

**COMMERCIAL PACKAGE POLICY DECLARATIONS – OCCURRENCE FORM**

<b>INSURANCE COMPANY:</b> Lyndon Southern Insurance Company <b>NAMED INSURED:</b> Drop Tine Design <b>ADDRESS:</b> 501 Main St 261, Colome, SD 57528 <b>POLICY PERIOD:</b> 03/23/2023 TO 03/23/2024 12:01 A.M. Standard Time at the Address of The Certificate Holder	<b>POLICY NUMBER:</b> FVP1019803-00 <b>ISSUED DATE:</b> 03/22/2023
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GENERAL LIABILITY LIMITS OF INSURANCE		
General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	INCLUDED
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You Limit	\$	300,000 Any One Premises
Medical Expense Limit	\$	5,000 Any One Person

INLAND MARINE LIMITS OF INSURANCE - <input checked="" type="checkbox"/> Coverage only applies when checked and premium indicated below.		
Any One Item	\$	5,000
Aggregate Limit	\$	30,000
Inland Marine Deductible	\$	250

**FORMS AND ENDORSEMENTS** applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule SCH OF FORMS (01 2018).

<b>TYPE OF BUSINESS:</b> <input checked="" type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:
<b>BUSINESS DESCRIPTION:</b> Videographer
<b>GENERAL LIABILITY PREMIUM:</b> \$75.00 <b>INLAND MARINE PREMIUM:</b> \$132.00 <b>BROKER FEE:</b> \$64.00 <b>TOTAL COST OF INSURANCE:</b> \$271.00 <i>(100% Earned/Non-Refundable)</i> <i>Total Cost Includes Premiums, Taxes and Fees</i>

Mandatory Forms and Endorsement		
CG 00 01	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 09	06/15	EXCLUSION - UNMANNED AIRCRAFT
CG 21 32	05/99	COMMUNICABLE DISEASE EXCLUSION
CG 21 47	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 53	01/96	EXCLUSION - DESIGNATED ONGOING OPERATIONS
CG 21 67	12/04	FUNGI OR BACTERIA EXCLUSION
FCG 77 94	07/98	EXCLUSION - LIABILITY ARISING OUT OF LEAD
FCG 83 66	05/05	NUCLEAR, BIOLOGICAL OR CHEMICAL EXCLUSION
FCG 83 74	11/05	WELDING AND CUTTING OPERATIONS EXCLUSION
FCG 84 71	06/13	EXCLUSION - PROFESSIONAL SERVICES
FCG 84 79	01/10	ASSAULT AND BATTERY EXCLUSION
FCG 84 80	01/10	EMPLOYERS LIABILITY EXCLUSION
FCG 87 35	02/11	EXCLUSION OF CLAIMS AND SUITS ALLEGING INFRINGEMENT OF INTELLECTUAL PROPERTY

IL 00 21	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CG 01 44	10/11	SOUTH DAKOTA CHANGES
CG 21 06	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
IL 02 32	09/08	SOUTH DAKOTA CHANGES – CANCELLATION AND NONRENEWAL
IL 09 35	07/02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
CM 00 01	09/04	COMMERCIAL INLAND MARINE CONDITIONS
FCM 00 20	01/17	COMMERCIAL ARTICLES COVERAGE FORM
FCM 26 01	12/17	PROPERTY USUALLY CARRIED BY YOU
CM 02 07	10/11	SOUTH DAKOTA CHANGES
IL 01 84	09/07	SOUTH DAKOTA CHANGES – APPRAISAL
CG 21 71	01/15	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES


Optional Forms – Coverages Applies When Checked			
<input type="checkbox"/>	CG 2001	04/13	PRIMARY AND NON-CONTRIBUTORY – OTHER INSURANCE CONDITION
<input type="checkbox"/>	CG 2404	05/09	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHER TO US
<input type="checkbox"/>	CG 2026	04/13	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
<input type="checkbox"/>	CG 2010	04/13	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
<input type="checkbox"/>	CG 2011	04/13	ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES
<input type="checkbox"/>	CG 8802	11/85	HIRED AUTO AND NON-OWNED AUTO LIABILITY

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL PACKAGE LIABILITY INSURANCE POLICY. A COPY OF THE COMMERCIAL PACKAGE LIABILITY INSURANCE POLICY ACCOMPANIES THIS DECLARATION. ADDITIONAL COPIES WILL BE PROVIDED TO THE POLICY HOLDER UPON REQUEST. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

**CLAIMS/INCIDENTS REPORTING**  
 Full detail of any incident should be sent immediately by email to [claims@vopins.com](mailto:claims@vopins.com) or by letter to Veracity Insurance Solutions, 260 South 2500 West, Suite 303, Pleasant Grove UT 84062.  
***NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING***

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

  
 \_\_\_\_\_  
 President

  
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 Secretary

**Program Administrator:**  
 Veracity Insurance Solutions, LLC  
 260 South 2500 West, Suite 303  
 Pleasant Grove UT 84062  
 888.568.0548  
[info@fullframeinsurance.com](mailto:info@fullframeinsurance.com)

