CRAFTS PAK

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.

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. Coverage M-Medical Payments

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~~expenses*** means ~~expenses for~~ reasonable and necessary ~~medical~~expenses for:
   a. Medical, surgical, x-ray, ambulance, hospital, ~~prescriptions,~~ professional nursing, funeral ~~costs, prosthetic devices,~~ and dental~~, eyeglasses~~ services;
   b. Eyeglasses, contact lenses, ~~and first~~prosthetic devices and prescriptions; and
   c. 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.

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c. Does not include the increased time necessary due to any ordinance or law being enforced.

PROPERTY COVERAGES

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;
   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 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.

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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 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.

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.

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***.

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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 in the General Policy Provisions remain the same.

This coverage is excess to any other valid and collectible insurance.

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.

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 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;

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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 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.

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 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.

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 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***;

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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.

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.

LIABILITY COVERAGES

NOTE: The following liability coverage is also contained in the General Liability Coverage form, it is deleted and replaced with the following.

A. COVERAGE M-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~~for ***bodily injury*** to which this coverage applies. However, the amount ***we*** pay will be limited as described in the How Much ***We*** Pay For Loss Or Claim section of the General Liability Coverage. Payments made under Coverage M-Medical Payments may be made to the injured person or any 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***.

~~This coverage~~ a. Coverage M-Medical Payments applies only to ***bodily injury*** caused by an accident:
~~a. Caused by a condition on~~ 1) On premises ***you*** own or rent;
~~b. Caused by a condition on~~ 2) On ways abutting premises ***you*** own or rent; or
~~c. Caused by~~ 3) Because of operations covered by the General Liability Coverage.

b. ~~afforded by this~~Coverage M-Medical Payments applies only if:
1) The accident takes place during the policy~~.~~ period and in the ***coverage territory***;
2) ***Medical expenses*** are incurred and reported to ***us*** within one year from the date of the accident;
3) The injured person will, after each request from ***us***, execute an authorization to enable ***us*** to obtain medical reports and copies of records; and
4) The injured person, at ***our*** expense, submits to physical examinations by physicians selected by ***us*** when, and as often as ***we*** may reasonably require.

2. **WHAT *WE* DO NOT PAY FOR**
These exclusions apply to Coverage M-Medical Payments.
We **do not pay *medical expenses* for**~~:~~
~~a. *Bodily*~~ ***bodily injury***:
~~1)~~ a. **Athletics**-To any ~~***insured***, tenant of any ***insured***, or other~~ person ~~regularly occupying~~

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practicing, instructing or participating in any physical exercise, sport or athletic activity.

b. **Coverage L**-Excluded under Coverage L of the ~~***insured premises*** or~~ General Liability Coverage.

c. **Hired Person**-To any person hired ~~by~~ to perform work for or on behalf of any ***insured*** ~~to do ***work*** for an~~or a tenant of any ***insured***~~;~~.

~~2)~~ d. ***Insured***-To any ***insured***, except ***volunteers***.

e. **Occupied Premises**-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, repair, alteration, demolition or construction at the ***insured premises***;~~

~~4)~~ f. **Workers' Compensation**-To any person if any benefits for ***bodily injury*** are payable or 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 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.~~

All other ***terms*** and conditions remain unchanged.

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