



## IMPORTANT NOTICE TO OUR POLICYHOLDERS

THANK YOU FOR RENEWING YOUR POLICY WITH THE HARTFORD. WITH THIS NOTICE WE ARE PROVIDING YOU ONLY WITH THE DECLARATIONS PAGE, WHICH OUTLINES YOUR COVERAGES, AND WITH THOSE POLICY FORMS, NOTICES, AND BROCHURES WHICH ARE DIFFERENT FROM THOSE WHICH WE PROVIDED WITH YOUR PREVIOUS POLICY. **YOU SHOULD RETAIN ALL OF THESE DOCUMENTS AND THOSE PROVIDED WITH YOUR PREVIOUS POLICY INDEFINITELY** SO THAT YOU WILL HAVE A COMPLETE SET OF POLICY FORMS AT ALL TIMES FOR YOUR REFERENCE.

IF YOU HAVE QUESTIONS, OR IF AT ANY TIME YOU NEED COPIES OF ANY OF THE FORMS LISTED ON YOUR POLICY, PLEASE CALL YOUR HARTFORD AGENT OR BROKER, OR THE OFFICE OF THE HARTFORD IDENTIFIED ON YOUR POLICY, AS APPROPRIATE.

STONEBRIDGE COMMUNICATIONS, IN

3027 ABELL AVENUE  
BALTIMORE MD 21218

Policy Number: 30 SBA BT1423

Renewal Date: 06/01/15



Thank you for being a loyal customer of The Hartford.

### **# 1: Your Hartford Policy**

Enclosed are renewal documents for your policy, which is scheduled to renew on 06/01/15 . Along with a new Declarations Page, which details the coverages provided by your policy, we are enclosing important policy documents. Please be aware that you will receive an invoice separately for this new policy term approximately 30 days prior to the renewal date; no action is required now.

To ensure the premium you paid for this past policy term was accurate, we may contact you by letter, phone or email to conduct a premium audit. If contacted, we will advise what information is needed to complete the audit.

### **# 2: Your Business Insurance Coverage Checkup**

Now is a great time to complete a business insurance coverage checkup with a Hartford Insurance Professional. Because you wear so many hats each day, you may not be thinking about how changes to your business can impact the type and amount of insurance coverage needed to protect it.

Together we will evaluate how your needs may have changed over the past year. Examples include:

- Has your mailing address and/or the physical location of your business changed?
- Has there been any increase/decrease in the amount of business property/equipment you own?
- Has there been any increase/decrease in your company's payroll or sales?
- Have you added or eliminated any vehicles used in your business operations?
- Are the bill plan and deductible on your policy right for your business?

**During the review we may make coverage recommendations, provide peace of mind solutions, and possibly reduce your costs. Here is all you need to do:**

- **Call toll free (866) 467-8730 , and select our renewal review service option any weekday from 8 A.M. to 6 P.M. EST and request your business insurance check-up.**
- **To best serve you, please have your Policy Number or Account Number and a Copy of your current Renewal Policy in hand when you call.**

### **# 3: Servicing Your Needs**

To login or register for our Online Business Service Center, go to [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) where any time, day or night you can:

- Pay your bill, view payment history and enroll in Auto Pay
- Request Auto ID Cards and Certificates of Insurance
- View electronic copies of billing and policy documents and sign up for paperless delivery

### **# 4: If You've Had A Loss or Accident... Report It Immediately**

We want to help! Contact us as quickly as possible at 1-800-327-3636.

- Representatives are available 24-7 to assist in helping you recover from your loss.

On behalf of **INSURANCE INC/PHS** and The Hartford, we appreciate the opportunity to have been of service to you this past year and look forward to serving your business insurance needs for the upcoming year.

Sincerely,  
Your Hartford Team

# Insurance Policy Billing Information

Thank you for selecting The Hartford for your business insurance needs.

Shortly, you will receive your first bill from us. You are receiving this Notice so you know what to expect as a valued customer of The Hartford. Should you have any questions after reviewing this information, please contact us at 866-467-8730, and we will be happy to assist you.

- o Your total policy premium will appear on your policy's Declarations Page. You will be billed based on the payment plan you selected.
- o You may pay the "minimum due" as it appears on your insurance bill or pay the policy balance in full.
- o An installment service fee is added to each installment. A late fee will also be applied if the "minimum due" is not **received** by the due date shown on your bill. Service and late payment fees do not apply in all states.
- o If you selected installment billing, any credit or additional premium due as the result of a change made to your policy, will be spread over the remaining billing installments. Additional premium due as a result of an **audit** will be billed in full on your next bill date following the completion of the audit.
- o If you elected Electronic Funds Transfer (EFT), policy changes may result in changes to the amount automatically withdrawn from your bank account. The invoice you receive following a policy change will include future withdrawal amounts. If you need to adjust or stop your next scheduled EFT withdrawal, please contact us **at least 3 days prior** to the scheduled withdrawal date at the telephone number shown below.
- o If you selected installment billing and pay the premiums for your first policy term on time, at renewal, your account may qualify for our "Equal Installment" feature. This means that the percentage due for each installment, including the initial renewal installment, will be the same throughout the policy term – helping you better manage cash flow. Equal installments will continue as long as you pay your premiums on time and no cancellation notices are issued for any policy on your account. If you no longer qualify for Equal Installments, future renewals will be billed based on the payment plan you selected, which includes a higher initial installment amount.
- o If your policy is eligible for renewal, your bill for the upcoming policy term will be sent to you approximately 30 days prior to your policy's renewal date. If your insurance needs change, please contact us at least 60 days prior to your renewal date so we can properly address any adjustments needed.
- o **One bill convenience** -- you have the option of combining all eligible Hartford policies on one single bill allowing you to make one payment for all policies on your account as payments are due.

## You're In Control

In addition to selecting a bill plan option that best meets your budget, you have the flexibility to decide **how** your payments are made ...

- o **Repetitive EFT:** Sign up for Repetitive EFT payments and have payments automatically withdrawn from your bank account. This option saves you money by reducing the amount of the installment service fee.
- o **Pay Online:** Register at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter). Online Bill Pay is Quick, Easy and Secure!
- o **Pay by Check:** Send a check with your remittance stub in the envelope provided with your bill.
- o **Pay by Phone:** Call toll-free 1-866-467-8730.

Should you have any questions about your bill, please call Customer Service toll-free number: 1-866-467-8730 - 7AM – 7PM CST. We look forward to being of service to you.

# Spectrum<sup>®</sup>

## Business Owner's Policy





**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT.**

## **DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE**

**Terrorism Premium (Certified Acts):**

**\$**            \$29.00

**A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, as amended ("TRIA"), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for certified acts of terrorism under TRIA. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement.

**B. Disclosure Of Federal Share Of Terrorism Losses**

The United States Department of the Treasury will reimburse insurers for 85% of that portion of insured losses attributable to "certified acts of terrorism" under TRIA that exceeds the applicable insurer deductible.

However, if aggregate industry insured losses under TRIA exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

**C. Cap On Insurer Liability for Terrorism Losses**

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

**D. All other terms and conditions remain the same.**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.
- Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.
- Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.



## IMPORTANT NOTICE TO POLICYHOLDERS

To help your insurance keep pace with increasing costs, we have increased your amount of insurance . . . giving you better protection in case of either a partial, or total loss to your property.

If you feel the new amount is not the proper one, please contact your agent or broker.

23 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
14 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
BT insurance company of The Hartford Insurance Group shown below.

SBA

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED  
ONE HARTFORD PLAZA, HARTFORD, CT 06155  
COMPANY CODE: A



**Policy Number:** 30 SBA BT1423 DV

## SPECTRUM POLICY DECLARATIONS

**Named Insured and Mailing Address:** STONEBRIDGE COMMUNICATIONS, IN  
(No., Street, Town, State, Zip Code)

3027 ABELL AVENUE  
BALTIMORE MD 21218

**Policy Period:** From 06/01/15 To 06/01/16 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** INSURANCE INC/PHS  
**Code:** 721579

**Previous Policy Number:** 30 SBA BT1423

**Named Insured is:** CORPORATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

---

**TOTAL ANNUAL PREMIUM IS:** \$1,459

---

Countersigned by

*Susan S. Castaneda*

Authorized Representative

03/31/15  
Date



**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 30 SBA BT1423

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 001

3027 ABELL AVENUE  
BALTIMORE                    MD 21218

**Description of Business:**

Film Studio - Production

**Deductible:** \$ 250 PER OCCURRENCE

**BUILDING AND BUSINESS PERSONAL PROPERTY    LIMITS OF INSURANCE**

**BUILDING**

NO COVERAGE

**BUSINESS PERSONAL PROPERTY**

**REPLACEMENT COST**    \$ 12,300

**PERSONAL PROPERTY OF OTHERS**

**REPLACEMENT COST**    NO COVERAGE

**MONEY AND SECURITIES**

INSIDE THE PREMISES    \$ 10,000  
OUTSIDE THE PREMISES    \$ 5,000

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 30 SBA BT1423

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE TO THIS LOCATION      LIMITS OF INSURANCE**

BACK-UP OF SEWERS AND DRAINS      \$    25,000  
COVERAGE FORM SS 04 53

BUSINESS SERVICE STRETCH  
FORM SS 40 24  
THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.

SCHEDULED PROPERTY COVERAGE  
FORM: SS 04 85  
DEDUCTIBLE: \$250

CAMERA EQUIPMENT      \$    57,031  
TOTAL AMOUNT OF INSURANCE  
SEE FORM IH 12 00 FOR SCHEDULE

LIMITED FUNGI, BACTERIA OR VIRUS      \$    50,000  
COVERAGE:  
FORM SS 40 93  
THIS IS THE MAXIMUM AMOUNT OF  
INSURANCE FOR THIS COVERAGE,  
SUBJECT TO ALL PROPERTY LIMITS  
FOUND ELSEWHERE ON THIS  
DECLARATION.  
INCLUDING BUSINESS INCOME AND EXTRA  
EXPENSE COVERAGE FOR:      30 DAYS

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 30 SBA BT1423

**PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE**

**BUSINESS INCOME AND EXTRA EXPENSE  
COVERAGES** 12 MONTHS ACTUAL LOSS SUSTAINED  
**COVERAGES INCLUDES THE FOLLOWING  
COVERAGES EXTENSIONS:**

**ACTION OF CIVIL AUTHORITY:** 30 DAYS  
**EXTENDED BUSINESS INCOME:** 30 CONSECUTIVE DAYS

**EQUIPMENT BREAKDOWN COVERAGE  
COVERAGES FOR DIRECT PHYSICAL LOSS  
DUE TO:  
MECHANICAL BREAKDOWN,  
ARTIFICIALLY GENERATED CURRENT  
AND STEAM EXPLOSION**

**THIS ADDITIONAL COVERAGE INCLUDES  
THE FOLLOWING EXTENSIONS**

**HAZARDOUS SUBSTANCES** \$ 50,000  
**EXPEDITING EXPENSES** \$ 50,000

**MECHANICAL BREAKDOWN COVERAGE ONLY  
APPLIES WHEN BUILDING OR BUSINESS  
PERSONAL PROPERTY IS SELECTED ON  
THE POLICY**

**IDENTITY RECOVERY COVERAGE** \$ 15,000  
**FORM SS 41 12**

**HIRED CAR PHYSICAL DAMAGE COVERAGE**  
**FORM SS 04 84**  
**LIMIT PER ACCIDENT** \$ 50,000  
**DEDUCTIBLE: \$ 250**

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 30 SBA BT1423

| <b>BUSINESS LIABILITY</b>                                     | <b>LIMITS OF INSURANCE</b> |
|---|----------------------------|
| <b>LIABILITY AND MEDICAL EXPENSES</b>                         | \$1,000,000                |
| <b>MEDICAL EXPENSES - ANY ONE PERSON</b>                      | \$ 10,000                  |
| <b>PERSONAL AND ADVERTISING INJURY</b>                        | \$1,000,000                |
| <b>DAMAGES TO PREMISES RENTED TO YOU<br/>ANY ONE PREMISES</b> | \$1,000,000                |
| <b>AGGREGATE LIMITS</b>                                       |                            |
| <b>PRODUCTS-COMPLETED OPERATIONS</b>                          | \$2,000,000                |
| <b>GENERAL AGGREGATE</b>                                      | \$2,000,000                |
| <b>BUSINESS LIABILITY OPTIONAL<br/>COVERAGES</b>              |                            |
| <b>HIRED/NON-OWNED AUTO LIABILITY</b>                         | \$1,000,000                |

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 30 SBA BT1423

**ADDITIONAL INSURED:** THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN THIS POLICY.

|                 |                     |
|-----------------|---------------------|
| <b>LOCATION</b> | 001 BUILDING 001    |
| <b>TYPE</b>     | PERSON ORGANIZATION |
| <b>NAME</b>     | SEE FORM IH 12 00   |

# SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 30 SBA BT1423

## Form Numbers of Forms and Endorsements that apply:

|                |  |                |                |
|----------------|--|----------------|----------------|
| SS 00 01 03 14 | SS 00 05 10 08                           | SS 00 07 07 05 | SS 00 08 04 05 |
| SS 84 27 09 07 | SS 01 16 12 10                           | SS 04 19 04 09 | SS 04 22 07 05 |
| SS 04 30 07 05 | SS 04 38 09 09                           | SS 04 39 07 05 | SS 04 41 04 09 |
| SS 04 42 09 07 | SS 04 44 07 05                           | SS 04 45 07 05 | SS 04 46 09 14 |
| SS 04 47 04 09 | SS 04 53 02 11                           | SS 04 80 03 00 | SS 04 84 09 09 |
| SS 04 85 04 01 | SS 04 86 03 00                           | SS 40 18 07 05 | SS 40 24 09 07 |
| SS 40 93 07 05 | SS 41 12 12 07                           | SS 41 51 10 09 | SS 41 62 06 11 |
| SS 41 63 06 11 | IH 10 01 09 86                           | SS 05 18 07 92 | SS 05 47 09 01 |
| SS 50 19 03 12 | IH 99 40 04 09                           | IH 99 41 04 09 | SS 38 25 12 07 |
| SS 83 76 03 12 | SS 12 23 06 11                           |                |                |
| IH 12 00 11 85 | SCHEDULED PROPERTY SCHEDULE              |                |                |
| IH 12 00 11 85 | ADDITIONAL INSURED - PERSON-ORGANIZATION |                |                |



# BUSINESS SERVICES STRETCH SUMMARY

## SUMMARY OF COVERAGE LIMITS

This is a summary of the Coverages and the Limits of Insurance provided by the Business Services Stretch Coverage form SS 40 24 which is included in this policy. No coverage is provided by this summary. Refer to coverage form SS 40 24 to determine the scope of your insurance protection.

The Limit of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy:

| <b>Coverage</b>  | <b>Limit</b>                           |
|--|--|
| Accounts Receivable – On/Off-Premises  | \$ 25,000                              |
| Brands and Labels  | Up to Business Personal Property Limit |
| Claim Expenses   | \$ 10,000                              |
| Computer Fraud   | \$ 5,000                               |
| Computers and Media  | \$ 25,000                              |
| Contract Penalty   | \$ 1,000                               |
| Debris Removal   | \$ 25,000                              |
| Employee Dishonesty (including ERISA)  | \$ 10,000                              |
| Fine Arts  | \$ 10,000                              |
| Forgery  | \$ 10,000                              |
| Laptop Computers – Worldwide Coverage  | \$ 5,000                               |
| Off-Premises Utility Services – Direct Damage                                  | \$ 10,000                              |
| Outdoor Signs  | Full Value                             |
| Pairs or Sets  | Up to Business Personal Property Limit |
| Personal Property of Others  | \$ 10,000                              |
| Property at Other Premises   | \$ 10,000                              |
| Salespersons' Samples  | \$ 1,000                               |
| Sewer and Drain Back Up  | Included up to Covered Property Limit  |
| Sump Overflow or Sump Pump Failure   | \$ 15,000                              |
| Temperature Change   | \$ 10,000                              |
| Tenant Building and Business Personal Property Coverage –<br>Required by Lease | \$ 20,000                              |
| Transit Property in the Care of Carriers for Hire                              | \$ 10,000                              |
| Unauthorized Business Card Use   | \$ 2,500                               |
| Valuable Papers and Records – On/Off-Premises                                  | \$ 25,000                              |

The Limits of Insurance for the following Coverage Extensions are a replacement of the Limit of Insurance provided under the Standard Property Coverage Form or the Special Property Coverage Form, whichever applies to the policy:

| <b>Coverage</b>                                   | <b>Limit</b>                          |
|---|---------------------------------------|
| Newly Acquired or Constructed Property – 180 Days |                                       |
| Building  | \$1,000,000                           |
| Business Personal Property                        | \$ 500,000                            |
| Business Income and Extra Expense                 | \$ 500,000                            |
| Outdoor Property                                  | \$ 20,000 aggregate/ \$1,000 per item |
| Personal Effects                                  | \$ 25,000                             |
| Property Off-Premises                             | \$ 15,000                             |

The following changes apply only if Business Income and Extra Expense are covered under this policy. The Limits of Insurance for the following Business Income and Extra Expense Coverages are in addition to any other Limit of Insurance provided under this policy:

| <b>Coverage</b>   | <b>Limit</b>     |
|---|------------------|
| Business Income Extension for Off-Premises Utility Services | \$ 25,000        |
| Business Income Extension for Web Sites                     | \$ 10,000/7 days |
| Business Income from Dependent Properties                   | \$ 25,000        |

The following Limit of Insurance for the following Business Income Coverage is a replacement of the Limit of Insurance provided under the Standard Property Coverage Form or the Special Property Coverage Form, whichever applies to the policy:

| <b>Coverage</b>          | <b>Limit</b> |
|--------------------------|--------------|
| Extended Business Income | 60 Days      |

The following changes apply to Loss Payment Conditions:

| <b>Coverage</b>         | <b>Limit</b> |
|-------------------------|--------------|
| Valuation Changes       |              |
| Commodity Stock         | Included     |
| "Finished Stock"        | Included     |
| Mercantile Stock - Sold | Included     |



# **COMMON POLICY CONDITIONS**

## QUICK REFERENCE - SPECTRUM POLICY

### DECLARATIONS and COMMON POLICY CONDITIONS

#### I. DECLARATIONS

Named Insured and Mailing Address

Policy Period

Description and Business Location

Coverages and Limits of Insurance

#### II. COMMON POLICY CONDITIONS

Beginning on Page

|   |   |
|---|---|
| A. Cancellation   | 1 |
| B. Changes  | 1 |
| C. Concealment, Misrepresentation Or Fraud              | 2 |
| D. Examination Of Your Books And Records                | 2 |
| E. Inspections And Surveys                              | 2 |
| F. Insurance Under Two Or More Coverages                | 2 |
| G. Liberalization                                       | 2 |
| H. Other Insurance - Property Coverage                  | 2 |
| I. Premiums   | 2 |
| J. Transfer Of Rights Of Recovery Against Others To Us  | 2 |
| K. Transfer Of Your Rights And Duties Under This Policy | 3 |
| L. Premium Audit  | 3 |



# COMMON POLICY CONDITIONS

All coverages of this policy are subject to the following conditions.

## A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 5 days before the effective date of cancellation if any one of the following conditions exists at any building that is Covered Property in this policy:
    - (1) The building has been vacant or unoccupied 60 or more consecutive days. This does not apply to:
      - (a) Seasonal unoccupancy; or
      - (b) Buildings in the course of construction, renovation or addition.  
  
Buildings with 65% or more of the rental units or floor area vacant or unoccupied are considered unoccupied under this provision.
    - (2) After damage by a Covered Cause of Loss, permanent repairs to the building:
      - (a) Have not started; and
      - (b) Have not been contracted for, within 30 days of initial payment of loss.
    - (3) The building has:
      - (a) An outstanding order to vacate;
      - (b) An outstanding demolition order; or
      - (c) Been declared unsafe by governmental authority.
    - (4) Fixed and salvageable items have been or are being removed from the building and are not being replaced. This does not apply to such removal that is necessary or incidental to any renovation or remodeling.

## (5) Failure to:

- (a) Furnish necessary heat, water, sewer service or electricity for 30 consecutive days or more, except during a period of seasonal unoccupancy; or
  - (b) Pay property taxes that are owing and have been outstanding for more than one year following the date due, except that this provision will not apply where you are in a bona fide dispute with the taxing authority regarding payment of such taxes.
- b. 10 days before the effective date of cancellation if we cancel for nonpayment of premium.
  - c. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
  4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
  5. If this policy is canceled, we will send the first Named Insured any premium refund due. Such refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
  6. If notice is mailed, proof of mailing will be sufficient proof of notice.

## B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

## COMMON POLICY CONDITIONS

### C. Concealment, Misrepresentation Or Fraud

This policy is void in any case of fraud by you as it relates to this policy at any time. It is also void if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

1. This policy;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this policy.

### D. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to the policy at any time during the policy period and up to three years afterward.

### E. Inspections And Surveys

1. We have the right but are not obligated to:
  - a. Make inspections and surveys at any time;
  - b. Give you reports on the conditions we find; and
  - c. Recommend changes.
2. Any inspections, surveys, reports or recommendations will relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of any person. We do not represent or warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.
3. This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations on our behalf.

### F. Insurance Under Two Or More Coverages

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

### G. Liberalization

If we adopt any revision that would broaden the coverage under this policy without additional premium within 45 days prior to, or at any time during, the policy period, the broadened coverage will immediately apply to this policy.

### H. Other Insurance - Property Coverage

If there is other insurance covering the same loss or damage, we will pay only for the amount of covered loss or damage in excess of the amount

due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.

### I. Premiums

1. The first Named Insured shown in the Declarations:
  - a. Is responsible for the payment of all premiums; and
  - b. Will be the payee for any return premiums we pay.
2. The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. If applicable, on each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.
3. With our consent, you may continue this policy in force by paying a continuation premium for each successive one-year period. The premium must be:
  - a. Paid to us prior to the anniversary date; and
  - b. Determined in accordance with Paragraph 2. above.

Our forms then in effect will apply. If you do not pay the continuation premium, this policy will expire on the first anniversary date that we have not received the premium.

4. Changes in exposures or changes in your business operation, acquisition or use of locations that are not shown in the Declarations may occur during the policy period. If so, we may require an additional premium. That premium will be determined in accordance with our rates and rules then in effect.

### J. Transfer Of Rights Of Recovery Against Others To Us

Applicable to Property Coverage:

If any person or organization to or for whom we make payment under this policy has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

1. Prior to a loss to your Covered Property; or
2. After a loss to your Covered Property only if, at time of loss, that party is one of the following:

## COMMON POLICY CONDITIONS

- a. Someone insured by this insurance;
- b. A business firm:
  - (1) Owned or controlled by you; or
  - (2) That owns or controls you; or
- c. Your tenant.

You may also accept the usual bills of lading or shipping receipts limiting the liability of carriers.

This will not restrict your insurance.

### K. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual Named Insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is

appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

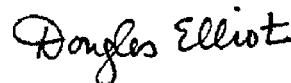
### L. Premium Audit

- a. We will compute all premiums for this policy in accordance with our rules and rates.
- b. The premium amount shown in the Declarations is a deposit premium only. At the close of each audit period we will compute the earned premium for that period. Any additional premium found to be due as a result of the audit are due and payable on notice to the first Named Insured. If the deposit premium paid for the policy term is greater than the earned premium, we will return the excess to the first Named Insured.
- c. The first Named Insured must maintain all records related to the coverage provided by this policy and necessary to finalize the premium audit, and send us copies of the same upon our request.

Our President and Secretary have signed this policy. Where required by law, the Declarations page has also been countersigned by our duly authorized representative.



Lisa Levin, Secretary



Douglas Elliot, President



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **TEMPERATURE CHANGE**

This endorsement modifies insurance provided under the following:

### **STANDARD PROPERTY COVERAGE FORM SPECIAL PROPERTY COVERAGE FORM**

This coverage applies only when it is indicated in the Declarations. The provisions of this policy apply to the coverage stated in this endorsement, except as indicated below.

**A.** We will pay for direct physical loss of or physical damage to "perishable stock" at the "scheduled premises" caused by or resulting from:

1. A change in temperature or humidity resulting from:

(a) Mechanical breakdown or failure of:

(1) Stationary heating plants; or

(2) Refrigerating, cooling or humidity control apparatus or equipment;

But only while such plants, equipment or apparatus are at the "scheduled premises".

(b) Complete or partial failure of electric power, either on or away from your "scheduled premises". Such failure of power must be due to conditions beyond your control; or

2. Contamination by a refrigerant.

### **B. SELLING PRICE**

We will determine the value of finished "perishable stock" in the event of direct physical loss or physical damage at the selling price, as if no physical loss or physical damage had occurred less discounts and expenses you otherwise would have had.

**C.** We will not pay for direct physical loss of or physical damage to "perishable stock" located:

1. On buildings;

2. In the open; or

3. In vehicles, other than trailers used for storage located within 1000 feet of the "scheduled premises".

### **D. EXCLUSIONS**

1. The following exclusions under SECTION B - EXCLUSIONS are deleted:

(a) Ordinance or Law;

(b) Power Failure; and

(c) Mechanical Breakdown in the Standard Property Coverage Form.

2. The following exclusions are added:

We will not pay for direct physical loss or physical damage caused by or resulting from:

(a) The disconnecting of any of the following systems from the source of power:

(1) Refrigerating;

(2) Cooling; or

(3) Humidity control.

(b) The loss of electrical power caused by the shutting off of any switch or other device used to control the flow of electric power or current.

(c) The inability of an electrical utility company, your stationary heating plant or any other power source to provide sufficient heat or power due to:

(1) Lack of fuel;

(2) Lack of capacity to make enough heat or power; or

(3) Order of the government.

(d) Breaking of any glass that is a permanent part of a refrigerating, cooling or humidity control unit.

### **E. DEDUCTIBLE**

We will not pay for loss in any one occurrence unless the amount of loss exceeds the deductible stated in paragraph **D.5.** of the Standard Property Coverage Form or **D.5.** of the Special Property Coverage Form., unless a different deductible is stated in the

Declarations for Temperature Change. We will then pay the amount of loss in excess of the deductible, up to the Limit of Insurance.

**F. LIMIT OF INSURANCE**

The most we will pay for direct physical loss or physical damage in any one occurrence is the Limit of Insurance for Temperature Change shown in the Declarations.

**G. ADDITIONAL CONDITIONS**

1. We will pay for direct physical loss or physical damage under this Optional Coverage only when:
  - (a) Such physical loss or physical damage is not covered elsewhere in this policy or any other policy that insures the "perishable stock" at the "scheduled premises"; and
  - (b) This Temperature Change coverage is shown as a specific item of insurance in the Declarations.
2. In the event of physical loss or physical damage, none of the other coverages under this policy or any other policy will share in its payment unless the provisions of the policy are similar to the provisions of this Optional Coverage.
3. We will not pay more than the Limit of Insurance shown in the Declarations for the Temperature Change.

**H. ADDITIONAL DEFINITIONS**

For the purpose of this insurance:

1. "Mechanical breakdown" means:
  - (a) Breaking or separation of any mechanical part(s) other than gas pipes or lines; or
  - (b) Burning out of any electrical motor servicing such unit; andrequiring replacement of the damaged parts to become functional.

But "mechanical breakdown" does not mean faulty operation or failure of equipment which results in temperature change but does not require replacement of broken parts.

We will not pay for direct physical loss or physical damage to "perishable stock" caused by such faulty operation or failure of equipment.
2. "Perishable stock" means personal property:
  - (a) Maintained under controlled conditions for its preservation; and
  - (b) Susceptible to direct physical loss or physical damage if the controlled conditions change.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

SCHEDULED PROPERTY SCHEDULE

| SCHEDULED PROPERTY SCHEDULE |  |             |
|-----------------------------|--|-------------|
| FAX? N                      | TOTAL SCHEDULE VALUE \$                            | 0057031.44  |
| LOC/BLDG                    | DESCRIPTION OF ITEM                                | VALUE       |
| CAMERA EQUIP                |  |             |
| SCHEDULE ON FILE WITH AGENT |  |             |
|                             | LUMIX -DMC-GH3 16.0 MP DIGITAL CAMERA BLK          | \$ 1,029.99 |
|                             | LUMIX- DMC-GH3 16.5 MP DIGITAL CAMERA BLK          | \$ 995.99   |
|                             | LENS CAP   | \$ 12.98    |
|                             | LUMIX X 12-35MM F2.8 MFT LENS                      | \$ 927.99   |
|                             | ELECTRONIC VIEWFINDER FO PANASONIC GF1 & LX5       | \$76.99     |
|                             | LUMIX DMC-GF2 12.1 MP DIGITAL CAMERA BLK           | \$ 106.05   |
|                             | LUMIX G 7-14MM F/4 ASPH MICRO FOUR THIRDS M4/3     | \$ 842.00   |
|                             | SLR MAGIC 25MM F0.95 (M4/3)                        | \$ 786.52   |
|                             | MACBOOK PRO 15.4" QUAD CORE I7 LAPTOP              | \$ 865.00   |
|                             | M.ZUIKO ED 45MM F/1.8 AF LENS (SILVER)             | \$ 312.00   |
|                             | FP410 MIXER  | \$ 85.53    |
|                             | PEN 17MM F/1.8 MICRO 4/3 DIG.WIDE ANLE LENS BLK    | \$ 499.00   |
|                             | LUMIX G VARIO H-FS100300 100-300MM F/4.0-5.6 LENS) | \$ 380.00   |
|                             | LUMIX G VARIO 35-100MM F/2.8 POWER O.I.S.          |             |
|                             | ASPHERICALAF G LEN                                 | \$ 919.25   |
|                             | GOOSE NECK\$ 35.68                                 |             |
|                             | AKG-B18 PHANTOM POWER SUPPLY                       | \$ 65.00    |
|                             | 701 HDV PRO FLUID VIDEO HEAD                       | \$ 87.87    |
|                             | MICRO HANDLE PLUS TOP                              | \$ 129.00   |
|                             | DSLR PRO MICROPHONE KIT                            | \$ 105.74   |
|                             | LENS GEAR  | \$ 42.00    |
|                             | DR-60D - 4 CHANNEL TRACK PCM RECORDER              | \$ 349.00   |
|                             | 4 POSITION BATTERY CHARGERS W/4-AA BATTERY         | \$ 36.70    |
|                             | DMW-BLC12 BATTERY PACK (GH2)                       | \$ 95.90    |
|                             | UCR-190 UHF WIRELESS MIC                           | \$ 207.50   |
|                             | DV MATTEBOX W/CAMERA PLATE                         | \$ 41.00    |
|                             | DV MATTEBOX FILTER HOLDERS                         | \$ 26.00    |
|                             | TR 50 TA5 CONNECTORS (2)                           | \$ 185.00   |
|                             | RECHARGEABLE 9 V BATTERIES(20) AND CHARGERS (2)    | \$ 480.07   |
|                             | SERIES 9/SER. IX ND.9 FILTER SERIES 9 3 STOP ND    | \$ 14.99    |
|                             | DATA DOUBLER OPTICAL HARD DRIVE/SSD                | \$ 37.99    |
|                             | PROMISE TECHNOLOGY 4-BAY (2.5" DRIVE)              |             |
|                             | PEGASUS J4 2.5" HDD/                               | \$ 387.99   |
|                             | 750 GB 2.5" MOMENTUS 7200RPM SATA 9.5MM            |             |
|                             | NOTEBOOK DRIVE                                     | \$ 374.95   |





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

SCHEDULED PROPERTY SCHEDULE

|   |           |
|---|-----------|
| SUPERSLI FOR APPLE SUPERDRIVE SB 2.0        |           |
| EXTERNAL ENCLOSURE                          | \$ 34.99  |
| UHF UCR190/UM190 WIRELESS                   | \$ 219.99 |
| GH3 VIDEO CAMERA CAGE                       | \$ 149.99 |
| GH3 VIDEO CAMERA CAGE                       | \$ 149.99 |
| VF-4 LCD VIEW FINDER                        | \$ 114.99 |
| RIGGY-MICRO 2 XLR W/PHANTOM PWR/PRE AMP     | \$ 329.00 |
| 58-77MM STEP UP RING                        | \$ 11.37  |
| 77MM CLIP-ON LENS CAP                       | \$ 11.85  |
| 62-77MM STEP UP RING                        | \$ 4.50   |
| FOAM WINDSCREEN F/QMSG-PRO MINI SG MIC      | \$ 14.99  |
| LUMIX DMW-LVF1 ELECTRONIC VIEWFINDER        | \$ 83.99  |
| SECURE DIGITAL MEMORY CARD CASE(2)          | \$ 38.84  |
| AKG B18-18V PHANTOM POWER BATTERY           | \$ 40.00  |
| CAMERA TRIGGER HANDLE FOR GH3               | \$ 107.73 |
| OFFICE MAC 2011                             | \$ 119.99 |
| CX200 3.5MM HEADPHONES                      | \$ 35.98  |
| MTS/M2TS CONVERTER FOR MAC-EDITING SOFTWARE | \$ 29.00  |
| ROXIO TOAST TITANIUM SOFTWARE               | \$ 29.00  |
| MACBOOK PRO UPGRADE                         | \$ 137.79 |
| CAMERA PHOTO PHOTOGRAPHERS HARNESS/BELT     | \$ 53.80  |

**POLICY NUMBER:** 30 SBA BT1423



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - PERSON-ORGANIZATION

LOCATION 001 BUILDING 001  
UNIVERSITY OF TEXAS AT AUSTIN  
1912 SPEEDWAY D4900  
AUSTIN, TX 78712



**Named Insured:** STONEBRIDGE COMMUNICATIONS, IN

**Policy Number:** 30 SBA BT1423

**Effective Date:** 06/01/15

**Expiration Date:** 06/01/16

**Company Name:** SENTINEL INSURANCE COMPANY, LIMITED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **TRADE OR ECONOMIC SANCTIONS ENDORSEMENT**

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.