## **Note About Loss Control**

Dear Valued Policyholder,

Slips, trips and falls are among the most frequent causes of loss. What might surprise you is that, many times, they result in claims and judgments in the hundreds of thousands of dollars, which ultimately impact your insurance premium. In most instances, these claims can be lessened or prevented entirely simply by addressing the most common causes of such losses listed below.

### MMestCommorCasses

<ul><li>Spills, wet or icy walking s</li></ul>	g surraces
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- Uneven or worn floors/carpets/steps/sidewalks
- Inadequate or poorly maintained lighting
- Obstructed views
- Poor housekeeping Excess clutter/trash in walkways or near open flames or hot surfaces

We encourage you to please take the time to periodically inspect your premises to see if any of these conditions exist and work to eliminate them where possible. Your efforts may save you money on future insurance premiums and, quite possibly, save your business.

Thank you for choosing and trusting us to help protect your business!

<sup>3</sup>An ounce of prevention is worth a pound of cure. Benjamin Franklin

Regards,

Thomas P. Nerney
Chairman, President, & CEO

NPP

Renewal of Number

POLICY DECLARATIONS

### U.S. Underwriters Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087 A Member Company of United States Liability Insurance Group

No. NPP

NAMED INSURED AND ADDRESS: Knights of Columbus Delaware State Counsel KofC DE State Council Gerry Safranski 449 Coldspring Run Newark, DE 19711 This insurance contract is issued pursuant to the Delaware Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Delaware Insurance Department. This insurer does not participate in insurance guaranty funds created by state law. In the event of insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

POLICY PERIOD: (MO. DAY YR.) From: 01/28/2018 To: 01/28/2019

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Non-Profit Corporation

BUSINESS DESCRIPTION: Non Profit Fraternal Club

# IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

**PREMIUM** 

Commercial Liability Coverage Part

Wholesaler Broker Fee Surplus Lines Tax TOTAL:

For Councils and Assemblys that require an individual C.O.I Certificate of Insurance, contact Gerry Safranski.

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue See Endorsement EOD (1/95)

Agent: GATEWAY UNDERWRITERS AGENCY, INC. (1103)

2458 Old Dorsett Road, Suite 110 Maryland Heights, MO 63043

Broker: NEW CASTLE INSURANCE, LTD.

621 Delaware Street New Castle, DE 19720 Issued: 01/19/2018 10:00 AM

Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

### COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. NPP Effective Date: 01/28/2018

12:01 AM STANDARD TIME

\$0

LIMITS OF INSURANCE

Each Occurrence Limit\$1,000,000Personal & Advertising Injury Limit (Any One Person/Organization)\$1,000,000Medical Expense Limit (Any One Person)\$5,000Damages To Premises Rented To You (Any One Premises)\$100,000Products/Completed Operations Aggregate LimitIncluded

General Aggregate Limit \$2,000,000

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location Address Territory

1 2300 Pennsylvania Ave., Wilmington, DE 19806 001

PREMIUM COMPUTATION

LIABILITY DEDUCTIBLE

Rate Advance Premium Loc Classification Code No. Premium Basis Pr/Co All Other Pr/Co All Other Additional Insured - Club Members 49950 Included Included 1 1 Flat 0.000 Included 1 Clubs - civic, service or social - no buildings or 41670 600 Per Member Included 1.292 Included premises owned or leased except for office purposes-Not-For-Profit only

MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:

TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: (This Premium may be subject to adjustment.) MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.