Old Language	New Language	Explanation of Proposed Changes	Impact
AGREEMENT This policy, subject to all of it's ***terms***, provides insurance against covered loss to described property, ***business*** liability insurance and other described coverages during the policy period in return for payment of the ***required premium***. The policy consists of this Agreement, the Declarations, Supplemental Declarations, the General Policy Provisions and any forms or endorsements made part of it, including any State mandated endorsements. Each part is subject to all of the policy ***terms*** relating to it, including the ***terms*** applicable to the entire policy. Endorsements attached to this policy which increase existing coverage or add new coverage may result in a premium increase. Electing increased deductibles, coverage limiting endorsements or exclusionary endorsements may result in a reduction of premium. It is recommended that ***you*** read and understand this contract and retain it for future reference. The Table Of Contents shows the policy format. The coverage(s) ***you*** selected are shown on the Declaration Page or other attachments comprising a part of this policy. **TABLE OF CONTENTS** Page no. Agreement- Property Insurance 1 General Policy Provisions 2 Definitions 2-3 Covered Causes of Loss 3 Principal Coverages 3-8 Incidental Coverages 8 Exclusions That Apply 8-10 Conditions That Suspend Insurance 10 How Much ***We*** Pay for Loss or Damage 10-11 Payment of Loss or Claim 11 What ***you*** Must Do in Case of Loss 12 Policy Conditions 12-18 Premises Medical Payments 6-8 General Liability Coverage Introduction 8 Applicable General Liability Form Att.	**WHAT *WE* COVER** In addition to any property or liability coverage otherwise provided by ***your*** policy, ***we*** provide the coverages shown in this policy form. These coverages are subject to the ***terms*** contained in the General Policy Provisions, the Causes of Loss form(s) and, if applicable, the General Liability Coverage form of ***your*** policy. In the event of a conflict between the provisions contained elsewhere in ***your*** policy and this policy form, the provisions of this policy form will prevail. Unless otherwise stated in this policy form, the coverages provided in this policy form are additional insurance. The amount ***we*** pay for any one covered property loss will not exceed the amount of insurance specified for that loss by this policy form, unless otherwise stated in the Declarations of ***your*** policy. The amount ***we*** pay for any one covered liability loss will not exceed the limit of liability specified for that loss by this policy form, unless otherwise stated in the Declarations of ***your*** policy. Unless otherwise stated in this policy form, a $500 deductible applies to the property coverages contained in this policy form. If more than one deductible contained in ***your*** policy is applicable to the loss, then the highest of any applicable deductible will prevail.	1. What We Cover on new form makes clear the coverages in this form are in addition to any property or liability coverage otherwise provided by your policy. 2. In the previous program, the Table Of Contents indicated all terms and conditions to make SF-511 its own policy agreement was included in the form. This is no longer the case with the new form. The SF-20 will instead be used for policy terms and conditions. This will also provide the insured the benefit of the Incidental Coverages already in the SF-20. 2a. Table of Contents is not used in the new form. Sections shown in the old Table Of Contents not repeated for the new form: • Covered Causes of Loss: The insured uses one of the Causes of Loss form. • Incidental Coverages – The insured now gets the much broader Incidental Coverages in SF-20 • Exclusions That Apply – Exclusions are now subject to the chosen Causes of Loss form. 2b. The following sections are referenced in the SF-20 attached to the policy and do not need to be repeated: • How Much ***We*** Pay for Loss or Damage • Payment of Loss or Claim • What ***you*** Must Do in Case of Loss	1. Broaden 2. Broaden 2a. Broaden 2b. Clarification

Old Language	New Language	Explanation of Proposed Changes	Impact
		• Policy Conditions 2c. Conditions That Suspend Insurance was eliminated	Broaden
Additional Causes of Loss Sections Att. Endorsements-See endorsements (if any) attached to this policy. In addition to any other coverage shown: 1. on the Declarations Page; 2. on the Supplemental Declarations Page; 3. on the General Policy Provisions, General Liability Coverage; 4. on any other endorsements attached to this policy; ***We*** provide the following additional coverages subject to the ***terms*** contained in the General Policy Provisions. The total amount recoverable under the Additional Coverages, listed below or listed on any other form made part of this policy, is not cumulative and is limited to the amounts shown.		**Coverages** 3. Coverage B. Additional Expense is a newly added coverage 4. Coverage 3. Business Property coverage eliminated from new form because coverage for business property will come from Coverage B-Business Property in SF-20.	3. Broaden 4. Clarification
This policy applies to the twelve property and liability coverages described below: 1. Accounts Receivable; 2. ***Business*** Credit Card, Forgery and Counterfeit Money; 3. ***Business*** Property; 4. Debris Removal; 5. Employee Dishonesty; 6. Money and Securities; 7. Property of Others; 8. Tools & Equipment off premises; 9. Valuable Papers and Records; 10. While Away from the ***insured premises***; 11. Medical Payments; and 12. Manufacturers' & Contractors' Liability.	The following property coverages apply to this policy form: A. Accounts Receivable B. ***Additional Expense*** C. ***Business*** Credit Card, Debit Card, Forgery And Counterfeit ***Money*** D. ***Business*** Property Off Premises E. ***Business*** Property Of Others And Customer Goods F. Debris Removal G. ***Employee*** Dishonesty H. ***Money*** And ***Securities*** I. Tools And Equipment Off Premises J. Valuable Papers And Records The following liability coverage applies to this policy form: A. Medical Payments	5. Coverage 10. While Away From The Insured Premises was eliminated. The coverage is still available as an Incidental Coverage in the SF-20 for potentially higher coverage amounts when policy requirements are met. In the new form Business Property Off Premises coverage was added to provide similar coverage.	5. Clarification
The following coverages DO NOT APPLY to ***your*** policy unless noted on the face of the Supplemental Declarations and the appropriate premium has been paid. Optional Craftsmans' Coverages (property and liability): 1. Builders' Risk Forms 1. ***Products/Completed Operations*** (LS-42)		6. Coverage 12. Manufacturers' & Contractors' Liability was removed. The insured will add whichever liability coverage they wish.	6. Clarification

Old Language	New Language	Explanation of Proposed Changes	Impact
2. Computer Floater 2. Owners & Contractors Protective Liability (LS-8) 3. Contractors' Equipment Floaters 3. Fire Legal Liability (LS-48) 4. Installation Floaters 4. ***Personal Injury*** Liability (LS-49) 5. Loss of Earnings 6. Storage Buildings & Contents Optional Liability Coverage Upgrades 7. Tenant's Improvements 1. BGL (with increased limits) (LS-5) 8. Tools & Equipment Floaters 2. BGL-Extra (with increased limits) (LS-6) Other forms may be made available for use with this policy.		7. Optional Craftmans Coverages were removed from the new form. These coverages are all still available, but we did not think it necessary to provide this section to avoid confusion for future products that may be developed. We also did not wish to convey these were the only optional coverages available.	7. Clarification
DEFINITIONS-The following definitions apply to this policy: 1. The words ***you*** and ***your*** refer to the person or entity named in the Declarations and the words ***we***, ***us*** and ***our*** refer to the insurance company named in the Declarations. 2. ***Business*** means a trade, profession or other occupation including farming, all whether full or part time. 3. ***Covered Policy*** means a policy of commercial risk insurance, professional liability insurance or public entity insurance. 4. ***Insured*** means the person or entity named in the Declarations a. ***Insured*** means ***you*** or ***your*** legal representative. However, ***your*** legal representative is an ***insured*** only with respect to property covered by this insurance. b. Each person listed above is a separate ***insured*** under this policy but, this does not increase ***your*** amount of insurance under this policy. 5. ***Insured Premises*** a. If ***you*** own the building described in the Declarations, the ***Insured premises*** means the building and the grounds at that location described in the policy. b. If, at the location described in the policy, ***you*** lease the entire building or a portion of the building, ***insured premises*** means the parts of the described premises which are used or	**DEFINITIONS** The following definitions apply to this policy form: 1. ***Additional expense*** means expenses ***you*** incur during the ***period of restoration*** in order to minimize or avoid a partial or full cessation of ***your business*** that are necessary to continue ***your*** operations, either at the ***insured premises*** or at a temporary location, including expenses to relocate and equip the temporary premises. 2. ***Medical expense*** means expenses for reasonable and necessary medical, surgical, x-ray, ambulance, hospital, prescriptions, professional nursing, funeral costs, prosthetic devices, dental, eyeglasses, contact lenses, and first aid at the time of an accident. 3. ***Period of restoration***: a. Means the time period that commences immediately at the time when accidental direct physical loss or damage to covered property results from a covered cause of loss at the ***insured premises***. b. Ends at the earliest of: 1) The date when the loss or damage at the ***insured premises*** should be repaired, rebuilt or replaced with reasonable speed with like kind and quality materials; or 2) The date when ***business*** is resumed at a new permanent location. c. Does not include the increased time necessary due to any ordinance or law being enforced.	1. From old language definitions 1, 2, 4, 5, 6, 7, 8, 9, 10 are already included in the SF-20 or cancellation provisions URB-COMM-CANC and do not need to be repeated in this form. Definition 3. is no longer used. 2. In new language, the definitions were removed from the individual coverages and put all together in the Definitions section. Definitions 1 and 3 are new as they only appear in Additional Expense which is a newly added coverage.	1. Clarification 2. Broaden

Old Language	New Language	Explanation of Proposed Changes	Impact
occupied exclusively by ***you***. 6. ***Nonpayment of Premium*** means the failure of the named ***insured*** to discharge any obligation in connection with the payment of premiums on a policy of insurance or any installment of such premium, whether the premium is payable directly to an insurer or it's agent or indirectly under any premium finance plan or extension of credit. Payment to an insurer, or to an agent or broker authorized to receive such payment shall be timely if made within fifteen days after the mailing to the ***insured*** of a notice of cancellation for ***nonpayment of premium***. 7. ***Renewal*** or ***to Renew*** means the issuance, or offer to issue by an insurer, of a policy superseding a policy previously issued and delivered by the same insurer, or another insurer within the same group or under common management, or the issuance or delivery of a certificate or notice extending the term of a policy beyond its policy period or term. However, any policy with a policy period or term of less than one year shall be considered as if written for a policy period or term of one year, and any policy with no fixed expiration date or with a policy period or term of more than one year shall be considered as if written for successive policy periods of one year. 8. ***Required Policy Period*** means a period of one year from the date a ***covered policy*** is ***renewed*** or first issued. 9. ***Stock*** means merchandise held in storage or for sale, raw materials, and in-process or finished goods, including supplies used in their packing or shipping. 10. ***Terms*** as used in this policy means provisions, limitations, exclusions, definitions and conditions.			
ACCOUNTS RECEIVABLE. What ***We*** Pay For: ***We*** pay up to $1000 for loss or damage to Accounts Receivable caused by covered causes of loss occurring on the described premises. What ***We*** Do Not Pay For: ***We*** do not pay for:	**A. ACCOUNTS RECEIVABLE** 1. **WHAT *WE* PAY FOR** ***We*** pay up to $1,000 for accidental direct physical loss or damage to ***your*** records of accounts receivable on the ***insured premises*** resulting from a covered cause of loss. ***We*** pay for: a. Any amounts due to ***you*** from ***your*** customers that ***you*** are unable to collect;	**<u>What We Pay For</u>** 1. Changed described premises to insured premises as it's a defined term that better explains where coverage applies. 2. Added a-d for additional exposures covered under this coverage.	1. Clarification 2. Broaden

Old Language	New Language	Explanation of Proposed Changes	Impact
1. loss due to any fraudulent, dishonest or criminal act by any ***insured***, a partner, or an officer, director or trustee, while working or otherwise and whether acting alone or in concert with others; 2. loss due to bookkeeping, accounting or billing errors or omissions; 3. loss, the proof of which as to factual existence, is dependent upon an audit or inventory computation. This shall not prevent the use of such procedures in support of a claim for loss which the ***insured*** can prove, through evidence wholly apart from an audit or an inventory, is due solely to a risk of loss of records of accounts receivable but not otherwise excluded under this policy; 4. loss due to alteration, falsification, manipulation, concealment, destruction or disposal of records of accounts receivable committed to conceal the wrongful giving, taking, obtaining or withholding of money, securities or other property but only to the extent of such wrongful giving, taking, obtaining or withholding; 5. loss due to electrical or magnetic injury, disturbance or erasure of electronic recordings, except by lightning; 6. loss due to nuclear reaction, nuclear radiation or radioactive contamination, or any other act or condition incident to them; or 7. loss caused by or resulting from: a. hostile or warlike action in time of peace or war, including action in hindering, combatting or defending against an actual, impending or expected attack by: 1) any government or sovereign power, or by any authority maintaining or using military, naval or airforces; or 2) military, naval or airforces; or 3) an agent of any such government, power, authority or forces; b. any weapon of war employing atomic fission or radioactive force whether in time of peace or war; or c. insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authority in hindering,	b. Interest charges on any loan ***you*** are required to take out to offset an amount of accounts receivable ***you*** are unable to collect; c. Excess collection expenses that become reasonable and necessary as a result of direct loss or damage to ***your*** accounts receivable; and d. Any other reasonable expenses ***you*** incur to recreate ***your*** accounts receivable records. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: a. Loss due to bookkeeping, accounting, billing errors or omissions; b. Loss for which the proof is solely dependent upon an audit of records or an inventory computation. This will not prevent the use of such procedures in support of a claim for loss which the ***insured*** can prove, through evidence wholly apart from an audit of records or an inventory; c. Loss due to alteration, falsification, manipulation, concealment, destruction or disposal of records of accounts receivable committed to conceal the wrongful giving, taking, obtaining or withholding of ***money***, ***securities*** or other property, however, only to the extent of such wrongful giving, taking, obtaining or withholding; d. Loss for probable bad debts which would normally have been uncollectible by the ***insured***; e. Loss for unearned interest and service charges; or f. Loss due to electrical or magnetic damage, disturbance or erasure of electronic recordings, except by lightning. 3. **DETERMINATION OF RECEIVABLES** When there is proof that an accounts receivable loss covered by this policy form has occurred, but, the ***insured*** cannot accurately establish the	**What We Do Not Pay For** 3. Exclusions 1, 6, 7 from old language removed. 4. Exclusions d, e, in new language are newly introduced to account for added coverages in What We Pay For a-d. 5. Determination of Receivables is a new section to clarify how to calculate the loss.	3. Broaden 4. Restriction 5. Clarification

Old Language	New Language	Explanation of Proposed Changes	Impact
combatting or defending against such an ***occurrence***, seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade.	total amount of accounts receivable outstanding as of the date of such loss, such amount will be based on the ***insured's*** monthly statements and will be computed as follows: a. Determine the amount of all outstanding accounts receivable at the end of the same fiscal month in the year immediately preceding the year in which the loss occurs; b. Calculate the percentage of increase or decrease in the average monthly total of accounts receivable for the twelve months immediately preceding the month in which the loss occurs, or such part of, for which the ***insured*** has conducted ***business*** and has furnished monthly statements to ***us***, as compared with such average for the same months of the preceding year; c. The amount determined under 3.a. above, multiplied by the percentage calculated under 3.b. above, will be the agreed total amount of accounts receivable as of the last day of the fiscal month in which said loss occurs; d. The amount determined under 3.c. above will be increased or decreased in conformity with the normal fluctuations in the amount of accounts receivable during the fiscal month involved, due consideration being given to the experience of the ***business*** since the last day of the last fiscal month for which a statement has been rendered.		
	B. ***ADDITIONAL EXPENSE*** 1. **WHAT *WE* PAY FOR** ***We*** pay up to a maximum of $1,000 for necessary ***additional expense*** during the ***period of restoration***, which ***you*** incur to continue ***your business*** as usual had no accidental direct physical loss or damage occurred to property at the ***insured premises***. The loss or damage must result from a covered cause of loss. ***You*** must do everything reasonable to reduce the	1. New coverage not previously available.	1. Broaden

Old Language	New Language	Explanation of Proposed Changes	Impact
	amount of loss. ***You*** must do everything reasonable to resume operations with the same quality of service which existed immediately before the loss; and ***you*** must resume partial or complete operation of the property making use of merchandise, ***stock*** or other property at ***your*** other locations. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: a. ***Additional expense*** resulting from the enforcement of ordinance or law or as a result of civil authority; b. ***Additional expense*** due to interference by strikers or other people with the restoration or replacement of property, or with the resumption or continuation of ***your business***; c. ***Additional expense*** caused by the suspension, lapse or cancellation of any lease, license, contract or order; or d. ***Additional expense*** resulting from any other type of consequential loss. Payments under ***Additional Expense*** coverage may extend beyond the end of the policy period.		
BUSINESS* CREDIT CARD, FORGERY AND COUNTERFEIT MONEY**. What ***We Pay For: ***We*** pay up to $1,000 for loss when ***you***: 1. become legally obligated to pay for the unauthorized use of credit cards issued or registered in ***your*** name; 2. suffer a loss through forgery or alteration of checks, drafts, certificates of deposit and notes including negotiable orders of withdrawal drawn or issued by ***you***; or 3. accept, in good faith, counterfeit United States or Canadian paper currency. The sum of $1,000 shall be the maximum payable for loss in any one ***occurrence***. What ***We*** Do Not Pay For: 1. any loss sustained as a result of ***your*** failure to comply with all of the requirements of the credit	**C. *BUSINESS* CREDIT CARD, DEBIT CARD, FORGERY AND COUNTERFEIT *MONEY*** 1. **WHAT *WE* PAY FOR** The amount of insurance for ***Business*** Credit Card, Debit Card, Forgery And Counterfeit ***Money*** coverage is increased an additional $500 per occurrence and $1,000 per policy period from what is provided in the Incidental Coverages of the General Policy Provisions of ***your*** policy. Refer to the Incidental Coverages of the General Policy Provisions of ***your*** policy for applicable ***terms***, conditions and exclusions. All other provisions relating to this coverage as described in the General Policy Provisions remain the same.	1. Coverage in new form follows the Incidental Coverage in SF-20. 2. What We Pay For 3 no longer limits to only U.S. and Canadian money. The definition of "money" in the SF-20 does not specify which country of origin the currency has to come from. 3. What We Do Not Pay For 4 is eliminated.	1. Clarification 2. Broaden 3. Broaden

Old Language	New Language	Explanation of Proposed Changes	Impact
card; 2. any loss resulting from ***your*** dishonesty; 3. any loss resulting from use of the credit card by anyone with ***your*** permission; or 4. any loss involving a bank debit card or similar device used to deposit, withdraw or transfer funds.			
WHILE AWAY FROM THE *INSURED PREMISES*. **What *We* Pay For:** ***We*** pay up to $1,000 for loss or damage from covered causes of loss to ***your business*** property (other than tools and equipment) covered under this policy while temporarily at locations that ***you*** do not own, control, operate or lease.	**D. *BUSINESS* PROPERTY OFF PREMISES** 1. **WHAT *WE* PAY FOR** ***We*** pay up to $1,000 for accidental direct physical loss or damage from a covered cause of loss to ***your business*** property while temporarily away from the ***insured premises*** and at another location not owned, operated or leased by an ***insured***. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: a. Tools and equipment which are comprised of ***your*** implements and machinery necessary for the conduct of ***your business***; b. Property sold, rented or leased to others; c. Property held for rental or held on consignment; d. ***Your business*** samples; or e. Personal articles belonging to ***you***, ***your*** officers, partners or ***employees***.	1. This coverage was changed both in name and concept. While Away From The Insured Premises still exists as an Incidental Coverage in the SF-20. 2. The new Business Property Off Premises coverage is more restrictive than the old language, however, much of what is restricted is picked up in the Incidental Coverage from the SF-20.	1. Clarification 2. Restriction
PROPERTY OF OTHERS. **What *We* Pay For:** ***We*** pay up to $1,000 for loss or damage from covered causes of loss to property of others in ***your*** care, custody and control while on the ***insured premises***.	**E. *BUSINESS* PROPERTY OF OTHERS AND CUSTOMER GOODS** 1. **WHAT *WE* PAY FOR** ***Business*** Property Of Others And Customer Goods coverage provided in the Incidental Coverages of the General Policy Provisions of ***your*** policy is amended to delete the requirement for an 80% or higher coinsurance provision or that the type of policy is indicated as Businessowners. The amount of insurance for this coverage is increased an additional $1,000. Refer to the Incidental Coverages of the General Policy Provisions of ***your*** policy for applicable ***terms***, conditions and exclusions. All other provisions relating to this coverage as described	1. The coverage now an extension of the Incidental Coverage contained in the SF-20. The only substantive change is the addition of the word "business" to describe the property covered and the addition of "customer goods" to the grant of coverage. 2. The Incidental Coverage in the SF-20 also provides $2,500 in coverage so now total coverage available is $3,500.	1. Clarification 2. Broaden

Old Language	New Language	Explanation of Proposed Changes	Impact
	in the General Policy Provisions remain the same. This coverage is excess to any other valid and collectible insurance.		
DEBRIS REMOVAL. **What *We* Pay For:** ***We*** pay up to $1,000, as an additional amount, only when the sum of necessary expense of removal of the covered debris and the covered property loss exceeds the amount of insurance applicable in this policy.	**F. DEBRIS REMOVAL** 1. **WHAT *WE* PAY FOR** The amount of insurance for Debris Removal coverage is increased an additional 5% from what is provided in the Removal provision of the Incidental Coverages of the General Policy Provisions, when the debris removal expense exceeds 25% of the amount ***we*** pay for the direct loss or damage, or when the loss to property and debris removal combined exceeds the amount of insurance for the property. Refer to the Incidental Coverages of the General Policy Provisions of ***your*** policy for applicable ***terms***, conditions and exclusions. All other provisions relating to this coverage as described in the General Policy Provisions remain the same. The deductible contained in this policy form does not apply to Debris Removal coverage.	1. Coverage now follows the Incidental Coverage contained in SF-20.	1. Clarification
EMPLOYEE DISHONESTY. **What *We* Pay For:** ***We*** pay up to $1,000 for loss of **money**, **securities** or other ***business*** property by any fraudulent or dishonest act(s) committed by any employee, whether acting alone or in collusion with others. **What *We* Do Not Pay For:** This coverage does not apply: 1. to loss due to any fraudulent, dishonest or criminal act by ***you***, or by any partner, officer, director, trustee or joint venturer, whether acting alone or in collusion with others; 2. to loss, the proof of which, either as to its factual existence or its amount, is dependent upon an inventory computation or profit and loss computation. However, this exclusion does not apply to loss which ***you*** can prove through	**G. *EMPLOYEE* DISHONESTY** 1. **WHAT *WE* PAY FOR** ***We*** pay up to $1,000 per occurrence for the loss to tangible ***business*** property and ***money*** and ***securities*** which results from any fraudulent or dishonest act committed by any of ***your employees***, whether identified or not, and whether acting alone or in collusion with others, except ***you*** or ***your*** partners. This coverage is subject to the following: a. ***You*** must sustain a loss as a result of the act or acts committed, and the ***employee*** who caused ***you*** to sustain a loss must have intended to receive a financial benefit not earned in the regular scope of employment with ***your business*** for his or herself, any	1. Old language contained after What We Do Not Pay For has been dropped to comply with Regulation 209. Similar language was used in filing R2016003427, R2016003512, R2016003427, 2016003497, R2016003512, and R2017002289. 2. What We Do Not Pay For d.-j. and l.-n. are new	1. Broaden 2. Broadening

Old Language	New Language	Explanation of Proposed Changes	Impact
evidence wholly apart from such computations; or 3. to any mysterious or unexplained disappearance or shortage of property. The loss must be discovered not later than one year from the date on which this coverage terminates. Employee dishonesty coverage shall be cancelled as to any employee immediately on discovery by the ***insured***, or by any partner or officer of the company not in collusion with such employee, of any fraudulent or dishonest act on the part of such employee, whether committed before or after the date of employment by ***you***. ***Our*** payment of any loss under this agreement shall not reduce the amounts of insurance of ***your*** policy.	other ***employee***, or any other person or organization; b. For any loss, ***our*** payment will not exceed the replacement value of the property. ***Securities*** may be determined by market value at the time of settlement; c. All loss caused by, or involving, one or more people, whether the result of a single act or a series of acts, is considered to be one occurrence and is subject to only one payment under this coverage; d. ***We*** will only pay for loss sustained during the policy period and discovered no later than one year following the end of the policy period; e. ***Our*** payment is not increased regardless of the number of ***insureds***, policies or claims; and f. Regardless of the numbers of years the policy is in force, the amount of insurance is not cumulative from year to year. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: Loss or damage resulting directly or indirectly from the following: a. Any dishonest or criminal act by ***you***, ***your*** partners, members, officers, directors, trustees or joint venturers, whether acting alone or in collusion with others; b. Loss for which ***your*** only evidence is an inventory computation; c. Loss for which ***your*** only evidence is a profit and loss computation; d. ***Your*** inability to generate income; e. Payment of compensatory or punitive damages to third parties for which ***you*** are legally liable; f. Payment of costs, fees or expenses ***you*** incur in proving ***your*** loss under this coverage; g. Payment of attorneys' fees, filing fees or costs for any related legal action; h. Loss caused by an ***employee*** for whom		

Old Language	New Language	Explanation of Proposed Changes	Impact
	similar insurance has been previously canceled; i. The failing to sign, issue or cancel a warehouse receipt or any documents connected with it; j. Dishonest or fraudulent signing, issuance or cancellation of a warehouse receipt or any documents connected with it; k. Mysterious disappearance or unexplained shortage of property; l. Trading; m. ***Electronic data*** security breach; n. Any claim for ***Additional Expense*** coverage; or o. Any claim for consequential loss. This coverage is applicable only when there is no other valid and collectible insurance.		
MONEY AND SECURITIES. **What *We* Pay For:** ***We*** pay up to $1,000 for the loss of **money** and sec**u**rities because of the actual destruction, disappearance or a dishonest act. This coverage applies if the loss occurs: 1. within ***your*** place of ***business*** at the ***business*** address shown on the Declaration Page; 2. within any banking premises or similar place of safe deposit; 3. outside ***your*** place of ***business*** (but within the policy territory) while in the possession of any person whom ***you*** have authorized to have the care and custody of **money** and **securities** away from ***your*** place of ***business***; and 4. while this coverage is in effect. The amount of $1,000 shall be the total amount of insurance on all loss of **money** or **securities** arising out of any one ***occurrence***. All loss connected with an actual or attempted dishonest act, or series of related acts, whether committed by one or more persons, shall be deemed to rise out of one ***occurrence***. **What *We* Do Not Pay For:** This coverage for money and securities does not apply: 1. to loss due to any fraudulent, dishonest or criminal act by ***you***, by any of ***your*** **employees**, partners, officers, directors, trustees, joint venturers or	**H. *MONEY* AND *SECURITIES*** 1. **WHAT *WE* PAY FOR** ***We*** pay for ***money*** and ***securities***: a. Up to $1,000 per occurrence for the loss of ***money*** and ***securities*** used in ***your business*** because of actual destruction, disappearance or dishonest act, when the loss occurs on the ***insured premises***; and b. Up to $1,000 per occurrence for the loss of ***money*** and ***securities*** used in ***your business*** because of actual destruction, disappearance or dishonest act, when the loss occurs off the ***insured premises***. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: a. Loss due to any fraudulent, dishonest or criminal act by ***you***, ***your employees***, partners, members, officers, directors, trustees, joint venturers or authorized representatives, whether acting alone or in collusion with others; b. Loss caused by ***you***, ***your employees***, partners, members, officers, directors, trustees, joint venturers or authorized	1. What We Pay For – Old language in 1 is expanded in new language 1a to be anywhere on the insured premises instead of inside the business. 2. What We Pay For 2 and 3 is expanded to new language 1b to allow coverage anywhere off the insured premises regardless of who has possession of the covered property. 3. What We Do Not Pay For 2b was added to expand on old 1 which became new 2a.	1. Broaden 2. Broaden 3. Restriction

Old Language	New Language	Explanation of Proposed Changes	Impact
authorized representatives, whether acting alone or in collusion with others. 2. to loss due to giving or surrendering of **money** or **securities** in any exchange or purchase. 3. to **money** contained in coin-operated amusement devices or vending machines, unless the device or machine has an instrument that records the amount of **money** deposited. 4. to any loss due to accounting or arithmetical errors or omissions. **DEFINITIONS**- the following definitions apply to this policy for **money** and **securities**; 1. **Money** means currency, coins, banknotes and bullion; travelers checks, register checks and **money** orders held for sale to the public. 2. **Securities** means all negotiable and non-negotiable instruments or contracts representing either **money** or other property and includes revenue and other stamps in current use, tokens and ticket, but does not include **money**. 3. **Employee** means a person who is engaged in a service usual to ***your business*** operations and to whom ***you*** pay salary, wages or commission. ***you*** have the exclusive right to direct this person in their performance of his/her service. This definition excludes any broker, factor, commission merchant, consignee, contractor or other agent or representative.	representatives, whether acting alone or in collusion with others; c. Loss due to giving or surrendering of ***money*** or ***securities*** in any exchange or purchase; d. Loss of ***money*** contained in coin-operated amusement devices or vending machines, unless the device or machine has an instrument that records the amount of ***money*** deposited; or e. Loss due to accounting or arithmetical errors or omissions. All loss connected with an actual or attempted dishonest act, or series of related acts, whether committed by one or more people will be deemed to arise out of one occurrence.		
TOOLS & EQUIPMENT OFF PREMISES. **What *We* Pay For:** ***We*** pay up to $1,000 for loss or damage from covered causes of loss to ***your*** tools and equipment while at or enroute to or from job sites where ***you*** have on-going operations. Tools and equipment means the implements necessary to conduct the covered operation(s). Theft of unattended tools and equipment is covered only when the property is locked in a secure area and evidence of forced entry is visible.	**I. TOOLS AND EQUIPMENT OFF PREMISES** 1. **WHAT *WE* PAY FOR** ***We*** pay up to $1,000 for accidental direct physical loss or damage resulting from a covered cause of loss to ***your*** tools and equipment while away from the ***insured premises*** and are: a. Being transported in or on a vehicle owned, operated or leased by ***you*** or for ***you***; or b. At any job site where ***you*** are conducting operations. Tools and equipment are comprised of ***your*** implements and machinery necessary for the conduct of ***your business***. If ***theft*** is covered on ***your*** policy, ***theft*** of tools and equipment is	1. What We Pay For now includes coverage at the job site where you are conducting operations. 2. What We Do Not Pay For section added to clarify what kind of property does not qualify as tools and equipment.	1. Broaden 2. Restriction

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	applicable only when ***your*** tools and equipment are locked in a secure area and there is visible evidence of forcible entry or exit. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: a. Building materials and supplies, including ***your*** interest in the property of others to the extent of the labor, materials, or services furnished or arranged by ***you*** on such property; b. Merchandise or ***stock***; c. Property sold, rented or leased to others; d. Property held for rental or held on consignment; e. ***Your business*** samples; or f. Personal articles belonging to ***you***, ***your*** officers, partners or ***employees***. This coverage is excess to any other valid and collectible insurance.		
VALUABLE PAPERS AND RECORDS. ***We*** pay up to $1,000 for loss or damage to **Valuable papers** and **Records** on the described ***premises***. **What *We* Do Not Pay For:** 1. loss due to any fraudulent, dishonest or criminal act by ***you***, a partner, an officer, director or trustee; 2. loss resulting from errors or omissions in processing or copying; 3. loss due to wear and tear; 4. loss to property which cannot be replaced by other of like kind or quality; 5. loss due to electrical or magnetic injury, disturbance or erasure of electronic recordings, except by lightning; 6. loss of property held as samples or for sale or delivery after sale; and 7. loss of **money** or **securities**. **DEFINITIONS**-the following definitions apply to this policy for Valuable Papers and Records: 1. **Valuable Papers** and **Records** means written, printed or otherwise inscribed documents and records, including books, maps, films, drawings, abstracts, deeds, mortgages and manuscripts.	**J. VALUABLE PAPERS AND RECORDS** 1. **WHAT *WE* PAY FOR** Valuable Papers And Records coverage provided in the Incidental Coverages of the General Policy Provisions of ***your*** policy is amended to delete the requirement for an 80% or higher coinsurance provision or that the type of policy is indicated as Businessowners. The amount of insurance for this coverage is increased an additional $1,000. Refer to the Incidental Coverages of the General Policy Provisions of ***your*** policy for applicable ***terms***, conditions and exclusions. All other provisions relating to this coverage as described in the General Policy Provisions remain the same.	1. Coverage now follows the Incidental Coverage contained in SF-20 which already provides $2,500. 2. Coverage in SF-20 now states what a valuable paper and record is.	1. Broaden 2. Clarification

Old Language	New Language	Explanation of Proposed Changes	Impact
2. **Premises** means the interior portion of the building occupied by ***you*** for ***business*** purposes. 3. **Money** means currency, coins, banknotes and bullion; travelers checks, register checks and **money** orders held for sale to the public. 4. **Securities** means all negotiable and non-negotiable instruments or contracts representing either **money** or other property and includes revenue an other stamps in current use, tokens and tickets, but does not include **money**.			
PREMISES MEDICAL PAYMENTS **What *We* Pay For:** ***We*** pay up to $1,000 per person and up to $25,000 per accident when two or more people sustain injuries. ***We*** pay the necessary ***medical expenses*** incurred or medically determined within one year from the date of an accident causing ***bodily injury*** to which this coverage applies. This coverage applies only to ***bodily injury***: 1. caused by a condition on the premises ***you*** own or rent; 2. caused by a condition on ways next to premises ***you*** own or rent; 3. caused by operations covered by the ***bodily injury*** liability afforded by this policy. **What *We* Do Not Pay For:** ***We*** do not pay for loss resulting directly or indirectly from the following, unless specific coverage is added to ***your*** policy: (a) ***bodily injury***: (1) arising out of the ownership, maintenance, operation, use, entrusting, loading or unloading of: (i) any ***automobile*** or aircraft owned or operated by or rented or loaned to any ***insured***; or (ii) any other ***automobile*** or aircraft operated by any person in the course of his/her employment by any ***insured***; but this exclusion does not apply to the parking of an ***automobile*** on the ***insured premises*** if such ***automobile*** is not owned by or rented or loaned to any ***insured***; (2) arising out of: (i) the ownership, maintenance, operation,	**A. MEDICAL PAYMENTS** **NOTE: WHEN FORM LS-6 IS ATTACHED TO THIS POLICY, MEDICAL PAYMENTS IS DELETED FROM THIS POLICY FORM. REFER TO FORM LS-6 FOR A DESCRIPTION OF THE APPLICABLE COVERAGE.** 1. **WHAT *WE* PAY FOR** Regardless of fault, ***we*** pay up to the Medical Payments limit of liability shown in the Declarations for the necessary ***medical expenses*** incurred that are medically determined, incurred and reported to ***us*** within one year from the date of an accident causing ***bodily injury*** to which this coverage applies. This coverage applies only to ***bodily injury***: a. Caused by a condition on premises ***you*** own or rent; b. Caused by a condition on ways abutting premises ***you*** own or rent; or c. Caused by operations covered by the General Liability Coverage afforded by this policy. 2. **WHAT *WE* DO NOT PAY FOR** ***We*** do not pay for: a. ***Bodily injury***: 1) To any ***insured***, tenant of any ***insured***, or other person regularly occupying the ***insured premises*** or any person hired by or on behalf of any ***insured*** to do ***work*** for an ***insured***; 2) To any person if the ***bodily injury***	1. Note added to clarify if an LS-6 is used as the liability form attached to this policy, the Medical Payments coverage contained in that form will apply. 2. Reformatted and reworded but intent of coverage remains the same. Terms, conditions and definitions were not repeated as they will all be contained in the associated liability coverage form that will be attached.	1. Clarification 2. Clarification

Old Language	New Language	Explanation of Proposed Changes	Impact
use, entrusting, loading or unloading of any ***mobile equipment*** while being used in any prearranged or organized racing, speed or demolition contest or in any stunting activity or in practice or preparation for any such contest or activity; or (ii) the operation or use of any snowmobile or trailer designed for use therewith; (3) arising out of the ownership, maintenance, operation, use, entrusting, loading or unloading of: (i) any watercraft owned or operated by or rented or loaned to any ***insured***; or (ii) any other watercraft operated by any person in the course of his employment by any ***insured***; but this exclusion does not apply to watercraft while ashore on the ***insured premises***; or (4) arising out of and in the course of the transportation of ***mobile equipment*** by an ***automobile*** owned or operated by or rented or loaned to any ***insured***. (b) ***bodily injury***: (1) included within the ***products***/***completed operations hazard***; (2) arising out of operations performed for the ***named insured*** by independent contractors other than: (i) maintenance and repair of the ***insured premises***; or (ii) structural alterations at such premises which do not involve changing the size of or moving buildings or other structures; (3) resulting from the selling, serving or giving of any alcoholic beverage: (i) in violation of any statute, ordinance or regulation; (ii) to a minor; (iii) to a person under the influence of alcohol; or (iv) which causes or contributes to the intoxication of any person, if the ***named insured*** is a person or organization	occurs on that part of the premises ***you*** own or rent that the person normally occupies; 3) To any person while engaged in maintenance, repair, alteration, demolition or construction at the ***insured premises***; 4) To any person if any benefits for ***bodily injury*** are required to be provided under any workers' compensation, unemployment compensation, disability benefits law, or any similar law; 5) To any person practicing, instructing or participating in any physical training, sport or athletic activity; 6) Included within the ***products***/***completed operations hazard***; 7) Excluded under Coverage L of ***your*** General Liability Coverage form; or 8) Due to war, whether or not declared, or any act or condition incident to war. War includes civil war, insurrection, rebellion or revolution. b. ***Medical expense*** for services by the ***named insured***, any ***employee*** or any person or organization under contract to the ***named insured*** to provide such services. 3. **WHAT *YOU* MUST DO IN CASE OF LOSS** Under What ***You*** Must Do In Case of Loss section in the General Liability Coverage, the following is added for this coverage: **Medical Reports; Proof and Payment of Claim** As soon as practicable, the injured person or someone on their behalf will give to ***us*** written proof of claim, under oath if required, and will, after each request from ***us***, execute authorization to enable ***us*** to obtain medical reports and copies of records. The injured person will submit to physical examination by physicians selected by ***us*** when and as often as ***we*** may reasonably require. ***We*** may pay the injured person or any		

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engaged in the manufacture, distribution, sale or serving of alcoholic beverages or, if not so engaged, is an owner or lessor of premises used for such purposes; but only part (i) of the exclusion (b) (3) applies when the ***named insured*** is such an owner or lessor; (4) due to war, whether or not declared, or to any act or condition incident to war. War includes civil war, insurrection, rebellion or revolution. (c) ***bodily injury***: (1) to any ***insured***, any tenant of the ***insured*** or other person regularly residing on the ***insured premises*** or any person hired by or on behalf of any ***insured*** to do ***work*** for an ***insured***; (2) to any person if the ***bodily injury*** occurs on that part of the premises ***you*** own or rent that the person normally occupies; (3) to any person while engaged in maintenance and repair of the ***insured premises*** or alteration, demolition or new construction at such premises; (4) to any person if any benefits for such ***bodily injury*** are payable or required to be provided under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law; (5) to any person practicing, instructing or participating in any physical training, sport, athletic activity or contest whether on a formal or informal basis; (6) excluded under the applicable liability coverage. d) to any ***medical expense*** for services by the ***named insured***, any employee or any person or organization under contract to the ***named insured*** to provide such services. **DEFINITION**: The following definition applies to ***Premises Medical Payments***: ***Medical Expense*** means expenses for necessary medical, surgical, x-ray, and dental services, including prosthetic devices, and necessary ambulance, hospital, professional nursing and funeral services.	person or organization rendering the services and the payment will reduce the amount payable for such injury. Payment will not constitute an admission of liability by any person or by ***us***. 4. **HOW MUCH *WE* PAY FOR LOSS OR CLAIM** Under How Much ***We*** Pay For Loss Or Claim section in the General Liability Coverage of ***your*** policy, the following is added for this coverage: The limit of liability as stated in the Declarations, as applicable to each person, is the limit of ***our*** liability for all ***medical expenses*** for ***bodily injury*** to any one person as the result of any one accident. However, subject to this provision regarding each person, ***our*** total liability, under this policy form, for all ***medical expenses*** for ***bodily injury*** to two or more people as the result of any one accident will not exceed the limit of liability stated in the Declarations as applicable to each accident.		

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CONDITIONS APPLICABLE TO MEDICAL PAYMENTS: 1. Medical Reports; Proof and Payment of Claim As soon as practicable the injured person or someone on his/her behalf shall give to ***us*** written proof of claim, under oath if required, and shall, after each request from ***us***, execute authorization to enable ***us*** to obtain medical reports and copies of records. The injured person shall submit to physical examination by physicians selected by ***us*** when and as often as ***we*** may reasonably require. ***We*** may pay the injured person or any person or organization rendering the services and the payment shall reduce the amount payable for such injury. Payment shall not constitute an admission of liability of any person or of ***us***. 2. ***Our*** Limit of Liability: The limit of liability as stated on the Declarations page as applicable to "each person" is the limit of ***our*** liability for all ***medical expenses*** for ***bodily injury*** to any one person as the result of any one accident. BUT, subject to the above provision regarding “each person”, ***our*** total liability, under this endorsement, for all ***medical expenses*** for ***bodily injury*** to two or more persons as the result of any one accident will not exceed the amount of $25,000 unless an increased amount is shown on the Supplemental Declarations.			