: 1,759<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Including Products/Completed Operations unless Otherwise Excluded</p> |                                |  | 1.694             | \$2,979                   |
| <p><b>99943</b> Water Companies<br/>                     Prem Basis: Payroll<br/>                     Exposure: \$119,886<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>  |                                |  | 22.162            | \$2,657                   |
| <p><b>Location 002</b><br/> <b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 8<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 1.694             | \$14                      |



| Code No./Exposure/Classification   | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|--|--------------------------------|--|-------------------|---------------------------|
| <p><b>Location 003</b></p> <p><b>68607</b> Vacant Buildings - not factories - Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 2,040<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p> |                                |  | 10.618            | \$22                      |
| <p><b>Location 004</b></p> <p><b>68607</b> Vacant Buildings - not factories - Not-For-Profit only<br/>                     Prem Basis: Area<br/>                     Exposure: 798<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>   |                                |  | 10.618            | \$8                       |
| <p><b>Location 005</b></p> <p><b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>                         |                                |  | 1.694             | \$2                       |
| <p><b>Location 006</b></p> <p><b>49452</b> Vacant Land - Not-For-Profit only<br/>                     Prem Basis: Acres<br/>                     Exposure: 1<br/>                     \$500 Deductible Applies To PD Per Claim For All Other<br/>                     Products/Completed Operations are subject to the General Aggregate Limit</p>                         |                                |  | 1.694             | \$2                       |



| Code No./Exposure/Classification  | Products/<br>Compl Ops<br>Rate | Products/<br>Compl Ops<br>Advance Prem | All Other<br>Rate | All Other<br>Advance Prem |
|---|--------------------------------|--|-------------------|---------------------------|
| <b>Location 007</b><br><b>49452</b> Vacant Land - Not-For-Profit only<br>Prem Basis: Acres<br>Exposure: 2<br>\$500 Deductible Applies To PD Per<br>Claim For All Other<br>Products/Completed Operations are<br>subject to the General Aggregate Limit |                                |  | 1.694             | \$3                       |
| <b>Location 008</b><br><b>49452</b> Vacant Land - Not-For-Profit only<br>Prem Basis: Acres<br>Exposure: 1<br>\$500 Deductible Applies To PD Per<br>Claim For All Other<br>Products/Completed Operations are<br>subject to the General Aggregate Limit |                                |  | 1.694             | \$2                       |
| <b>Location 009</b><br><b>47051</b> Real Estate Development Property<br>Prem Basis: Acres<br>Exposure: 1<br>\$500 Deductible Applies To PD Per<br>Claim For All Other<br>Products/Completed Operations are<br>subject to the General Aggregate Limit  |                                |  | 5.950             | \$6                       |

**Policy Level Coverages**

| Coverages                               | Limit of Insurance | Premium           |
|---|--------------------|-------------------|
| General Liability Elite Extension       |                    | \$300             |
| Premium For Certified Acts of Terrorism |                    | \$68.00           |
| <b>Total Estimated Policy Premium</b>   |                    | <b>\$7,669.00</b> |



**Location of All Premises Owned, Rented or Occupied**

| <b>Rated Locations</b>     |   |
|----------------------------|---|
| <b>Location 1</b>          | 100 W 4th Ave<br>Caney, KS 67333-1410<br>Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |
| <b>Location 2</b>          | SEC 18 T35S R 14 E<br>Caney, KS 67333<br>Description: MONTGOMERY COUNTY, KS.                    |
| <b>Location 3</b>          | 112-116 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 4</b>          | 108 1/2 N Spring St<br>Caney, KS 67333-1304   |
| <b>Location 5</b>          | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 6</b>          | 311 E 3rd Ave<br>Caney, KS 67333-2021   |
| <b>Location 7</b>          | SE Corner of 7th & Forman St<br>Caney, KS 67333   |
| <b>Location 8</b>          | 117 W 4th Ave<br>Caney, KS 67333-1459   |
| <b>Location 9</b>          | 114 N State St<br>Caney, KS 67333-1334  |
| <b>All Other Locations</b> |   |
| <b>Location: 10</b>        | 109 S State St<br>Caney, KS 67333-1447  |
| <b>Location: 11</b>        | 211 W 5th Ave<br>Caney, KS 67333-1409   |



Information Page

**Workers' Compensation and Employers' Liability Summary Proposal**

This information page along with the 'policy provisions' completes the numbered policy.

Item 1

**Prepared For**

**Presented By**

CITY OF CANEY  
PO BOX 129  
CANEY, KS 67333-0129

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
PO BOX 510187  
NEW BERLIN, WI 53151-0187  
AGENT NO. L7428  
AGENT PHONE: 620-879-2311  
CLAIM REPORTING: 888-362-2255  
SERVICING CARRIER: 316-352-5700

AGENCY BILL

Phone Number: 620-879-2772

Insured Is: Other

Business Desc: MUNICIPALITY

Intrastate ID: 150115639

Federal Employer's ID: 48-6042166

Item 2

Policy Period: From: 04/01/2026

To: 04/01/2027

At 12:01 A.M., Standard Time at the insured's mailing address

Item 3

- A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation law of the states listed here: KS
- B. Employers' Liability Ins. : Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are
 

|                           |           |               |
|---------------------------|-----------|---------------|
| Bodily Injury By Accident | \$500,000 | Each Accident |
| Bodily Injury By Disease  | \$500,000 | Each Employee |
| Bodily Injury By Disease  | \$500,000 | Policy Limit  |
- C. Other States Ins. : Part Three of the policy applies to All States except ME, ND, OH, WA, WY and states designated in item 3.A shown above, and the following states:



D. This policy includes these endorsements and schedules: See Schedule Attached

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**Item 4**

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans.

All information required below is subject to verification and change by audit. See Schedule Attached

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|                            |                                |             |
|----------------------------|--------------------------------|-------------|
|                            | Total Estimated Policy Premium | \$36,104.00 |
| Minimum Premium \$1,000.00 | Expense Constant               | \$160.00    |
| Kansas                     |                                |             |

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## Workers' Compensation Summary Proposal

### Endorsement Schedule

| Form          | Edition Date | Description/Additional Information   | Premium  |
|---------------|--------------|--|----------|
| 04 05 B       | 04 24        | Privacy Notice   |          |
| IL 70 04      | 03 20        | Mutual Policy Provisions   |          |
| IL 70 07 A    | 01 21        | Installment Premium Payment Schedule   |          |
| IL 71 31A     | 04 01        | Commercial Workers' Compensation Policy Declarations                         |          |
| IL 76 04      | 05 25        | Kansas Company Elimination Endorsement                                       |          |
| IL 83 83.2A   | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act                          | \$122.00 |
| IL 85 76      | 10 17        | Important Notice To Policyholders  |          |
| WC 00 00 00 C | 01 15        | Workers Compensation And Employers Liability Insurance Policy                |          |
| WC 00 03 10   | 04 84        | Sole Proprietors, Partners, Officers And Others Coverage Endorsement         |          |
| WC 00 04 14 A | 01 19        | 90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement |          |
| WC 00 04 19 A | 08 22        | Part Five-Premium Amendatory Endorsement                                     |          |
| WC 00 04 21 F | 08 22        | Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement     |          |
| WC 00 04 22 C | 01 21        | Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement  |          |
| WC 00 04 24   | 01 17        | Audit Noncompliance Charge Endorsement                                       |          |
| WC 00 04 25   | 05 17        | Experience Rating Modification Factor Revision Endorsement                   |          |
| WC 15 04 01 A | 01 10        | Kansas Final Premium Endorsement   |          |
| WC 15 06 01 A | 01 87        | Kansas Cancelation And Nonrenewal Endorsement                                |          |
| WC 70 05      | 07 11        | WC Quick Reference   |          |
| WC 71 68      | 02 21        | Workers Compensation Sliding Scale Dividend Plan                             |          |
| WC 81 30      | 10 14        | Important Notice   |          |
| WC 99 06 18   | 05 25        | Workers' Compensation and Employers' Liability Insurance Policy              |          |
| WC 99 06 19   | 05 25        | Workers Compensation Schedule  |          |

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) | \$122.00 |
|------------------------------------|----------|

#### 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 terrorism 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 rate allocations in accordance with the 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 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.



## Extension of Information

### Item 4 - Classification of Operations Schedule

**State:** Kansas

State Empl ID:

NCCI Intrastate ID: 150115639

| Location Number | Location Information  |
|-----------------|---|
| 1               | 100 W 4th Ave<br>Caney, Kansas 67333-1410<br>Maximum # of employees exposed at any one time: 23<br>Number of employees: Full Time: 22 Part Time: 1<br>Location Description: INSURED PREMISES/OPERATIONS CITY OF CANEY |

| Classifications   | Code No. | Premium Basis<br>Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|---|----------|--|------------------------------|--------------------------|
| Location 1  |          |  |                              |                          |
| Street or Road Construction-Paving or Repaving & Drivers                            | 5506     | 82,543   | 4.149                        | \$3,425.00               |
| Waterworks Operation & Drivers.   | 7520     | 84,688   | 2.717                        | \$2,301.00               |
| Sewage Disposal Plant Operation & Drivers   | 7580     | 48,804   | 2.227                        | \$1,087.00               |
| Ambulance Service Companies and EMS (Emergency Medical Service) Providers & Drivers | 7705     | 11,848   | 5.035                        | \$597.00                 |
| Firefighters & Drivers-Volunteer  | 7711     | 36,566   | 4.189                        | \$1,532.00               |
| Police Officers & Drivers   | 7720     | 359,601  | 2.758                        | \$9,918.00               |
| Clerical Office Employees NOC.  | 8810     | 441,598  | 0.123                        | \$543.00                 |
| Law Office-All Employees & Clerical, Messengers, Drivers.                           | 8820     | 4,800  | 0.100                        | \$5.00                   |
| Swimming Pool-Public Operation-All Other Employees                                  | 9015     | 41,449   | 3.303                        | \$1,369.00               |
| Park NOC-All Employees & Drivers.   | 9102     | 60,381   | 3.020                        | \$1,824.00               |
| Cemetery Operation & Drivers  | 9220     | If Any   | 4.104                        | \$0.00                   |
| Garbage, Ashes or Refuse Collection & Drivers                                       | 9403     | If Any   | 8.158                        | \$0.00                   |
| Municipal, Township, County, or State Employee NOC.                                 | 9410     | 43,705   | 5.245                        | \$2,292.00               |
| <b>Total Manual Premium</b>   |          |  |                              | <b>\$24,893.00</b>       |
| Employers Liability Increased Limits  |          |  |                              | \$199.00                 |
| <b>Total Subject Premium</b>  |          |  |                              | <b>\$25,092.00</b>       |
| Experience Mod (1.5200)   |          |  |                              | \$13,048.00              |
| <b>Total Modified Premium</b>   |          |  |                              | <b>\$38,140.00</b>       |
| State Expense Constant  |          |  |                              | \$160.00                 |
| Catastrophe (Other Than Certified Acts of Terrorism)                                |          |  |                              | \$243.00                 |
| Premium Endorsement (0.020)   |          |  |                              |                          |



| Classifications                                      | Code No. | Premium Basis Estimated Annual Remuneration | Rates per \$100 Remuneration | Estimated Annual Premium |
|--|----------|---|------------------------------|--------------------------|
| (continued)  |          |   |                              |                          |
| Terrorism Risk Insurance Program Reauthorization Act |          |   |                              | \$122.00                 |
| Disclosure Endorsement (0.010)                       |          |   |                              |                          |
| Premium Discount                                     |          |   |                              | (\$2,561.00)             |
| <b>Estimated Annual Premium</b>                      |          |   |                              | <b>\$36,104.00</b>       |
| <b>Total Amount Due</b>                              |          |   |                              | <b>\$36,104.00</b>       |

**Total Estimated Annual Premium**      \$36,104.00

## Workers' Compensation Insurance

# Sliding Scale Dividend Plan

WC8575 (10-20)

### Advantages of the Plan

A policyholder with exceptionally good experience can earn a dividend of 5% to 10%, as shown in the table below.

Workers' compensation dividends are fixed and determined by the Board of Directors in accordance with the law and cannot be legally guaranteed. However, the company has paid dividends under this or comparable plans continuously since 1944.

The possibility of a high dividend return in recognition of favorable loss experience offers the policyholder prompt material rewards for cooperation in accident prevention measures and plant improvement.

The policyholder does not have to give up the premium savings afforded by the Premium Discount Plan. (However, when any of the standard retrospective rating plans are used, the Premium Discount Plan is deleted.) The sliding scale dividend is payable after allowance of the premium discount, if applicable.

### How the Plan Operates

#### Plan Eligibility

The Sliding Scale Dividend Plan will be paid from first dollar and applies only to risks that run a full term with an earned premium of \$25,000 or more (after allowance of the premium discount, if applicable). If a risk develops less than \$25,000 earned premium in their state of domicile, the risk is not eligible for a dividend.

#### Dividend Eligibility

The loss experience determines whether the risk is qualified for a dividend. If the incurred loss ratio is under 25%, the dividend is payable in accordance with the table displayed.

**Note:** No dividend will be paid on policies canceled midterm, except for those instances where policies are rewritten by EMC Insurance Companies.

#### Computation

The sliding scale dividend calculation will be computed six months after policy expiration when losses are more fully developed, or at the completion of the final audit of the policy, whichever occurs later. Once calculated, the dividend plan will be considered closed and final.

Minimum Earned Premium = \$25,000 (after allowance of the premium discount, if applicable)

### Example of Plan Operation

Earned Premium: \$50,000  
 Paid Losses.....\$7,000  
 Reserves..... \$1,000  
 Total Incurred Losses.....\$8,000

Total Incurred Loss Ratio:  
 $\$8,000 \div \$50,000 = 16\%$

4% Sliding Scale Dividend on \$50,000 .....\$2,000

| Loss Ratio % | Earned Premium       |                      |                      |                    |
|--------------|----------------------|----------------------|----------------------|--------------------|
|              | \$25,000 to \$49,999 | \$50,000 to \$64,999 | \$65,000 to \$99,999 | \$100,000 and over |
| 0-4.99       | 5%                   | 7%                   | 8%                   | 10%                |
| 5-9.99       | 4%                   | 6%                   | 7%                   | 9%                 |
| 10-14.99     | 3%                   | 5%                   | 6%                   | 8%                 |
| 15-19.99     | 2%                   | 4%                   | 5%                   | 7%                 |
| 20-24.99     | 0%                   | 0%                   | 4%                   | 6%                 |
| 25-29.99     | 0%                   | 0%                   | 0%                   | 5%                 |
| 30-34.99     | 0%                   | 0%                   | 0%                   | 0%                 |

### Contact Us

Contact your EMC underwriter or marketing representative for more information.

www.emcins.com





# Commercial Inland Marine Summary Proposal

**Prepared For**

**Presented By**

CITY OF CANEY  
 PO BOX 129  
 CANEY, KS 67333-0129  
 AGENCY BILL

ACRISURE MIDWEST PARTNERS INS SVCS LLC  
 PO BOX 510187  
 NEW BERLIN, WI 53151-0187  
 AGENT NO. L7428  
 AGENT PHONE: 620-879-2311  
 CLAIM REPORTING: 888-362-2255  
 SERVICING CARRIER: 316-352-5700

**Coverages**

See attached schedule for limits and description of coverages.

| <b>Coverage Headings</b>           | <b>Premium</b>    |
|------------------------------------|-------------------|
| Contractors Equipment              | \$1,826.00        |
| *Signs                             | \$7.00            |
| Scheduled Property Floater         | \$1,694.00        |
| <b>Inland Marine Premium</b>       | <b>\$3,527.00</b> |
| <b>Total Inland Marine Premium</b> | <b>\$3,527.00</b> |

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.

Forms applicable to the above coverages indicated with an asterisk (\*):

IL7007A(01/21), CM7000.2A(01/21), IL7131A(04/01), IL8383.2A(12/20), CM7001.3A(01/21), IL7004(03/20), IL0261(09/07), IL0017(11/98), CM0001(09/04), CM8068(12/19), CM7021.1(02/20), CM7002(09/00), IL7306(08/98), IL0952(01/15), IL0160(01/16), CM9905(12/19), CM0028(01/13), CM0202(06/19)

Refer to prior distribution(s) for any forms not attached.

Forms applicable to all other coverages:

IM2033(02/22), CL0600(01/15), CL0100(03/99), IM7000(04/04), IM0891(03/99), CM7323(08/09), CL0700(10/06), CM7004(09/06), CL0122(05/13), IM7500(04/04)

CONDITIONAL



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 006

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

Refer to prior distribution(s) for any forms not attached.

## Inland Marine Summary Proposal

### Endorsement Schedule

| Form        | Edition Date | Description/Additional Information                               | Premium |
|-------------|--------------|--|---------|
| CL 01 00    | 03 99        | Common Policy Conditions   |         |
| CL 01 22    | 05 13        | Amendatory Endorsement Kansas                                    |         |
| CL 06 00    | 01 15        | Certified Terrorism Loss   |         |
| CL 07 00    | 10 06        | Virus Or Bacteria Exclusion                                      |         |
| CM 00 01    | 09 04        | Commercial Inland Marine Conditions                              |         |
| CM 00 28    | 01 13        | Signs Coverage Form  |         |
| CM 02 02    | 06 19        | Kansas Changes   |         |
| CM 70 00.2A | 01 21        | Commercial Inland Marine Declarations                            |         |
| CM 70 01.3A | 01 21        | Commercial Inland Marine Schedule - Kansas                       |         |
| CM 70 02    | 09 00        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 04    | 09 06        | Quick Reference- Commercial Inland Marine Coverage Part          |         |
| CM 70 21.1  | 02 20        | Loss Payable Endorsement   |         |
| CM 73 23    | 08 09        | Personal Effects of Each Emergency Personnel                     |         |
| CM 80 68    | 12 19        | Cannabis Exclusion Endorsement- Advisory Notice To Policyholders |         |
| CM 99 05    | 12 19        | Cannabis Exclusion   |         |
| IL 00 17    | 11 98        | Common Policy Conditions   |         |
| IL 01 60    | 01 16        | Kansas Changes - Concealment, Misrepresentation Or Fraud         |         |
| IL 02 61    | 09 07        | Kansas 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 70 07A   | 01 21        | Installment Premium Payment Schedule                             |         |
| IL 71 31A   | 04 01        | Commercial Policy Endorsement Schedule                           |         |
| IL 73 06    | 08 98        | Exclusion Of Certain Computer-Related Losses                     |         |
| IL 76 04    | 01 19        | Kansas Company Elimination Endorsement                           |         |
| IL 83 83.2A | 12 20        | Disclosure Pursuant To Terrorism Risk Insurance Act              | Waived  |
| IM 08 91    | 03 99        | Amendatory Endorsement Kansas                                    |         |
| IM 20 33    | 02 22        | Amendatory Endorsement Kansas                                    |         |



**Employers Mutual Casualty Company**

Quote: BCPZ610 - Option 006

Prepared on 03/10/2026

Policy Term: 04/01/2026-04/01/2027

**Valid Through: 04/24/2026**

| <b>Form</b> | <b>Edition Date</b> | <b>Description/Additional Information</b> | <b>Premium</b> |
|-------------|---------------------|---|----------------|
| IM 70 00    | 04 04               | Contractors' Equipment Coverage           |                |
| IM 75 00    | 04 04               | Scheduled Property Floater                |                |



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 terrorism 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 rate allocations in accordance with the 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 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 Inland Marine Summary Proposal - Kansas

### Policywide Coverage

| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Contractors Equipment</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Coinsurance   |                  | 80%       |
| Catastrophe Limit - The Most "We" Pay For Loss in Any One Occurrence  |                  | \$197,000 |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| 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   |
| <b>Scheduled Items</b>  |                  |           |
| Actual Cash Value<br>1) SALT DOG DISPENSER SN: 15002 Model SCH096C  |                  | \$1,800   |
| Actual Cash Value<br>2) GENERATOR MODEL STAR 8000 WATT SN: 01144915 Manufacturer HONDA  |                  | \$900     |
| Actual Cash Value<br>3) 35G COMPACT EXCAVATORWITH HEAVY DUTY BUCKET<br>Manufacturer JOHN DEERE Model Year 2015                      | 2                | \$22,000  |
| Actual Cash Value<br>4) MOWER SN: 4502744563 Manufacturer BAD BOY Model Year 2015   | 3                | \$1,400   |
| Actual Cash Value<br>5) TRACTORW/FRONT END LOADER MDL LS525FL S/N A9586 SN: 57741 Manufacturer KUBOTA Model L3301DT Model Year 2016 | 3                | \$9,500   |



**Policywide Coverage**

| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>6) GENERAC SC 150 GENERATOR AND TRANSFERSWITCH SN:<br>301289038                                   |                  | \$39,000   |
| Actual Cash Value<br>7) FLATBED W/SNOW PLOWO SN: 3D6WU7ELXBG14380 Manufacturer<br>DODGE Model Year 2011                |                  | \$36,000   |
| Actual Cash Value<br>8) BACKHOE LOADER SN: 1T0410KXAFE276123 Manufacturer JOHN<br>DEERE Model 410K Model Year 2015     |                  | \$72,500   |
| Actual Cash Value<br>9) UTILITY VEHICLE SN: JK1AFCE195B535405 Manufacturer KAWASAKI<br>Model MULE 3010 Model Year 2005 |                  | \$13,900   |
| Contractors Equipment Premium  |                  | \$1,826.00 |
| <b>Contractors Equipment - Leased or Rented From Others</b>  |                  |            |
| <b>Limits of Insurance</b>   |                  |            |
| The Most "We" Pay For Loss To Any One Item   |                  | \$25,000   |
| The Most "We" Pay For Loss In Any One Occurrence   |                  | \$25,000   |
| Actual Cash Value  |                  |            |
| Deductible \$500   |                  |            |
| CE Leased or Rented From Others Premium  |                  | \$0.00     |

**Locations**

For inspection contact: See agent on Dec page

**Location 1**

INSURED PREMISES/OPERATIONS  
CANNEY, KS 67333



| Class Description   | Special Interest | Limits    |
|---|------------------|-----------|
| <b>Signs</b>  |                  |           |
| <b>Signs And Lamps - Neon, Fluorescent, Etc.</b>  |                  |           |
| 1) LIGHTED PLASTIC SIGN LOCATED AT 4TH AND MCGEE  |                  | \$5,200   |
| Actual Cash Value   |                  |           |
| A Deductible Amount of 5% Of the Limit Of Insurance Applies   |                  |           |
| Signs Premium   |                  | \$7.00    |
| <b>Scheduled Property Floater</b>   |                  |           |
| <b>Scheduled Property Floater - Location</b>  |                  |           |
| Coinsurance   |                  | 80%       |
| <b>Coverage Extensions</b>  |                  |           |
| Additional Debris Removal Expenses  |                  | \$5,000   |
| <b>Supplemental Coverages</b>   |                  |           |
| Pollutant Cleanup and Removal   |                  | \$10,000  |
| Property In Transit or Off Premises   |                  | \$106,170 |
| <b>Scheduled Items</b>  |                  |           |
| \$1,000 Deductible Applies Per Occurrence To The Following Items  |                  |           |
| Actual Cash Value<br>1) 1 TORNADO WARNING SYSTEM (5 SIRENS)   |                  | \$13,000  |
| Actual Cash Value<br>2) FOUR (4) SOLAR POWERED FLASHING SCHOOL ZONE LIGHTS @ \$3,000 EACH   |                  | \$12,000  |
| Actual Cash Value<br>3) UNSCHEDULED MISC. EQUIPMENT ON FIRE TRUCKS  |                  | \$60,000  |
| Actual Cash Value<br>4) POLICE CAR CAMERAS (6) MED-2 MARTEL DIGITAL VIDEO SYSTEMS S/N 25070, 25071, 25072, 25073, 25074 & 25078 INCLUDING: (6) TRANSMITTERS - S/N WT10430105, WT10430126, WT10430117, WT10430106, WT10430125 & WT10430113 | 1, 2             | \$19,170  |



| Class Description  | Special Interest | Limits     |
|--|------------------|------------|
| Actual Cash Value<br>5) VHF KENWOOD BASE REPEATERS STATION |                  | \$900      |
| Actual Cash Value<br>6) VHF DUPLEXER                       |                  | \$1,100    |
| Scheduled Property Floater Premium                         |                  | \$1,694.00 |

**Special Interest(s)**

**1 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST BANK  
 301 W 4TH AVE  
 CANEY,KS 67333-1463

**2 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 ARVEST EQUIPMENT FINANCE  
 PO BOX 11110  
 FORT SMITH,AR 72917-1110

**3 Loss Payable**

Loss, if any, will be adjusted with the named insured and  
 COMMERCIAL BANK  
 105 E 9TH ST  
 COFFEYVILLE,KS 67337-6439

**Total Premium For Changes**

**\$3,527.00**



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

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 03/04/26 TO 04/18/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R P R E S E N T E D B Y

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

Table with columns: COVERAGES, COV AUTOS, LIMITS/DEDUCTIBLES, PREMIUM. Rows include Covered Autos Liability, Uninsured and Underinsured Motorists, Physical Damage Coverage (Comprehensive, Collision), Hired or Borrowed Auto, Non-ownership Liability, and Estimated Total Policy Premium.



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E153846-04

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## COMMERCIAL AUTO POLICY QUOTE

### ENDORSEMENT SCHEDULE

| FORM      | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM |
|-----------|-----------------|---|---------|
| *CA0001   | 11-20           | BUSINESS AUTO COVERAGE FORM<br>TERRORISM COVG INCL IN MAIN COV FORM   | \$ 99   |
| *CA0122   | 06-19           | KANSAS CHANGES  |         |
| *CA0265   | 01-16           | KS CHANGES - CANCELLATION/NONRENEWAL  |         |
| *CA0445   | 10-13           | GOLF CARTS AND LOW-SPEED VEHICLES   |         |
| *CA2018   | 10-13           | PROFESSIONAL SERVICES NOT COVERED   |         |
| *CA2137   | 02-20           | KS UNINSURED MOTORISTS COVERAGE   |         |
| *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  |         |
| *CA7313   | 11-15           | PREJUDGMENT INTEREST  |         |
| *CA7393   | 02-22           | KANSAS TORT LIABILITY ENDORSEMENT   |         |
| *CA7492   | 09-24           | COMML AUTO ELITE EXT MUNI &/OR FIRE   |         |
| *CA8112.2 | 11-15           | IMPT NOTICE -PAYMENT FOR AFTERMARKET  |         |
| *CA8116   | 07-21           | UM/UIM REJECTION FORM - KANSAS  |         |
| *CA8361   | 05-25           | UNINSURED/UNDERINSURED MOTORISTS PHN  |         |
| *CA9901   | 10-13           | KANSAS ADDITIONAL NAMED INSURED<br>NAME<br>BANK IV LEASINGNAL BANK<br>P.O. BOX 4<br>WICHITA, KS 67201-0004<br>.<br>BANC OF AMERICA, LEASING<br>& CAPITAL , LLC<br>555 CALIFORNIA ST 4TH FL<br>SAN FRANCISCO, CA 94104 |         |
| *CA9928   | 11-20           | STATED AMOUNT INSURANCE<br>DESCRIPTION OF COVERED AUTO/COVERAGE<br>LIMIT OF INSURANCE<br>2020 FORD TRANSIT  |         |
| *CA9944   | 10-13           | LOSS PAYABLE CLAUSE   |         |
| *IL0017   | 11-98           | COMMON POLICY CONDITIONS  |         |
| *IL0021   | 09-08           | NUCLEAR ENERGY LIAB EXCL/BROAD FORM   |         |
| *IL7004   | 03-20           | MUTUAL POLICY PROVISIONS  |         |
| *IL7131A  | 04-01           | COMM'L POLICY ENDORSEMENT SCHEDULE  |         |
| *IL7604   | 01-19           | KANSAS COMPANY ELIMINATION  |         |
| *IL8576   | 10-17           | MEDICARE IMPT NOTICE TO POLICYHOLDER  |         |

AS QUOTED ON: 03/04/26



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

\*\*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 INSUR-  
ANCE 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"<br>AND "PROPERTY<br>DAMAGE"<br>COMBINED<br>ST SINGLE LIMIT | "BODILY INJURY"<br>EACH PERSON<br>EACH "ACCIDENT" | "BODILY INJURY"<br>EACH "ACCIDENT" | "PROPERTY DAMAGE"<br>EACH "ACCIDENT" |
| KS   |   | \$ 1,000,000                       |                                      |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

\*\*\*\*\*

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

\*\*\*\*\*

LOC: 001 201 S STATE ST
CANEY KS. 67333

VEH NO 1 TERR: 114
1999 FREIGHTLINER DEMO FIRE TRUCK ID NO 1FV6JLCV9XHA28999.
ADDITIONAL INFORMATION:
COST NEW: 139000 RADIUS: USE: NA .
AGE: LIAB-x PHYS-Z .
FIRE DEPT VEHICLE CLASS: 7909 .
COVERED AUTOS LIABILITY . \$ 563.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE 139000 3000 DED . 247.00
\$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

REPLACEMENT COST - REFER TO CA7492

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS
COLLISION 139000 3000 DED . 236.00
REPLACEMENT COST - REFER TO CA7492
TOTAL VEHICLE PREMIUM . \$ 1,122.00

VEH NO 2 TERR: 114
2004 STERLING DUMP TRUCK W/EQUIP ID NO 2FZACFCS24AM20528.
ADDITIONAL INFORMATION:
COST NEW: 61724 RADIUS: LOCAL USE: COMMERCIAL .
AGE: LIAB-T PHYS-T .
HEAVY TRUCK CLASS: 33479 .
COVERED AUTOS LIABILITY . \$ 508.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 138.00
\$ 1000 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 1000 DED . 207.00
TOTAL VEHICLE PREMIUM . \$ 929.00



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 3 TERR: 114 .  
 2003 CHEVY 1500 SILVERADO PICKUP ID NO 1GCEK19T93Z221048 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 26742 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 514.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 590.00

VEH NO 4 TERR: 114 .  
 2002 CHEVY EXTCAB PICKUP W/ FIRE EQUIP ID NO 1GCHK29U22E270531 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 28587 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-V .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 62.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 776.00

VEH NO 5 TERR: 114 .  
 2008 CHEVROLET F250 FIRE DEPT ID NO 1GCHK29K38E196558 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 29735 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-N .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 82.00  
 \$ 1000 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 1000 DED . 75.00  
 TOTAL VEHICLE PREMIUM . \$ 796.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 6 TERR: 114 .  
 2009 CHEVROLET SC1 PICKUP ID NO 1GCEC14C59Z180591 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18045 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-M PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 540.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 616.00

-----  
 VEH NO 7 TERR: 114 .  
 1993 FREIGHTLINER PUMPER FIRE TRUCK ID NO 1FV6JLCB5PL469166 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 135000 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Z .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 3000 DED . 69.00  
 \$ 3000 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 3000 DED . 90.00  
 TOTAL VEHICLE PREMIUM . \$ 798.00

SPECIAL INTEREST:  
06 - LOSS PAYEE

-----  
 VEH NO 8 TERR: 114 .  
 2006 FORD EXPLORER POLICE ID NO 1FMEU74E36ZA07789 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 32565 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-Q .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 214.00  
\$ 1000 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 1000 DED . 212.00  
TOTAL VEHICLE PREMIUM . \$ 1,465.00

-----  
VEH NO 9 TERR: 114 .  
2004 INT L KC B009169 VAC TRJ ID NO 1HTWDADR04J026758.  
ADDITIONAL INFORMATION:  
COST NEW: 57292 RADIUS: LOCAL USE: NA .  
AGE: LIAB-T PHYS-T .  
EX-HEAVY TRUCK-TRAC CLASS: 50499 .  
COVERED AUTOS LIABILITY . \$ 1,099.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 194.00  
\$ 1000 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 1000 DED . 256.00  
TOTAL VEHICLE PREMIUM . \$ 1,625.00

SPECIAL INTEREST:  
06 - LOSS PAYEE  
-----  
VEH NO 10 TERR: 114 .  
2011 DODGE 5500 ID NO 3D6WU7ELXBG614380.  
ADDITIONAL INFORMATION:  
COST NEW: 55508 RADIUS: LOCAL USE: COMMERCIAL .  
AGE: LIAB-K PHYS-K .  
MEDIUM TRUCK CLASS: 23499 .  
COVERED AUTOS LIABILITY . \$ 737.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 260.00  
\$ 1000 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 1000 DED . 229.00  
TOTAL VEHICLE PREMIUM . \$ 1,302.00

-----  
VEH NO 11 TERR: 114 .  
1987 FORD LN8000 FIRETRUCK ID NO 1FDYR82A3HVA59907.  
ADDITIONAL INFORMATION:  
COST NEW: 32681 RADIUS: USE: NA .  
AGE: LIAB-x PHYS- .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 639.00  
-----

VEH NO 12 TERR: 114 .  
2017 FORD EXPLORER ID NO 1FM5K8AR1HGD06196.  
ADDITIONAL INFORMATION:  
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-E PHYS-E .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 689.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 13 TERR: 114 .  
2017 FORD EXPLORER ID NO 1FM5K8ARXHGD06195.  
ADDITIONAL INFORMATION:  
COST NEW: 35290 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-E PHYS-E .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 689.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 225.00  
TOTAL VEHICLE PREMIUM . \$ 1,287.00

-----  
VEH NO 14 TERR: 114 .  
2010 TORO 2100 ATV 16HP 272CC ID NO 0725320000023 .  
ADDITIONAL INFORMATION:  
COST NEW: 12000 RADIUS: USE: NA .  
AGE: LIAB-L PHYS- .  
GOLF CARTS CLASS: 9463 .  
COVERED AUTOS LIABILITY . \$ 121.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
TOTAL VEHICLE PREMIUM . \$ 165.00  
-----

VEH NO 15 TERR: 114 .  
1993 GMC-CHEVY C7H042 ID NO 1GDM7H1J4PJ518549 .  
ADDITIONAL INFORMATION:  
COST NEW: 35159 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-Z .  
FIRE DEPT VEHICLE CLASS: 7909 .  
COVERED AUTOS LIABILITY . \$ 563.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 66.00  
\$ 1000 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 1000 DED . 75.00  
TOTAL VEHICLE PREMIUM . \$ 780.00  
-----



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 16 TERR: 114 .  
 2020 FORD TRANSIT CO ID NO NM0LS7E25L1475889 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 25590 RADIUS: USE: NA .  
 AGE: LIAB-b PHYS-B .  
 FIRE DEPT VEHICLE CLASS: 7909 .  
 COVERED AUTOS LIABILITY . \$ 563.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 58429 1000 DED . 210.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 58429 1000 DED . 242.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 1,091.00

-----  
 VEH NO 17 TERR: 114 .  
 2003 CHEVROLET 1500 ID NO 1GCEC14X43Z283092 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 18191 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-U PHYS- .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 489.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 TOTAL VEHICLE PREMIUM . \$ 565.00

-----  
 VEH NO 18 TERR: 114 .  
 2011 CHEVROLET TAHOE 1500 ID NO 1GNSK2E07BR326018 .  
 ADDITIONAL INFORMATION:  
 COST NEW: 36900 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-K PHYS-K .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 618.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 222.00  
 \$ 1000 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 1000 DED . 143.00  
 TOTAL VEHICLE PREMIUM . \$ 1,059.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 19 TERR: 114 .  
 1900 DOOLITTLE TRAILER ID NO JDGP16229WCH1TT79.  
 ADDITIONAL INFORMATION: DUMP  
 COST NEW: 4500 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-Z PHYS-Z .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 27.00  
 COMPREHENSIVE ACV 1000 DED . 67.00  
 \$ 1000 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 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 180.00

VEH NO 20 TERR: 114 .  
 2021 DELCO EQUIPMENT ID NO 5WWBC2226M6014569.  
 ADDITIONAL INFORMATION: TRAILER 102X20  
 COST NEW: 7200 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-A PHYS-A .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 48.00  
 COMPREHENSIVE ACV 1000 DED . 84.00  
 \$ 1000 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 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 218.00

VEH NO 21 TERR: 114 .  
 2015 FORD EXPLORER ID NO 1FM5K8ARXFG62113.  
 ADDITIONAL INFORMATION:  
 COST NEW: 33700 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-G PHYS-G .  
 LIGHT TRUCK CLASS: 01499 .  
 COVERED AUTOS LIABILITY . \$ 648.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 243.00  
\$ 1000 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 1000 DED . 170.00  
TOTAL VEHICLE PREMIUM . \$ 1,137.00

-----  
VEH NO 22 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 SUV ID NO 1GNLC2E06DR198598.  
ADDITIONAL INFORMATION:  
COST NEW: 34350 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-I PHYS-I .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 627.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 218.00  
\$ 1000 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 1000 DED . 148.00  
TOTAL VEHICLE PREMIUM . \$ 1,069.00

-----  
VEH NO 23 TERR: 114 .  
2013 CHEVROLET TAHOE 1500 ID NO 1GNLC2E09DR191726.  
ADDITIONAL INFORMATION:  
COST NEW: 58429 RADIUS: USE: NA .  
AGE: LIAB-x PHYS-I .  
LAW ENFORCEMENT VEH CLASS: 7912 .  
COVERED AUTOS LIABILITY . \$ 963.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE 58429 1000 DED . 535.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 58429 1000 DED . 686.00  
STATED AMOUNT - REFER TO CA9928  
TOTAL VEHICLE PREMIUM . \$ 2,260.00

AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 24 TERR: 114 .  
 2016 CHEVROLET TAHOE 1500 PATROL VEH ID NO 1GNLCDEC1GR358963.  
 ADDITIONAL INFORMATION:  
 COST NEW: 41915 RADIUS: USE: NA .  
 AGE: LIAB-f PHYS-F .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 409.00  
 \$ 1000 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 | 1000 DED              | .   | 339.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,787.00 |

-----  
 VEH NO 25 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KTXDS679323.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 335.00  
 \$ 1000 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 | 1000 DED              | .   | 254.00   |
|           |     | TOTAL VEHICLE PREMIUM | .\$ | 1,628.00 |

-----  
 VEH NO 26 TERR: 114 .  
 2013 RAM 1500 ST ID NO 1C6RR7KT1DS679324.  
 ADDITIONAL INFORMATION:  
 COST NEW: 35095 RADIUS: USE: NA .  
 AGE: LIAB-x PHYS-I .  
 LAW ENFORCEMENT VEH CLASS: 7912 .  
 COVERED AUTOS LIABILITY . \$ 963.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

COMPREHENSIVE ACV 1000 DED . 335.00  
\$ 1000 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 1000 DED . 254.00  
TOTAL VEHICLE PREMIUM . \$ 1,628.00

-----  
VEH NO 27 TERR: 114 .  
2016 CHEVROLET SILVERADO ID NO 1GC1KUEG5GF296913.  
ADDITIONAL INFORMATION:  
COST NEW: 41085 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 687.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 297.00  
\$ 1000 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 1000 DED . 219.00  
TOTAL VEHICLE PREMIUM . \$ 1,279.00

-----  
VEH NO 28 TERR: 114 .  
2016 CHEVROLET COLORADO ID NO 1GCGTDE30G1110678.  
ADDITIONAL INFORMATION:  
COST NEW: 34640 RADIUS: LOCAL USE: SERVICE .  
AGE: LIAB-F PHYS-F .  
LIGHT TRUCK CLASS: 01499 .  
COVERED AUTOS LIABILITY . \$ 662.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 251.00  
\$ 1000 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 1000 DED . 181.00  
TOTAL VEHICLE PREMIUM . \$ 1,170.00

-----  
AS QUOTED ON: 03/04/26 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 29 TERR: 114 .  
 2020 GMC-CHEVY 3500HD ID NO 1GB3WRE78LF216254.  
 ADDITIONAL INFORMATION:  
 COST NEW: 67333 RADIUS: LOCAL USE: SERVICE .  
 AGE: LIAB-B PHYS-B .  
 MEDIUM TRUCK CLASS: 21499 .  
 COVERED AUTOS LIABILITY . \$ 811.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 482.00  
 \$ 1000 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 1000 DED . 399.00  
 TOTAL VEHICLE PREMIUM . \$ 1,768.00

-----  
 VEH NO 30 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG4TC216426.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 31 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG8TC216428.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 32 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFGXTC216429.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26 EXP DATE: 04/01/27

VEH NO 33 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216427.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE

-----  
 VEH NO 34 TERR: 114 .  
 2025 DODGE DURANGO ID NO 1C4RDJFG6TC216430.  
 ADDITIONAL INFORMATION:  
 COST NEW: 113720 RADIUS: USE: NA .  
 AGE: LIAB-2 PHYS-2 .  
 LAW ENFORCE PRIV PASS CLASS: 7911 .  
 COVERED AUTOS LIABILITY . \$ 675.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE 139000 3000 DED . 1,822.00  
 \$ 3000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS  
 COLLISION 139000 3000 DED . 695.00  
 STATED AMOUNT - REFER TO CA9928  
 TOTAL VEHICLE PREMIUM . \$ 3,320.00

SPECIAL INTEREST:  
 07 - LESSOR - ADDITIONAL INSURED/LOSS PAYEE



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
CANNEY CITY

QUOTE NUMBER E153846-04
EFF DATE: 04/01/26 EXP DATE: 04/01/27

PREMIUM SUMMARY

Table with 2 columns: Coverage Type and Amount. Rows include COVERED AUTOS LIABILITY (21,645.00), UNINSURED MOTORISTS (2,660.00), UNDERINSURED MOTORISTS (INCLUDED), COMPREHENSIVE (14,724.00), COLLISION (8,587.00), and TOTAL (47,616.00).

EXCEPT FOR TOWING AND LABOR, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE NAMED BELOW ACCORDING TO THEIR INTERESTS IN THE AUTO AT THE TIME OF THE LOSS

SPECIAL INTERESTS

LOSS PAYEE:

- 02 BANC OF AMERICA, LEASING & CAPITAL, LLC
555 CALIFORNIA ST 4TH FL
SAN FRANCISCO, CA 94104
REFERENCE #
04 DAILMER CHRYSLER SERVICES
NORTH AMERICA LLC
PO BOX 55329
STOCKTON, CA 95205-9095
REFERENCE #
06 COMMUNITY NATIONAL BANK
PO BOX 67
CANNEY, KS 67333-0067
REFERENCE #

LESSOR - ADDITIONAL INSURED/LOSS PAYEE:

- 07 COMMUNITY FIRST NATIONAL
BANK AND/OR ITS ASSIGNS
215 S SETH CHILD RD
MANHATTAN, KS 66502-3089
REFERENCE # CANKS2026-01E

OTHER:

ADDL INSD CA9901 :

- 01 BANK IV LEASING
P.O. BOX 4
WICHITA, KS 67201-0004
REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

QUOTE NUMBER E153846-04  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

ADDL INSD CA9901 :  
03            BANC OF AMERICA, LEASING  
              & CAPITAL , LLC  
              555 CALIFORNIA ST 4TH FL  
              SAN FRANCISCO, CA    94104  
              REFERENCE #

ADDL INSD CA9901 :  
05            DAIMLER CHRYSLER SERVICES  
              NORTH AMERICA LLC  
              PO BOX 55329  
              STOCKTON, CA    95205-9095  
              REFERENCE #



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

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 LIABILITY COVERAGE | HIRE FOR ALL STATES | RATE | PREMIUM |
|---|---------------------|------|---------|
|---|---------------------|------|---------|

|  |    |        |     |    |        |
|--|----|--------|-----|----|--------|
| EXCESS   | KS | IF ANY | 100 | \$ | 172.00 |
| 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 |  |  |  | \$    | 172.00 |

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY

| NUMBER OF EMPLOYEES |    |        | PREMIUM |
|---------------------|----|--------|---------|
| 26 - 100            | \$ | 516.00 |         |

|   |  |  |       |        |
|---|--|--|-------|--------|
|   |  |  | ----- |        |
| TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM |  |  | \$    | 516.00 |



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER E153846-04  
EXP DATE: 04/01/27

ENDORSEMENT PREMIUM DETAIL

| ENDORSEMENTS                            | CLASS | PREMIUM   |
|---|-------|-----------|
| Auto Elite Extension Muni &/Or Vol Fire | 8580  | \$ 500.00 |

# Commercial Auto

## Coverage Highlights CA7450



EMC's Elite Commercial Auto Extension CA7450 is available for most policies.

| <b>Commercial Auto Coverage</b>                      | <b>CA7450</b>   |
|--|---|
| Airbag Accidental Discharge                          | Included; mechanical breakdown exclusion does not apply                   |
| Audio, Visual, Electronic Equipment Coverage         | \$5,000 limit   |
| Auto Loan Lease Gap Coverage                         | \$10,000; \$500 max for fees and penalties                                |
| Autos Rented or Hired by Employees                   | Included  |
| Blanket Additional Insureds                          | Written agreement   |
| Blanket Waiver of Subrogation                        | Included  |
| Business Auto Conditions                             | Included  |
| Duties in event of accident                          | Included  |
| Unintentional failure to disclose exposures          | Included  |
| Data Electronic Equipment                            | \$5,000   |
| Employees as Additional Insureds                     | Included  |
| Extra Expense for Stolen Auto                        | \$1,000 limit   |
| Fellow Employee                                      | Included  |
| Glass Repair or Replacement                          | No deductible glass repair;<br>\$500 glass replacement                    |
| Hired Auto Physical Damage                           | \$100,000 limit   |
| Hired Auto Physical Damage Lessors Loss              | \$1,000   |
| Liberalization                                       | Automatic revisions   |
| Lockout/Key Expense (including electronic)           | \$250 private passenger   |
| Loss of Two or More Covered Autos Same Accident      | 2X Highest Deductible   |
| Mental Anguish                                       | Included in definition of "bodily injury"                                 |
| Newly Formed or Acquired Organizations               | Up to 180 days after acquisition  |
| Personal Effects                                     | \$500 limit   |
| Personal Property of Others                          | \$500 limit   |
| Primary and NonContributory Other Insurance          | Included  |
| Rental Reimbursement: Not theft                      | \$75 day; 30 days; \$2,250 max  |
| Replacement Cost on New Autos                        | Included; if less than 180 days   |
| Subsidiaries as Insureds                             | When you own 50% of the voting stock on the effective date of this policy |
| Supplementary Payments                               | \$5,000 for bail bonds; \$500 loss of earnings                            |
| Temporary Substitute Autos: Physical damage coverage | Included  |
| Towing   | \$100 private passenger type;<br>\$500 other than private passenger type  |
| Transportation Expense: For total theft              | \$75 per day; \$2,500 max   |
| Vehicle Wrap Coverage                                | \$2,000   |
| Vehicle Tracking                                     | Included; 50% Comprehensive Deductible                                    |

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: J153846-14

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 03/10/26 to 04/24/26
Proposed Policy Period: From 04/01/26 to 04/01/27
(Quote may be subject to change)

P R E P A R E D F O R : P R E S E N T E D B Y :
CITY OF CANEY Acrisure Midwest Partners Ins
PO BOX 129 Svcs LLC
CAN EY KS 67333-0129 PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

Insured is MUNICIPAL Business Desc: MUNICIPALITY

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

Each Occurrence Limit (Liability Coverage) \$ 1,000,000
Personal & Advertising Injury Limit \$ 1,000,000
(Any one person or organization)
Aggregate Limit (Liability Coverage) \$ 1,000,000
(except with respect to "covered autos")

PREMIUM NOT SUBJECT TO AUDIT \$ 5,636.00

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



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-14

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## COMMERCIAL UMBRELLA POLICY QUOTE

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION   | PREMIUM |
|----------|-----------------|--|---------|
| CU0001   | 04-13           | COMM LIABILITY UMBRELLA COV FORM   |         |
| CU0005   | 12-23           | EXCL-VIOLATION/LAW ADDRESSING DATA   |         |
| *CU0006  | 01-26           | EXCLUSION - WAR  |         |
| CU0133   | 01-16           | KANSAS CHANGES   |         |
| CU0210   | 09-00           | KS CHANGES - CANCELLATION & NONRENEW   |         |
| CU2100   | 09-00           | EXCL-HAZ IN CONNECT WITH DESIGN PREM<br>DESCRIPTION AND LOCATION ON PREMISES:<br>410 S STATE, CANEY KS<br>302 S SPRING, CANEY KS<br>100 E TAYLOR, CANEY KS<br>502 N MAIN, CANEY KS |         |
| 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  |         |
| CU2176   | 12-07           | KS SILICA/RELATED DUST EXCL O/T AUTO   |         |
| CU2186   | 12-23           | EXCL-ACCESS/DISCL OF CONFID/PERSONAL   |         |
| CU2209   | 04-13           | EXCL - FAILURE TO SUPPLY   |         |
| CU2225   | 09-18           | EXCL-EMRGNCY VEH-VOL FIREFIGHTER INJ   |         |
| CU3444   | 09-22           | BROAD ABUSE OR MOLESTATION EXCLUSION   |         |
| CU3454   | 05-23           | EXCL PERFLUOROALKYL/POLYFLUROALKYL   |         |
| CU3456   | 12-23           | CYBER INCIDENT   |         |
| CU7001A  | 11-15           | SCHED OF PRIMARY INS - AUTOMATED   |         |
| CU7276   | 03-21           | COMMERCIAL UMBRELLA AMENDMENT OF COV   |         |
| CU7290.1 | 10-23           | LINEBACKER PUBLIC OFFICIALS/EPL END<br>PUBLIC OFFICIALS WRONGFUL ACT<br>AND EMPLOYMENT PRACTICES LIABILITY<br>RETROACTIVE DATE: 04/01/1988   |         |
| CU7293   | 08-06           | FOREIGN EXPOSURE FOLLOWING FORM  |         |
| CU7294   | 08-06           | GOV SUB HAZARDS RESTRICTIVE END  |         |
| CU7299   | 08-06           | EXCLUSION - LEAD   |         |
| CU7346.1 | 11-20           | COMMUNICABLE DISEASE EXCLUSION   |         |
| CU7347.1 | 11-20           | COMMUNICABLE DISEASE EXCLUSION   |         |
| CU7404.1 | 10-08           | UMBRELLA LIAB AMEND - FOLLOW FORM  |         |
| CU7441   | 05-19           | EXCLUSION-VIOLENT EVENT RESPONSE COV   |         |
| CU7462   | 04-15           | KS-TORT CLAIMS ACT ENDORSEMENT   |         |
| CU7464   | 07-15           | LAW ENFORCEMENT LIABILITY  |         |
| CU7483   | 03-20           | SILICA OR SILICA-RELATED DUST EXCL   |         |
| CU7486   | 10-22           | CANNABIS EXCL/EXCP RETAIL SALES CBD  |         |
| CU7487   | 07-23           | ABUSE OR MOLESTATION LIAB SUB/OCCUR<br>ABUSE OR MOLESTATION LIABILITY SUBLIMIT<br>WITHIN POLICY LIMIT<br>ABUSE OR MOLESTATION LIABILITY EACH<br>OCCURRENCE LIMIT: \$1,000,000      |         |

AS QUOTED ON: 03/10/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J153846-14

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

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

=====  
ENDORSEMENT SCHEDULE

| FORM      | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM     |
|-----------|-----------------|-------------------------------------|-------------|
|           |                 | ABUSE OR MOLESTATION LIABILITY      |             |
|           |                 | AGGREGATE LIMIT:                    | \$1,000,000 |
| 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                  |             |
| IL7605    | 01-19           | KANSAS COMPANY ELIMINATION          |             |
| IL8383.2A | 12-20           | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 56       |
| IL8384A   | 01-08           | TERRORISM NOTICE                    |             |

AS QUOTED ON: 03/10/26



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CITY OF CANEY

QUOTE NUMBER: J153846-14  
EFF DATE: 04/01/26      EXP DATE: 04/01/27

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

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For additional information, please contact your agent

AS QUOTED ON: 03/10/26

**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.**

D I S C L O S U R E   P U R S U A N T   T O  
T E R R O R I S M   R I S K   I N S U R A N C E   A C T

S C H E D U L E

Terrorism Premium (Certified Acts)    \$56.00

**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
CANBY CITY

Quote Number: J153846-14
Eff Date: 04/01/26 Exp Date: 04/01/27

COMMERCIAL UMBRELLA SCHEDULE

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RETAINED LIMIT

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

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Commercial General Liability

Company: EMC Property & Casualty Company

Policy Number: BCPN712 Policy Period: 04/01/26 to 04/01/27

Occurrence Basis

Minimum Applicable Limits

Table with 2 columns: Description and Amount. Rows include General Aggregate (\$2,000,000), Products-Completed Operations Aggregate (\$2,000,000), Personal and Advertising Injury (\$1,000,000), and Each Occurrence (\$1,000,000).

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Employers Liability

Company: Employers Mutual Casualty Company

Policy Number: BCPZ620 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

Table with 2 columns: Description and Amount. Rows include Bodily Injury by Accident (\$500,000 Each Accident), Bodily Injury by Disease (\$500,000 Each Employee), and Bodily Injury by Disease (\$500,000 Policy Limit).

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Commercial Auto Liability

Company: Employers Mutual Casualty Company

Policy Number: E153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

Table with 2 columns: Description and Amount. Row includes Covered Auto Liability (\$1,000,000 Each Accident).

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**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

Quote Number: J153846-14  
Eff Date: 04/01/26 Exp Date: 04/01/27

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company  
Policy Number: K153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

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

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Law Enforcement Liability

Company: Employers Mutual Casualty Company  
Policy Number: G153846 Policy Period: 04/01/26 to 04/01/27

Minimum Applicable Limits

\$ 1,000,000 Each Occurrence  
\$ 2,000,000 Aggregate  
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CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CRIME AND FIDELITY COVERAGE PART
QUOTATION (GOVERNMENT ENTITIES)

QUOTATION IS VALID: FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

PREPARED FOR: PRESENTED BY:

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: INSURING AGREEMENTS and PREMIUM. Rows include EMPLOYEE THEFT - BLANKET (PER LOSS) at 286.00, FORGERY OR ALTERATION - NEGOTIABLE INSTRUMENTS at 53.00, INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES at 76.00, INSIDE THE PREMISES - ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY at 35.00, OUTSIDE THE PREMISES at 9.00, and TOTAL POLICY PREMIUM at 459.00.



# CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F153846-01

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

## G O V E R N M E N T C R I M E P O L I C Y Q U O T E

### ENDORSEMENT SCHEDULE

| FORM     | EDITION<br>DATE | DESCRIPTION/ADDITIONAL INFORMATION  | PREMIUM |
|----------|-----------------|---|---------|
| CR0025   | 06-22           | GOVT. CRIME COV. FORM - LOSS SUST.  |         |
| CR0104   | 06-22           | KANSAS CHANGES  |         |
| CR0161   | 10-10           | KANSAS CHANGES - BINDING ARBITRATION  |         |
| CR0750   | 06-22           | AMENDMENT-DELETE PROV REGARD TERROR   |         |
| CR2042   | 05-23           | EXCL. DIGITAL TOKENS & OTHER ELEC.  |         |
| CR2502   | 06-22           | INCL DESIGNATED AGENTS AS EMPLOYEES   |         |
| CR2508   | 06-22           | INC SPEC NON-COMP OFFICERS AS EMP<br>ALL BOARD MEMBERS EXCLUDING<br>TREASURER |         |
| CR2519   | 06-22           | ADD FAITHFL PERF OF DUTY COV FOR GOV<br>PER LOSS LIMIT: \$130,000             |         |
| 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)  |         |
| CRTC25   | 06-22           | GOVERNMENT CRIME COV. TABLE OF CONT.  |         |
| IL0017   | 11-98           | COMMON POLICY CONDITIONS  |         |
| IL0160   | 01-16           | KS CHGS/CONCEALMENT, MISREPRSNT, FRAUD  |         |
| IL0261   | 09-07           | KS 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   |         |
| *IL7604  | 01-19           | KANSAS COMPANY ELIMINATION  |         |

AS QUOTED ON: 12/29/2025



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
CANEY CITY

EFF DATE: 04/01/26

QUOTE NUMBER: F153846-01  
EXP DATE: 04/01/27

CRIME AND FIDELITY COVERAGE PART  
QUOTATION SCHEDULE (GOVERNMENT ENTITIES)

| DESCRIPTION   | DED<br>(PER OCCURRENCE) | LIMIT<br>(PER OCCURRENCE) |
|---|-------------------------|---------------------------|
| EMPLOYEE THEFT - BLANKET (PER LOSS)                                 | \$ 3,000                | \$ 130,000                |
| FORGERY OR ALTERATION -<br>NEGOTIABLE INSTRUMENTS                   | \$ 3,000                | \$ 130,000                |
| INSIDE THE PREMISES - THEFT OF MONEY<br>& SECURITIES                | \$ 2,500                | \$ 75,000                 |
| INSIDE THE PREMISES - ROBBERY OR SAFE<br>BURGLARY OF OTHER PROPERTY | \$ 2,500                | \$ 75,000                 |
| OUTSIDE THE PREMISES  | \$ 2,500                | \$ 75,000                 |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K153846-01

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

QUOTATION IS VALID FROM 12/29/25 TO 04/01/26
PROPOSED POLICY PERIOD: FROM 04/01/26 TO 04/01/27

P R E P A R E D F O R : P R E S E N T E D B Y :
CITY OF CANEY Acrisure Midwest Partners Ins
PO BOX 129 Svcs LLC
CAN EY KS 67333-0129 PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL BUSINESS DESC: MUNICIPALITY

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: 04/01/88
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (UNLIMITED)

Table with 2 columns: Description and Amount. Rows include: EACH LOSS (\$ 1,000,000), AGGREGATE FOR EACH POLICY TERM (\$ 2,000,000), INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) (\$ 2,000)

TOTAL ADVANCE PREMIUM \$ 8,469.00

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: 12/29/2025



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: G153846-02

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

Quotation is Valid From 01/09/26 to 04/01/26
Proposed Policy Period: From 04/01/26 to 04/01/27

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

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

CITY OF CANEY
PO BOX 129
CANEY KS 67333-0129

Acrisure Midwest Partners Ins
Svcs LLC
PO BOX 510187
NEW BERLIN WI 53151-0187

AGENCY BILL

AGENT: AL 7428
AGENT PHONE: (620)879-2311

INSURED IS: MUNICIPAL

BUSINESS DESC: MUNICIPALITY

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

Table with 2 columns: Limit Description and Amount. Rows include: Each Occurrence (\$ 1,000,000), Aggregate Limit (\$ 2,000,000), Medical Expense (Any one person) (\$ 5,000), Deductible Per Occurrence (\$ 2,500).

TOTAL POLICY PREMIUM \$ 7,916.00

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



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: G153846-02

CITY OF CANEY

EFF DATE: 04/01/26

EXP DATE: 04/01/27

LAW ENFORCEMENT POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Rows include various policy forms like IL7004, IL7012, LE7001A, etc., with descriptions and a premium of \$155 for LE7001A.

AS QUOTED ON: 01/09/26

