

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENT PETITION REFERENCE COMMUNICATION

To: The Department or Commission Listed Below

From: Janice M Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

Petition No.	2022-327
Name of Petitioner	Black Leaders Detroit
Description of Petition	Request to hold "Ride for Equity" at Marygrove Conservancy, W. McNichols, and Livernois from 7:30AM to 12:00 PM on 5/21/2023
Type of Petition	Special Events
Submission Date	10/24/2022
Concerned Departments	Mayor's Office; Police Department; Fire Department; Health Department; Transportation Department; Municipal Parking Department;
Petitioner Contact	Sharea Ayers Black Leaders Detroit 8425 W. McNichols Detroit, MI 48221 3135504343 (Office) 419836071 (Mobile) sharea@blackleadersdetroit.org

SPECIAL EVENTS GUIDELINES

A Petitioner is required to obtain a Special Events Permit from the Detroit City Council to conduct any of the following event types in the public right – of – way or outdoors on private property:

- ❖ Bike Race and/or Ride
- ❖ Carnival
- ❖ Circus
- ❖ Concert
- ❖ Demonstrations
- ❖ Fireworks
- ❖ Marathon
- ❖ Outdoor Festival
- ❖ Performance
- ❖ Political Ceremony
- ❖ Rally
- ❖ Sports or Recreational Activity
- ❖ Street Fair
- ❖ Walkathon

Events that do not need to follow this process are: Residential Block Parties and Private Invitation Only events held **inside** a private facility.

Once the Event Type has been identified, the Petitioner must complete the Special Event Application in full and submit **60 DAYS** prior to the event. Applications **will not** be accepted by the Office of Special Events under 60 days, no exceptions.

Upon submittal, all City of Detroit Departments providing services and permits for the event will review the application. Petitioner **will** be contacted to present their event to the Special Events Management Group to review all aspects of their application and ensure adherence to each department's guidelines.

- ❖ **DO NOT ADVERTISE OR PUBLICIZE YOUR EVENT PRIOR TO APPROVAL FROM DETROIT CITY COUNCIL.**

Please be aware each facet of your event is subject to change based on Public Health and Safety standards by the City of Detroit in respect to availability of services and scheduling of other events. **ALL** applications are subject to denial, no exceptions.

Preparation

Large events are complex and may require supplemental applications and a detailed event plan.

1. Set your event dates
2. Check for conflicting dates
Call the Office of Special Events at (313)224-1606.
3. Know the event location and primary intersection
4. Review and complete the Special Event Application
5. Identify the additional supplemental forms required to obtain a permit for your event.
6. Attend your Special Events meeting to review your application

Inform Your Vendors

1. Inform your vendors and/or licensed contractors that they will have to obtain certain permits as specified on the Special Event Application.
2. You, your vendor or licensed contractor are responsible for obtaining these permits after your application is approved. These may include park permits, liquor licenses, temporary food permits, tent permits, generator permits, etc.
3. The list of all vendors that will be at the event should be submitted to the Office of Special Events.

What to Expect

1. The Office of Special Events will review your application in full to ensure it is complete.
2. You will receive an email and/or call with a meeting date for you to present your event before the Special Events Management Group. If you do not, call the Special Events Office at (313) 224-1606.
3. The Special Events Management Group will go over the details of your event on your meeting date and advise which permits will be required.
4. If a "Temporary Use Permit" is required, please complete that ASAP and
5. If there are no outstanding issues with your event, at the close of your meeting the Office of Special Events will request the City Clerk's office to submit your application to City Council for approval.
6. The Office of Special Events will let you know when your approved City Council Event Permit is ready for pick up. **Now you can advertise.**

Successful events are the result of advanced planning, effective communication and teamwork. Please review the "Frequently Asked Questions" for more information.

Special Events Frequently Asked Questions

The Special Events Frequently Asked Questions (FAQ) page is setup to answer both the common and not so common questions regarding Special Events.

By Department

City Engineering – (313) 224-3935
Traffic Engineering – (313) 628-5603
Municipal Parking – (313) 221-2518
Building Safety Environment and Engineering - (313) 224-3259
Business Licensing Department – (313) 224-0365
Detroit Police Department – (313) 237-2826
Detroit Fire Marshall Division – (313) 596-2932

City Engineering: Do I need a permit to close a street or sidewalk?

“Right of Way” Permit

A Right of Way permit is required for any event that will use a portion of a street, ally or sidewalk. This includes the closing of an entire street or designation of curb lanes for special parking/no parking.

The City Engineering Department will review the request and recommend adjustments to the street plan. Clean up and/or other conditions will be communicated to you after your application has been reviewed at the Special Events Management meeting.

“Right of Way” Permit Costs

Right of Way Permits for Special Events cost may vary. Upon receipt of your Special Events Application, the City Engineering Department will consider the emergency vehicle access, parking and traffic congestion when approving your application.

Traffic Engineering: Who will close the street?

The applicant is responsible for closing the street with proper barricades and clear, concise signage for traffic detours. The City of Detroit requires a “Type 3” barricade for all closures. As part of your application, you will be asked to submit the name of the traffic control company you are hiring for managing closures/detours, along with the detail plan of where the barricades and signage will be placed.

Michigan State Highway Closures

Some city streets are also state highways and require a closure permit from the Michigan Department of Transportation. Closing any interstate on/off ramps also requires a permit from the Michigan Department of Transportation. After reviewing your application, the Office of Special Events will alert you if a MDOT permit is required and provide you with further information on how to apply for the permit. You will be responsible for hiring a traffic control company to manage the closure.

Route Description

A Street Closing Report must be included in your Special Events Application. It must provide a text and turn-by-turn description of your route from the start point to end point. The wording should utilize directions (N, S, E, W) as well as street names. A map attachment of your route is mandatory.

Municipal Parking: Can I close a parking lane?

Parking Meters and Costs

The City of Detroit - Municipal Parking Department manages parking meters, which must be rented for the time that the curb lane will be blocked from public parking.

Building Safety Environment Engineering: Do I need a permit for a tent?

Tents requiring permits

Any tent larger than a 10x10 will require a tent permit.

Tent Overview -

- shall not be erected prior to obtaining a tent permit;
- shall not be operated or occupied prior to inspection and formal approval by the Fire Safety Unit inspector.
- A site plan must include the following: location of the tent(s) in relation to the property lines and building(s), the means of egress (exits) and exit path(s) to the street, alley or public way for the tent and for any building affected by an erected tent. Exit signs, emergency lights, doors and any HVAC for the tent shall be shown on the plans upon application submittal.
- Formal approval will be issued in the form of a "Certificate of Inspection" signed and dated by the Fire Safety Unit inspector and an "Occupancy Load Placard" indicating the maximum number of persons allowed in the tent. Both documents shall be posted in a conspicuous, protected location.
- It shall be the responsibility of the applicant to ensure that the tent is being operated and maintained in a safe manner in accordance with the permit requirements, including not exceeding the occupant load. Failure to operate and maintain the tent in accordance with the permit requirements may result in immediate closure, revocation of the "Certificate of Inspection", fines and/or other legal actions by the City of Detroit.
- For specific fire safety questions regarding tents, relating to exits, occupant loads, exit signs, emergency lighting, fire extinguishers, exit doors and hardware etc. contact the Detroit Fire Department - Fire Inspection Unit.

Temporary Power Using Generators

Generators providing power for an event will require a permit from the Building, Safety, Engineering and Environmental Department. An inspector from the Building, Safety, Engineering and Environmental Department will be onsite to inspect the generator prior to the event. If a problem is found it must be corrected immediately or the City reserves the right to shut down your event.

Business Licensing: Do I need a permit to sell merchandise?

Selling/Serving Food and/or Alcohol

For the sale of/or consumption of liquor, wine or spirits at an event a Liquor License must be obtained from the State of Michigan through the Detroit Police Department. The licensing process can take up to one month. The State of Michigan must receive your request two weeks prior to the date of the event.

Applicants must apply for a food vendor's permit and temporary Liquor License permit.

- All food vendors must be licensed and inspected by the City of Detroit.
- It is MANDATORY for you to submit a copy of the temporary Liquor License from the State of Michigan to the Business Licensing Department to also receive a Temporary Liquor License permit from the City of Detroit.

Public Safety Detroit Police Department, Emergency Medical and Fire

Security Plan

The goal of a successful contingency plan is not only to protect life and property by identifying the risks associated with an event, but to also develop a plan of action to minimize those risks and address the safety requirements of the participants and spectators. Event organizers should take into consideration the scope of the event, the potential risk of injury or illness to participants and spectators, security needs, and emergency support required to help promote a safe and enjoyable event. Should a natural or man-made disaster occur, the event organizer(s) is legally and morally obligated to ensure that the necessary and appropriate actions will be taken to minimize harm. The Detroit Police Department stands ready to work with you to ensure that the necessary resources and personnel are available to help make your event successful. The Detroit Police Department and Detroit Emergency Medical Service Department will provide the requirements based on the uniqueness of your event.

Notification to Surrounding Area

To ensure the safety of the event participants and the community, it is the responsibility of the event organizers to arrange notification to businesses and residents in the area immediately surrounding the event site. This communication should include details about the event such as dates and times they will likely be impacted by the flow of traffic and people, etc.

Trash Collection for Events

Clean-up following the event is the responsibility of the applicant. You will be asked to provide the name of the sanitation company as well as a contract of services provided by said company to ensure the event site will be returned back to its original state.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Ride for Equity

Event Location: Marygrove Conservancy, W. McNichols, and Livernois

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Black Leaders Detroit

Organization Mailing Address: 8425 W. McNichols

Business Phone: 313-550-4343

Business Website: blackleadersdetroit.org

Applicant Name: Sharea Ayers

Business Phone: 3135504343

Cell Phone: 419836071

Email: sharea@blackleadersdetroit.org

Event On-Site Contact Person:

Name: Sharea Ayers

Business Phone: 4198360771

Cell Phone: 3134043345

Email: sharea@blackleadersdetroit.org

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Bike Ride

Projected Number of Attendees: 200

Please provide a brief description of your event:

The Ride For Equity is a seven-day, 377-mile charity bike ride from Detroit to the Mackinac Policy Conference we undertake to call attention to the lack of access to capital Black entrepreneurs have historically faced when applying to traditional financial institutions

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 05/21/2023 Time: 7:30 am Complete Set-up Date: 05/21/2023 Time: 8:30 am

Event Start Date: 05/21/2023 Time: 7:30 am Event End Date: 05/21/2023 Time: 12:00 pm

Begin Tearing Down Date: May 21, 2023 Complete Tear Down Date: May 21, 2023

Event Times (If more than one day, give times for each day):
NA

Section 3- LOCATION/SITE INFORMATION

Location of Event: Marygrove conservancy to Livernois to Ferndale

Facilities to be used (Check) Street ☒ Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

N/A

Will a sound system be used? ☐ Yes ☒ No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

N/A

How many generators will be used? _____

How will the generators be fueled?

N/A

Name of vendor providing generators:

Contact Person: N/A

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: BLD will need Detroit police escorts for the bike ride for equity.

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

The Ride For Equity will impact traffic because the riders will be in the street with their bikes. Also, police escorts will be needed for safety.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:
Yard signs, emails, block clubs/community meetings

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

Event insurance will be purchased closer to the date of the Ride for Equity.

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature via SeemlessDoc.com
Sharea Ayers
Key: #f1fa18e312606f647615c0b05

10-20-2022

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Ride for Equity Event
Date: 5/21/2021

Event Organizer:
Black Leaders Detroit

Applicant Signature: *Sharea Ayers*
Date: 10-20-2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Davis Insurance Group A 31750 Harper Ave. St Clair Shores MI 48082		CONTACT NAME: Brandon Davis PHONE (A/C, No, Ext): (586) 944-2220 E-MAIL ADDRESS: bdavis@davisinsgrp.com FAX (A/C, No): (586) 944-2249	
INSURED Black Leaders Detroit Freedom Day 5K 8245 W McNichols Rd Detroit MI 48221		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	x	x	CPS7782308	06/17/2023	06/18/2023	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Marygrove Conservancy is Additional Insured with respect to General Liability as required by contract. Coverage is Primary and Non-Contributory. Waiver of Subrogation is in favor of Certificate Holder.

CERTIFICATE HOLDER**CANCELLATION**

Marygrove Conservancy C/O Beanstalk Real Estate Solutions 8245 W McNichols Rd. Detroit MI 48221	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Jessica Wesley
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Davis Insurance Group A 31750 Harper Ave. St Clair Shores MI 48082		CONTACT NAME: Brandon Davis PHONE (A/C, No, Ext): (586) 944-2220 FAX (A/C, No): (586) 944-2249 E-MAIL: bdavis@davisinsgrp.com ADDRESS:	
INSURED Black Leaders Detroit Freedom Day 5K 8245 W McNichols Rd Detroit MI 48221		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Comapny INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	x	x	CPS7782308	06/17/2023	06/18/2023	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Marygrove Conservancy is Additional Insured with respect to General Liability as required by contract. Coverage is Primary and Non-Contributory. Waiver of Subrogation is in favor of Certificate Holder.

CERTIFICATE HOLDER**CANCELLATION**

Marygrove Conservancy
C/O Beanstalk Real Estate Solutions
8245 W McNichols Rd.

Detroit MI 48221

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jessica Wesley

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Davis Insurance Group A 31750 Harper Ave. St Clair Shores MI 48082		CONTACT NAME: Brandon Davis PHONE (A/C, No. Ext): (586) 944-2220 E-MAIL ADDRESS: bdavis@davisinsgrp.com FAX (A/C, No): (586) 944-2249	
INSURED Black Leaders Detroit 8245 W McNichols Rd Detroit MI 48221		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Comapny INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	x	x	CPS7774491	05/21/2023	05/27/2023	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMPIOP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Marygrove Conservancy and Beanstalk Real Estate are Additional Insured with respect to General Liability as required by contract. Coverage is Primary and Non-Contributory. Waiver of Subrogation is in favor of Certificate Holder.

CERTIFICATE HOLDER**CANCELLATION**

Marygrove Conservancy
C/O Beanstalk Real Estate Solutions
8245 W McNichols Rd.

Detroit MI 48221

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jessica Wesley



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

April 4, 2023

Juneteenth Jubilee of Detroit
2 WOODWARD AVE
DETROIT MI 48226

Account Information:

Policy Holder Details :	LE CREPE DBA LE CREPE
-------------------------	-----------------------



Contact Us

Need Help?

Chat online or call us at

(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/04/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
GRAND GENERAL INSURANCE AGENCY
81151515
1240 CHICAGO DRIVE
JENISON MI 49428

CONTACT NAME:

PHONE (800) 869-2022

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL ADDRESS:**INSURER(S) AFFORDING COVERAGE**

NAIC#

INSURER A: Twin City Fire Insurance Company

29459

INSURED
LE CREPE DBA LE CREPE
317 S WASHINGTON AVE
ROYAL OAK MI 48067-3822

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	X		81 SBA IK9692	06/15/2022	06/15/2023	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X	General Liability						MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								
A	AUTOMOBILE LIABILITY				81 SBA IK9692	06/15/2022	06/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/>	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	X	HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/>								
	<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/>	OCCUR CLAIMS-MADE				EACH OCCURRENCE	
							AGGREGATE		
	<input type="checkbox"/> DED	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE -EA EMPLOYEE	
								E.L. DISEASE - POLICY LIMIT	
A	DATA BREACH - RESPONSE EXPENSE COVG				81 SBA IK9692	06/15/2022	06/15/2023	Limit	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Juneteenth Jubilee of Detroit
2 WOODWARD AVE
DETROIT MI 48226

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan S. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:


- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

Additional Attachments:

6. Event layout diagram
7. Detail and Description for Securing the Exterior Site

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Signature of Applicant

03-20-2023

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 46th Annual St. Patrick Irish Festival Event
Date: 5/21/2023

Event Organizer:
St. Patrick Senior Center, Inc.

Applicant Signature:
Date: 03-20-2023

Signature of Applicant

Signature of Applicant

Davis Insurance Group

Enclosed you will find **an admitted** renewal Businessowners quote for Black Leaders Detroit. The Expiring policy number is NBP1560852 and the expiration date is 2/2/2023.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- Endorsement BP-167 Computer Systems Coverage for your review.
- Endorsement BP1560 Cyber Incident Exclusion for your review.
- Endorsement Notice-CyberIncidentExcl-BP Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder for your review.
- Endorsement BP0136 Michigan Changes for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send the insured an invoice based on the terms reflected in this quote.
Payment is due to the carrier by the expiration date in order to renew coverage.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at www.usli.com/ezpay. By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

Please advise your agent as soon as possible if changes are needed or optional coverages are desired.

Nationwide Brokerage Solutions®

NBS INSURANCE AGENCY, INC.
280 N. High Street, Suite 300
Columbus, OH 43215-2535
(800) 444-1744 Fax: (877) 444-4094

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to renew this coverage with you!

Sincerely,
Renewals - Commercial - Insurance Intermediaries
NBS INSURANCE AGENCY, INC.
(800) 444-1744

NBP021N0326

Quote is valid until 2/2/2022

Re: **Black Leaders Detroit**
Renewal of: NBP1560852 - Expiration Date: 2/2/2022

To: Davis Insurance Group

Attn: Commission: _____%

From: Renewals - Commercial - Insurance Intermediaries

nbs@nationwide.com / (800) 444-1744

Confirm optional coverages:

- ☐ Do not include any optional coverages.
☐ Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

****DIRECT BILL RENEWAL****

The policyholder will be invoiced 45 days prior to expiration.

This renewal will be invoiced with 1 installment.

This quote is for informational purposes only - do not bill or collect payment.

Please advise as soon as possible if changes are needed or optional coverages are desired.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

BUSINESSOWNERS POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII

COVERAGE PART

Businessowners	\$395.00
Management Liability Coverages	\$698.00
TOTAL PREMIUM DUE TO CARRIER	\$1,093.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0.00
TOTAL AMOUNT DUE	\$1,093.00

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- No Underwriting Notes

II. DIRECT BILL QUOTE INFORMATION**Additional Quote Information**

-If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.

III. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 8425 W McNichols, Ste 202, Detroit, MI 48221

Construction: Frame / Protection Class: 6

Property Coverage

Perils: Special

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$5,000	\$1,000	Replacement Cost		Included
Business Income and Extra Expense	\$50,000	N/A	Not Applicable		Included

Property Coverage Premium for Location #1: \$50 MP

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$10,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

Warranted Property Conditions

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]
- Functioning and operational central station burglar alarms with a monitoring contract.[P-7]

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Charitable Organization - Not-For-Profit only	0702	41668	Total Area	1,500	0.000	158.589	\$0	\$238
				Per 1,000 Total Area				
Blanket Special Events Liability - Non-Profit Organizations		00041	Flat	Flat	0.000	100.000	\$0	\$100

Liability Coverage Premium for Location #1: \$345 MP

Management Liability Coverages

Description	Retention (each claim)	Premium
Directors and Officers Liability	\$0	\$698

Management Liability Coverages Premium for Location #1: \$698

Total for Location: \$1,093

IV. LIABILITY LIMITS OF INSURANCE**BUSINESSOWNERS GENERAL LIABILITY**

Liability and Medical Expense	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit	\$1,000,000
-------------------	-------------

V. REQUIRED FORMS & ENDORSEMENTS**Non Profit Management Liability Endorsements**

DO MI	(06/17) Michigan Amendatory Endorsement	DO-283	(05/17) Data and Security Plus Endorsement
DO-100	(05/17) Directors and Officers Coverage Part	DO-GTC	(05/17) General Terms and Conditions
DO-207	(05/17) Failure to Maintain Insurance Exclusion		

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Common Endorsements

BP0003	(01/10) Businessowners Coverage Form	BP-48	(05/16) Exclusion – Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
**BP0136	(04/21) Michigan Changes	BP-49	(01/13) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead
BP0417	(01/10) Employment-Related Practices Exclusion	BP-500	(11/18) Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors and Subcontractors
BP-102	(01/15) Exclusion Of War, Military Action And Terrorism	BP-58	(05/07) Animal Exclusion
BP-107	(04/08) Actual Cash Value Definition	BP-59	(02/13) Exclusion - Athletic Activity Or Sport Participants
BP-11	(05/04) Exclusion - Fiduciary Liability and Financial Services	BP-60	(05/07) Exclusion For Bleacher Collapse
BP-115	(07/08) Protective Devices Or Services Provisions	BP-65	(05/07) Exclusion For Mechanical Rides
BP-136	(01/09) Classification Limitation Endorsement	BP-8 SP	(10/19) Limits of Insurance Under Multiple Coverage Forms
BP-15	(07/04) Business Income and Extra Expense Limit	BP-88	(04/06) Expanded Definition of Bodily Injury
BP1505	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	BP-90	(11/10) Amended Definition
BP-152	(08/10) Separation Of Insureds Clarification Endorsement	BP-95	(05/07) Exclusion For Climbing, Rebounding And Interactive Games And Devices
*BP1560	(02/21) Cyber Incident Exclusion	BP-96	(05/07) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
BP-165	(05/18) Exclusion - Specific Activities, Events or Conditions or Over 2,500 People	BP-97	(05/07) Exclusion For Event Vendor/Exhibitor & Contractor
*BP-167	(11/11) Computer Systems Coverage	Jacket	(07/19) Policy Jacket
BP-168	(11/11) Exclusion - Injury To Performers Or Entertainers	*Notice-CyberIncidentExcl -BP	(01/21) Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder
BP-179 NBP	(12/17) Amendment of Liquor Liability Exclusion	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
BP-40	(03/11) Molestation Or Abuse Exclusion		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

VI. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Additional Premium
Option 1 Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 10.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VII. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

SINGLE PAYMENT - The entire premium is invoiced with one installment and due by the inception date.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Applicant Name (Print) _____

Named Insured _____

Authorized Signature _____

Date _____

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

COMPUTER SYSTEMS COVERAGE

Section I – Property, A. Coverage, 5. Additional Coverages, p. Electronic Data is deleted in its entirety and replaced by the following:

p. Electronic Data

- (1) Subject to the provisions of this Additional Coverage, we will pay for the cost to replace or restore "electronic data" which has been destroyed or corrupted by a Covered Causes of Loss and Collapse. To the extent that "electronic data" is not replaced or restored, the loss will be valued at the cost of replacement of the media on which the "electronic data" was stored, with blank media of substantially identical type.
- (2) The Covered Causes of Loss applicable to Electronic Data shall include a computer virus, harmful code or similar instruction introduced into or enacted on a computer system (including "electronic data") or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no coverage for loss or damage caused by or resulting from manipulation of a computer system (including "electronic data") by any employee, including a temporary or leased employee, or by an entity retained by you, or for you, to inspect, design, install, modify, maintain, repair or replace that system.
- (3) The most we will pay under this Additional Coverage – Electronic Data for all loss or damage sustained in any one policy year, regardless of the number of occurrences of loss or damage or the number of premises, locations or computer systems involved, is \$10,000, unless a higher Limit of Insurance is shown in the Declarations. If loss payment on the first occurrence does not exhaust this amount, then the balance is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.
- (4) We cover "computer(s)" and "electronic data" wherever for Covered Causes of Loss and Collapse located within:
 - (a) The United States of America (including its territories and possessions);
 - (b) Puerto Rico; and
 - (c) Canada.

Section I – Property, A. Coverage, 5. Additional Coverages, q. Interruption Of Computer Operations is deleted in its entirety and replaced by the following:

q. Interruption Of Computer Operations

- (1) Subject to all provisions of this Additional Coverage, you may extend the insurance that applies to Business Income and Extra Expense to apply to a suspension of "operations" caused by an interruption in computer operations due to destruction or corruption of "electronic data" due to a Covered Causes of Loss.
- (2) With respect to the coverage provided under this Additional Coverage, the Covered Causes of Loss are subject to the following:
 - (a) Coverage under this Additional Coverage – Interruption Of Computer Operations is limited to the Covered Causes of Loss and Collapse.
 - (b) The Covered Causes of Loss shall include a computer virus, harmful code or similar instruction introduced into or enacted on a computer system (including "electronic data") or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no coverage for an interruption related to manipulation of a computer system (including "electronic data") by any employee, including a temporary or leased employee, or by an entity retained by you, or for you, to inspect, design, install, modify, maintain, repair or replace that system.
- (3) The most we will pay under this Additional Coverage – Interruption Of Computer Operations for all loss sustained and expense incurred in any one policy year, regardless of the number of interruptions or the number of premises, locations or computer systems involved, is \$10,000 unless a higher Limit of Insurance is shown in the Declarations. If loss payment relating to the first interruption does not exhaust this amount, then the balance is available for loss or expense sustained or incurred as a result of subsequent interruptions in that policy year. A balance remaining at the end of a policy year does not increase the amount of insurance in the next policy year. With respect to any interruption which begins in one policy year and continues or results in additional loss or expense in a subsequent policy year(s), all loss and expense is deemed to be sustained or incurred in the policy year in which the interruption began.
- (4) This Additional Coverage – Interruption Of Computer Operations does not apply to loss sustained or expense incurred after the end of the "period of restoration", even if the amount of insurance stated in (3) above has not been exhausted.

- (5) Coverage for Business Income does not apply when a suspension of "operations" is caused by destruction or corruption of "electronic data", or any loss or damage to "electronic data", except as provided under Paragraphs (1) through (4) of this Additional Coverage.**
- (6) Coverage for Extra Expense does not apply when action is taken to avoid or minimize a suspension of "operations" caused by destruction or corruption of "electronic data", or any loss or damage to "electronic data", except as provided under Paragraphs (1) through (4) of this Additional Coverage.**

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CYBER INCIDENT EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I – Property is amended as follows:

A. The following exclusion is added to Paragraph B. Exclusions:

We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

Cyber Incident

1. Unauthorized access to or use of any computer system (including "electronic data").
2. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system (including "electronic data") and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system (including "electronic data") or otherwise disrupt its normal functioning or operation.
3. Denial of service attack which disrupts, prevents or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation.

B. Exceptions And Limitations

1. Fire Or Explosion

If a cyber incident as described in Paragraphs **A.1.** through **A.3.** of this exclusion results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

2. Additional Coverage

The exclusion in Paragraph **A.** does not apply to the extent that coverage is provided in the:

- a. Additional Coverage – Electronic Data; or
- b. Additional Coverage – Interruption Of Computer Operations.

3. Computer Fraud And Funds Transfer Fraud Endorsement

The exclusion in Paragraph **A.** does not apply to the Computer Fraud And Funds Transfer Fraud endorsement when attached to your policy.

4. Electronic Commerce Endorsement

The exclusion in Paragraph **A.** does not apply to the Electronic Commerce (E-Commerce) endorsement when attached to your policy.

5. Information Security Protection Endorsement

The exclusion in Paragraph **A.** does not apply to the Information Security Protection Endorsement when attached to your policy.

C. Vandalism

The following is added to Vandalism:

Vandalism does not include a cyber incident as described in Paragraph **A.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICHIGAN CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. Section I – Property is amended as follows:

1. Paragraph B.2.f. is replaced by the following:

f. Dishonesty

Dishonest or criminal acts (including theft) by a "perpetrator"; or theft by any person to whom you entrust the property for any purpose, whether acting alone or in collusion with any other party.

This exclusion:

- (1)** Applies whether or not an act occurs during your normal hours of operation;
- (2)** Does not apply to acts of destruction by your employees (including temporary or leased employees) or authorized representatives; but theft by your employees (including temporary or leased employees) or authorized representatives is not covered.

However, with respect to loss or damage caused by or resulting from criminal acts, this exclusion only applies to the extent that a "perpetrator", or a person to whom you entrusted the property:

- (1)** Admits, under oath; or
- (2)** Is determined in any legal proceeding; to have committed or directed the criminal act. For purposes of this exclusion, a determination in any legal proceeding includes, but is not limited to, a criminal conviction, a judgment, decree, ruling or order pronounced by any court of competent jurisdiction or an order or ruling pronounced by any administrative agency.

With respect to accounts receivable and "valuable papers and records", this exclusion does not apply to carriers for hire.

This exclusion does not apply to coverage that is provided under the Employee Dishonesty Optional Coverage.

2. Paragraph E.2. Appraisal Property Loss Condition is replaced by the following:

2. Appraisal

If we and you disagree on the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and independent appraiser within 20 days after receiving a written request from the other. The two appraisers will select a competent and impartial umpire. If they cannot agree upon an umpire within 15 days, either may request that selection be made by a judge of the circuit court for the county in which the loss occurred or in which the property is located. The appraisers will state separately the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

3. The following is added to Paragraph E.4. Legal Action Against Us Property Loss Condition:

The time for commencing an action against us is tolled from the time you notify us of the loss or damage until we formally deny liability for the claim.

4. The following is added to Paragraph **E.5. Loss Payment** Property Loss Condition and Paragraph **F.2. Mortgageholders** Property General Condition:

If a municipality has elected to apply the provisions of 1998 Michigan Public Act 217, a part of our payment for fire, explosion, vandalism, windstorm or hail, or riot or civil commotion loss or damage to your covered real property in that municipality will be withheld if the loss or damage is subject to the provisions of the Act. The withheld amount will be paid either to:

- (a) The municipality;
- (b) You and the mortgageholder, if any; or
- (c) With your consent, the licensed contractor hired by you to perform repair, replacement, or removal services on the lost or damaged real property;

according to the provisions of Public Act 217. We will notify you, any mortgageholder and the municipality of any loss subject to the provisions of Public Act 217.

If a municipality has elected to apply the provisions of MICH. COMP. LAWS § 500.3011, any further payment for claims for loss or damage to your covered property caused by fire or explosion of \$2,000 or more will be withheld if you have failed to submit a required report to the fire or law enforcement authority designated by the municipality.

5. Paragraph **G.3.b.(1)** of the **Employee Dishonesty** Optional Coverage is replaced by the following:

b. We will not pay for loss or damage:

- (1) Resulting from any dishonest or criminal act that a "perpetrator" commits.

However, with respect to loss or damage resulting from a criminal act, this exclusion only applies to the extent that a "perpetrator", or a person to whom you entrusted the property:

- (1) Admits, under oath; or
- (2) Is determined in any legal proceeding; to have committed or directed the criminal act. For purposes of this exclusion, a determination in any legal proceeding includes, but is not limited to, a criminal conviction, a judgment, decree, ruling or order pronounced by any court of competent jurisdiction or an order or ruling pronounced by any administrative agency.

6. The following is added to Paragraph **H. Property Definitions**:

a. With respect to Paragraph **B.2.f. Dishonesty**, "perpetrator" means:

- (1) You or anyone else with an interest in the property; or
- (2) Any of your or their partners, "members", officers, "managers", employees (including temporary or leased employees), directors, trustees or authorized representatives;

whether acting alone or in collusion with each other or with any other party who commits the dishonest or criminal act.

b. With respect to Paragraph **G.3.b.(1)** of the **Employee Dishonesty** Optional Coverage, "perpetrator" means:

- (1) You; or
- (2) Any of your partners or "members"; whether acting alone or in collusion with other persons who commit the dishonest or criminal act.

B. Section II – Liability is amended as follows:

1. Paragraph **A.1.f.(1)(f) Coverage Extension – Supplementary Payments** is replaced by the following:

- (f) Prejudgment interest awarded against the insured on the part of the judgment we pay.

2. The **Criminal Acts** Exclusion of Paragraph **B.1.** is replaced by the following:

Criminal Acts

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.

However, this exclusion only applies to the extent that the insured:

- (1) Admits, under oath; or
- (2) Is determined in any legal proceeding;

to have committed or directed the criminal act. For purposes of this exclusion, a determination in any legal proceeding includes, but is not limited to, a criminal conviction, a judgment, decree, ruling or order pronounced by any court of competent jurisdiction or an order or ruling pronounced by any administrative agency.

3. Paragraph E.2. Duties In The Event Of Occurrence, Offense, Claim Or Suit Liability And Medical Expenses General Condition is amended as follows:

a. Paragraph b. is replaced by the following:

b. If a claim is made or "suit" is brought against any insured, you must:

(1) Immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive notice of the claim or "suit" as soon as practicable.

Notice given by or on behalf of the insured to our authorized agent, with particulars sufficient to identify the insured, shall be considered notice to us.

b. Paragraph d. is replaced by the following:

d. Failure to:

(1) Give us notice of an "occurrence", offense, claim or "suit" as soon as practicable; or

(2) Immediately send us copies of demands, notices, summonses or legal papers received in connection with the claim or "suit";

shall not invalidate the claim made by you if it shall be shown that it was not reasonably possible to give us notice as soon as practicable or to immediately send us copies, and that you gave us notice and sent us copies as soon as was reasonably possible.

c. The following paragraph is added:

e. No insureds will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

C. Section III – Common Policy Conditions is amended as follows:

Paragraphs A.1., A.2., A.3. and A.5. Cancellation are replaced by the following:

1. The first Named Insured shown in the Declarations may cancel this Policy by giving us or our authorized agent notice of cancellation.

2. We may cancel this Policy by mailing or delivering to the first Named Insured, with postage fully prepaid, written notice of cancellation at least:

a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

b. 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 or our authorized agent.

5. If this Policy is cancelled, we will send the first Named Insured any pro rata premium refund due. The minimum earned premium shall not be less than the pro rata premium for the expired time or \$25, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.

Davis Insurance Group

Enclosed you will find **an admitted** renewal Businessowners quote for Black Leaders Detroit. The Expiring policy number is NBP1560852 and the expiration date is 2/2/2023.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- Endorsement BP-167 Computer Systems Coverage for your review.
- Endorsement BP1560 Cyber Incident Exclusion for your review.
- Endorsement Notice-CyberIncidentExcl-BP Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder for your review.
- Endorsement BP0136 Michigan Changes for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send the insured an invoice based on the terms reflected in this quote.
Payment is due to the carrier by the expiration date in order to renew coverage.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at www.usli.com/ezpay. By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

Please advise your agent as soon as possible if changes are needed or optional coverages are desired.

Nationwide Brokerage Solutions®

NBS INSURANCE AGENCY, INC.
280 N. High Street, Suite 300
Columbus, OH 43215-2535
(800) 444-1744 Fax: (877) 444-4094

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to renew this coverage with you!

Sincerely,
Renewals - Commercial - Insurance Intermediaries
NBS INSURANCE AGENCY, INC.
(800) 444-1744

NBP021N0326

Quote is valid until 2/2/2022

Re: **Black Leaders Detroit**

Renewal of: NBP1560852 - Expiration Date: 2/2/2022

To: Davis Insurance Group

Attn: Commission: _____%

From: Renewals - Commercial - Insurance Intermediaries

nbs@nationwide.com / (800) 444-1744

Confirm optional coverages:

- ☐ Do not include any optional coverages.
☐ Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

****DIRECT BILL RENEWAL****

The policyholder will be invoiced 45 days prior to expiration.

This renewal will be invoiced with 1 installment.

This quote is for informational purposes only - do not bill or collect payment.

Please advise as soon as possible if changes are needed or optional coverages are desired.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

BUSINESSOWNERS POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII

COVERAGE PART

	PREMIUM
Businessowners	\$395.00
Management Liability Coverages	\$698.00
TOTAL PREMIUM DUE TO CARRIER	\$1,093.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0.00
TOTAL AMOUNT DUE	\$1,093.00

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- No Underwriting Notes

II. DIRECT BILL QUOTE INFORMATION**Additional Quote Information**

-If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.

III. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 8425 W McNichols, Ste 202, Detroit, MI 48221

Construction: Frame / Protection Class: 6

Property Coverage

Perils: Special

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$5,000	\$1,000	Replacement Cost		Included
Business Income and Extra Expense	\$50,000	N/A	Not Applicable		Included

Property Coverage Premium for Location #1: \$50 MP

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$10,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

Warranted Property Conditions

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]
- Functioning and operational central station burglar alarms with a monitoring contract.[P-7]

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Charitable Organization - Not-For-Profit only	0702	41668	Total Area	1,500	0.000	158.589	\$0	\$238
				Per 1,000 Total Area				
Blanket Special Events Liability - Non-Profit Organizations		00041	Flat	Flat	0.000	100.000	\$0	\$100

Liability Coverage Premium for Location #1: \$345 MP

Management Liability Coverages

Description	Retention (each claim)	Premium
Directors and Officers Liability	\$0	\$698

Management Liability Coverages Premium for Location #1: \$698

Total for Location: \$1,093

IV. LIABILITY LIMITS OF INSURANCE**BUSINESSOWNERS GENERAL LIABILITY**

Liability and Medical Expense	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit	\$1,000,000
-------------------	-------------

V. REQUIRED FORMS & ENDORSEMENTS**Non Profit Management Liability Endorsements**

DO MI	(06/17) Michigan Amendatory Endorsement	DO-283	(05/17) Data and Security Plus Endorsement
DO-100	(05/17) Directors and Officers Coverage Part	DO-GTC	(05/17) General Terms and Conditions
DO-207	(05/17) Failure to Maintain Insurance Exclusion		

Common Endorsements

BP0003	(01/10) Businessowners Coverage Form	BP-48	(05/16) Exclusion – Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
**BP0136	(04/21) Michigan Changes	BP-49	(01/13) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead
BP0417	(01/10) Employment-Related Practices Exclusion	BP-500	(11/18) Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors and Subcontractors
BP-102	(01/15) Exclusion Of War, Military Action And Terrorism	BP-58	(05/07) Animal Exclusion
BP-107	(04/08) Actual Cash Value Definition	BP-59	(02/13) Exclusion - Athletic Activity Or Sport Participants
BP-11	(05/04) Exclusion - Fiduciary Liability and Financial Services	BP-60	(05/07) Exclusion For Bleacher Collapse
BP-115	(07/08) Protective Devices Or Services Provisions	BP-65	(05/07) Exclusion For Mechanical Rides
BP-136	(01/09) Classification Limitation Endorsement	BP-8 SP	(10/19) Limits of Insurance Under Multiple Coverage Forms
BP-15	(07/04) Business Income and Extra Expense Limit	BP-88	(04/06) Expanded Definition of Bodily Injury
BP1505	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	BP-90	(11/10) Amended Definition
BP-152	(08/10) Separation Of Insureds Clarification Endorsement	BP-95	(05/07) Exclusion For Climbing, Rebounding And Interactive Games And Devices
*BP1560	(02/21) Cyber Incident Exclusion	BP-96	(05/07) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
BP-165	(05/18) Exclusion - Specific Activities, Events or Conditions or Over 2,500 People	BP-97	(05/07) Exclusion For Event Vendor/Exhibitor & Contractor
*BP-167	(11/11) Computer Systems Coverage	Jacket	(07/19) Policy Jacket
BP-168	(11/11) Exclusion - Injury To Performers Or Entertainers	*Notice-CyberIncidentExcl -BP	(01/21) Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder
BP-179 NBP	(12/17) Amendment of Liquor Liability Exclusion	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
BP-40	(03/11) Molestation Or Abuse Exclusion		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

VI. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 10.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VII. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

COMPUTER SYSTEMS COVERAGE

Section I – Property, A. Coverage, 5. Additional Coverages, p. Electronic Data is deleted in its entirety and replaced by the following:

p. Electronic Data

- (1) Subject to the provisions of this Additional Coverage, we will pay for the cost to replace or restore "electronic data" which has been destroyed or corrupted by a Covered Causes of Loss and Collapse. To the extent that "electronic data" is not replaced or restored, the loss will be valued at the cost of replacement of the media on which the "electronic data" was stored, with blank media of substantially identical type.
- (2) The Covered Causes of Loss applicable to Electronic Data shall include a computer virus, harmful code or similar instruction introduced into or enacted on a computer system (including "electronic data") or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no coverage for loss or damage caused by or resulting from manipulation of a computer system (including "electronic data") by any employee, including a temporary or leased employee, or by an entity retained by you, or for you, to inspect, design, install, modify, maintain, repair or replace that system.
- (3) The most we will pay under this Additional Coverage – Electronic Data for all loss or damage sustained in any one policy year, regardless of the number of occurrences of loss or damage or the number of premises, locations or computer systems involved, is \$10,000, unless a higher Limit of Insurance is shown in the Declarations. If loss payment on the first occurrence does not exhaust this amount, then the balance is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.
- (4) We cover "computer(s)" and "electronic data" wherever for Covered Causes of Loss and Collapse located within:
 - (a) The United States of America (including its territories and possessions);
 - (b) Puerto Rico; and
 - (c) Canada.

Section I – Property, A. Coverage, 5. Additional Coverages, q. Interruption Of Computer Operations is deleted in its entirety and replaced by the following:

q. Interruption Of Computer Operations

- (1) Subject to all provisions of this Additional Coverage, you may extend the insurance that applies to Business Income and Extra Expense to apply to a suspension of "operations" caused by an interruption in computer operations due to destruction or corruption of "electronic data" due to a Covered Causes of Loss.
- (2) With respect to the coverage provided under this Additional Coverage, the Covered Causes of Loss are subject to the following:
 - (a) Coverage under this Additional Coverage – Interruption Of Computer Operations is limited to the Covered Causes of Loss and Collapse.
 - (b) The Covered Causes of Loss shall include a computer virus, harmful code or similar instruction introduced into or enacted on a computer system (including "electronic data") or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no coverage for an interruption related to manipulation of a computer system (including "electronic data") by any employee, including a temporary or leased employee, or by an entity retained by you, or for you, to inspect, design, install, modify, maintain, repair or replace that system.
- (3) The most we will pay under this Additional Coverage – Interruption Of Computer Operations for all loss sustained and expense incurred in any one policy year, regardless of the number of interruptions or the number of premises, locations or computer systems involved, is \$10,000 unless a higher Limit of Insurance is shown in the Declarations. If loss payment relating to the first interruption does not exhaust this amount, then the balance is available for loss or expense sustained or incurred as a result of subsequent interruptions in that policy year. A balance remaining at the end of a policy year does not increase the amount of insurance in the next policy year. With respect to any interruption which begins in one policy year and continues or results in additional loss or expense in a subsequent policy year(s), all loss and expense is deemed to be sustained or incurred in the policy year in which the interruption began.
- (4) This Additional Coverage – Interruption Of Computer Operations does not apply to loss sustained or expense incurred after the end of the "period of restoration", even if the amount of insurance stated in (3) above has not been exhausted.

- (5) Coverage for Business Income does not apply when a suspension of "operations" is caused by destruction or corruption of "electronic data", or any loss or damage to "electronic data", except as provided under Paragraphs (1) through (4) of this Additional Coverage.
- (6) Coverage for Extra Expense does not apply when action is taken to avoid or minimize a suspension of "operations" caused by destruction or corruption of "electronic data", or any loss or damage to "electronic data", except as provided under Paragraphs (1) through (4) of this Additional Coverage.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CYBER INCIDENT EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I – Property is amended as follows:

A. The following exclusion is added to Paragraph B. Exclusions:

We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

Cyber Incident

1. Unauthorized access to or use of any computer system (including "electronic data").
2. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system (including "electronic data") and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system (including "electronic data") or otherwise disrupt its normal functioning or operation.
3. Denial of service attack which disrupts, prevents or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation.

B. Exceptions And Limitations

1. Fire Or Explosion

If a cyber incident as described in Paragraphs **A.1.** through **A.3.** of this exclusion results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

2. Additional Coverage

The exclusion in Paragraph **A.** does not apply to the extent that coverage is provided in the:

- a. Additional Coverage – Electronic Data; or
- b. Additional Coverage – Interruption Of Computer Operations.

3. Computer Fraud And Funds Transfer Fraud Endorsement

The exclusion in Paragraph **A.** does not apply to the Computer Fraud And Funds Transfer Fraud endorsement when attached to your policy.

4. Electronic Commerce Endorsement

The exclusion in Paragraph **A.** does not apply to the Electronic Commerce (E-Commerce) endorsement when attached to your policy.

5. Information Security Protection Endorsement

The exclusion in Paragraph **A.** does not apply to the Information Security Protection Endorsement when attached to your policy.

C. Vandalism

The following is added to Vandalism:

Vandalism does not include a cyber incident as described in Paragraph **A.**

CYBER INCIDENT EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form a part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should carefully read your policy and endorsements and review your Declaration page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new exclusion, which applies to your policy issued by us:

BP 15 60 - Cyber Incident Exclusion

When this endorsement is attached to your policy, it generally excludes direct physical loss of or damage to Covered Property resulting from a cyber incident; however, if a cyber incident as described in this exclusion results in fire or explosion, we will pay for the loss or damage to Covered Property caused by that fire or explosion subject to the applicable limits of insurance.

This exclusion does not apply to the extent that coverage is provided in the:

- Additional Coverage – Electronic Data; or
- Additional Coverage – Interruption Of Computer Operations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICHIGAN CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. Section I – Property is amended as follows:

1. Paragraph B.2.f. is replaced by the following:

f. Dishonesty

Dishonest or criminal acts (including theft) by a "perpetrator"; or theft by any person to whom you entrust the property for any purpose, whether acting alone or in collusion with any other party.

This exclusion:

- (1)** Applies whether or not an act occurs during your normal hours of operation;
- (2)** Does not apply to acts of destruction by your employees (including temporary or leased employees) or authorized representatives; but theft by your employees (including temporary or leased employees) or authorized representatives is not covered.

However, with respect to loss or damage caused by or resulting from criminal acts, this exclusion only applies to the extent that a "perpetrator", or a person to whom you entrusted the property:

- (1)** Admits, under oath; or
- (2)** Is determined in any legal proceeding; to have committed or directed the criminal act. For purposes of this exclusion, a determination in any legal proceeding includes, but is not limited to, a criminal conviction, a judgment, decree, ruling or order pronounced by any court of competent jurisdiction or an order or ruling pronounced by any administrative agency.

With respect to accounts receivable and "valuable papers and records", this exclusion does not apply to carriers for hire.

This exclusion does not apply to coverage that is provided under the Employee Dishonesty Optional Coverage.

2. Paragraph E.2. Appraisal Property Loss Condition is replaced by the following:

2. Appraisal

If we and you disagree on the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and independent appraiser within 20 days after receiving a written request from the other. The two appraisers will select a competent and impartial umpire. If they cannot agree upon an umpire within 15 days, either may request that selection be made by a judge of the circuit court for the county in which the loss occurred or in which the property is located. The appraisers will state separately the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss. Each party will:

- a.** Pay its chosen appraiser; and
- b.** Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

3. The following is added to Paragraph E.4. Legal Action Against Us Property Loss Condition:

The time for commencing an action against us is tolled from the time you notify us of the loss or damage until we formally deny liability for the claim.

4. The following is added to Paragraph E.5. **Loss Payment** Property Loss Condition and Paragraph F.2. **Mortgageholders** Property General Condition:

If a municipality has elected to apply the provisions of 1998 Michigan Public Act 217, a part of our payment for fire, explosion, vandalism, windstorm or hail, or riot or civil commotion loss or damage to your covered real property in that municipality will be withheld if the loss or damage is subject to the provisions of the Act. The withheld amount will be paid either to:

- (a) The municipality;
- (b) You and the mortgageholder, if any; or
- (c) With your consent, the licensed contractor hired by you to perform repair, replacement, or removal services on the lost or damaged real property;

according to the provisions of Public Act 217. We will notify you, any mortgageholder and the municipality of any loss subject to the provisions of Public Act 217.

If a municipality has elected to apply the provisions of MICH. COMP. LAWS § 500.3011, any further payment for claims for loss or damage to your covered property caused by fire or explosion of \$2,000 or more will be withheld if you have failed to submit a required report to the fire or law enforcement authority designated by the municipality.

5. Paragraph G.3.b.(1) of the **Employee Dishonesty** Optional Coverage is replaced by the following:

- b. We will not pay for loss or damage:

- (1) Resulting from any dishonest or criminal act that a "perpetrator" commits.

However, with respect to loss or damage resulting from a criminal act, this exclusion only applies to the extent that a "perpetrator", or a person to whom you entrusted the property:

- (1) Admits, under oath; or
- (2) Is determined in any legal proceeding;

to have committed or directed the criminal act. For purposes of this exclusion, a determination in any legal proceeding includes, but is not limited to, a criminal conviction, a judgment, decree, ruling or order pronounced by any court of competent jurisdiction or an order or ruling pronounced by any administrative agency.

6. The following is added to Paragraph H. **Property Definitions**:

- a. With respect to Paragraph B.2.f. **Dishonesty**, "perpetrator" means:

- (1) You or anyone else with an interest in the property; or
- (2) Any of your or their partners, "members", officers, "managers", employees (including temporary or leased employees), directors, trustees or authorized representatives;

whether acting alone or in collusion with each other or with any other party who commits the dishonest or criminal act.

- b. With respect to Paragraph G.3.b.(1) of the **Employee Dishonesty** Optional Coverage, "perpetrator" means:

- (1) You; or
- (2) Any of your partners or "members";

whether acting alone or in collusion with other persons who commit the dishonest or criminal act.

B. Section II – Liability is amended as follows:

1. Paragraph A.1.f.(1)(f) **Coverage Extension – Supplementary Payments** is replaced by the following:

- (f) Prejudgment interest awarded against the insured on the part of the judgment we pay.

2. The **Criminal Acts** Exclusion of Paragraph B.1. is replaced by the following:

Criminal Acts

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.

However, this exclusion only applies to the extent that the insured:

- (1) Admits, under oath; or
- (2) Is determined in any legal proceeding;

to have committed or directed the criminal act. For purposes of this exclusion, a determination in any legal proceeding includes, but is not limited to, a criminal conviction, a judgment, decree, ruling or order pronounced by any court of competent jurisdiction or an order or ruling pronounced by any administrative agency.

3. Paragraph E.2. Duties In The Event Of Occurrence, Offense, Claim Or Suit Liability And Medical Expenses General Condition is amended as follows:

a. Paragraph b. is replaced by the following:

b. If a claim is made or "suit" is brought against any insured, you must:

(1) Immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive notice of the claim or "suit" as soon as practicable.

Notice given by or on behalf of the insured to our authorized agent, with particulars sufficient to identify the insured, shall be considered notice to us.

b. Paragraph d. is replaced by the following:

d. Failure to:

(1) Give us notice of an "occurrence", offense, claim or "suit" as soon as practicable; or

(2) Immediately send us copies of demands, notices, summonses or legal papers received in connection with the claim or "suit";

shall not invalidate the claim made by you if it shall be shown that it was not reasonably possible to give us notice as soon as practicable or to immediately send us copies, and that you gave us notice and sent us copies as soon as was reasonably possible.

c. The following paragraph is added:

e. No insureds will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

C. Section III – Common Policy Conditions is amended as follows:

Paragraphs **A.1., A.2., A.3. and A.5. Cancellation** are replaced by the following:

1. The first Named Insured shown in the Declarations may cancel this Policy by giving us or our authorized agent notice of cancellation.

2. We may cancel this Policy by mailing or delivering to the first Named Insured, with postage fully prepaid, written notice of cancellation at least:

a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

b. 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 or our authorized agent.

5. If this Policy is cancelled, we will send the first Named Insured any pro rata premium refund due. The minimum earned premium shall not be less than the pro rata premium for the expired time or \$25, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.

**RESOURCES TO HELP YOUR BUSINESS GROW!**

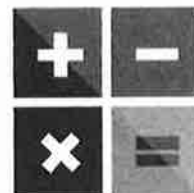
As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES

- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS

- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)



Try our cost-savings calculator to see how much you could save!

PAYROLL AND TAXES

- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK

- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY

- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more

Your United States Liability Quote Through Nationwide Brokerage Solutions

Attached is your requested proposal from USLI. Please read it carefully and present to your client. If there are any discrepancies, call Nationwide Brokerage Solutions' instant quote line at 866-712-6232 to request.

If for any reason you are not satisfied with the pricing or coverages offered on this quote, or you find the risk to be ineligible after full review of the proposal, please contact Nationwide Brokerage Solutions at 800-444-1744 to discuss alternative markets and quotes with one of our in-house brokers.

Now Let's Bind Coverage!

- Make sure you:
 - Review and verify that limits and coverages are correct.
 - Review Underwriting Notes and Prior to Bind Requirements for eligibility.
 - Review the offers for optional coverage and make your elections(s) in the box on page one.
 - Complete and sign the application
 - Complete any state forms that are attached
 - Sign in the box to request that coverage be bound.
- Email scanned images of the signed, completed applications and proposal to nbsnewbusiness@nationwide.com or fax to 877-444-4094.
- Please note that the carrier (USLI) may order an inspection on the risk. This inspection must be favorable and any recommendations must be complied with to ensure continued coverage.
- Please note the final authority to bind coverage rests with United States Liability.
- Thank you for your business!

City Council Member: _____

Resolved, The Mayor's Office is hereby authorized and directed to issue permits to Black Leaders Detroit to host Ride for Equity on May 21st, 2023 from 7:30A to 12:00P

PROVIDED, that there will be DPD Assisted Event; and be it further

PROVIDED, that there will be DFD Pending Inspections; Contracted with Private EMS to Provide Services; and be it further

PROVIDED, that there will be BSEED Permits Required for Tents, Generators and be it further

PROVIDED, that there will be DPW Type III Barricades & Road Closure Signage Required; and be it further

PROVIDED, that there will be Municipal Parking No Parking Signs Required; and be it further

PROVIDED, that there will be a Business License Required obtained following City Council approval; and be it further

PROVIDED, that all necessary permits must be obtained prior to the event. If permits are not obtained, departments can enforce closure of event.