



# LOWER MINNESOTA RIVER WATERSHED DISTRICT

## Executive Summary for Action

Lower Minnesota River Watershed District Board of Managers Meeting  
Wednesday, August 17, 2022

### **Agenda Item**

#### **Item 4. J. – 2022-2023 Liability Insurance Quote**

### **Prepared By**

Linda Loomis, Administrator

### **Summary**

The annual premium for Liability Insurance for the LMRWD is due September 8, 2022. A link to the policy is included below and the quote is attached. The quote represents an increase of \$913 in the premium over the 2021-2022 premium due to a change in the minimum premium on the Umbrella Policy.

### **Attachments**

Commercial Policy Summary Renewal Quote – Western National Mutual Insurance Company  
[2022-2023 General Liability Insurance Policy](#)

### **Recommended Action**

Accept quote and authorize payment of annual premium

**COMMERCIAL POLICY SUMMARY PAGE  
RENEWAL QUOTE**

LOWER MINNESOTA RIVER  
WATERSHED DISTRICT  
112 E 5TH ST STE 102  
CHASKA MN 55318

THE HORTON GROUP INC  
10320 ORLAND PKWY  
ORLAND PARK, IL 60467-5658

00193  
952-835-4848

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Group # 0000008363

Effective Date: SEPTEMBER 8, 2022  
Expiration Date: SEPTEMBER 8, 2023  
12:01 A.M. standard time at the Named  
Insured's mailing address.

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**COVERAGE**

Your coverage consists of the following lines of insurance for which a premium is indicated.  
This premium may be subject to adjustment.

Commercial Property	\$ 479.00
Commercial General Liability	\$ 7,773.00
Commercial Umbrella	\$ 1,207.00
Total Estimated Annual Premium	<hr/> \$ 9,459.00

**THIS IS NOT A CONTRACT OR BINDER OF COVERAGE**

This summary reflects an estimated premium based on the information provided. Actual costs and coverages will be subject to application of company rules, rates, and underwriting guidelines. The quoted premium is valid for the proposed effective date declared.



**Group #:** 0000008363  
**Insured:** LOWER MINNESOTA RIVER  
WATERSHED DISTRICT  
**Address:** 112 E 5TH ST STE 102  
CHASKA MN 55318

**Date:** 08/12/2022

**Effective Date:** SEPTEMBER 8, 2022

**ENCLOSURE – REJECTION OF CERTIFIED TERRORISM INSURANCE**

**I hereby reject the offer of terrorism coverage. I understand that an EXCLUSION of certain terrorism losses will be made a part of this policy.**

Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PROPERTY COVERAGE ONLY:** In this state, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism – coverage for such fire losses will continue to be provided in your policy. There will be an additional premium just for such fire coverage. *(Not applicable in Alaska, Idaho, Minnesota, Montana, Nevada, North Dakota, South Dakota and Utah)*

**ALASKA AUTO ONLY:** In this state, the terrorism exclusion applies above the minimum limits required for Liability, Uninsured and/or Underinsured Motorists Coverage by the state’s Financial Responsibility Statutes. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to losses resulting from an act of terrorism, for limits up to the minimum state compulsory limits of insurance for Liability, Uninsured and/or Underinsured Motorists Coverage. The additional premium just for such coverage up to the Financial Responsibility Statutes is stated in the DISCLOSURE OF PREMIUM.

**OREGON AUTO ONLY:** In this state, the terrorism exclusion applies above the minimum limits required for Liability, Uninsured and/or Underinsured Motorists Coverage and Personal Injury Protection Coverage by the state’s Financial Responsibility Statutes. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to losses resulting from an act of terrorism, for limits up to the minimum state compulsory limits of insurance for Liability, Uninsured and/or Underinsured Motorists, and Personal Injury Protection Coverage. The additional premium just for such coverage up to the Financial Responsibility Statutes is stated in the DISCLOSURE OF PREMIUM.

**IF YOU CHOOSE TO REJECT THIS OFFER OF TERRORISM COVERAGE, PLEASE SIGN THIS REJECTION STATEMENT AND RETURN IT TO YOUR AGENT AS SOON AS POSSIBLE. IF YOUR SIGNED REJECTION IS NOT RECEIVED BY US WITHIN 30 DAYS OF THE EFFECTIVE DATE OF YOUR POLICY, OR WITHIN 30 DAYS OF THE DATE OF THIS NOTICE, WHICHEVER IS LATER, THE CHARGE FOR TERRORISM WILL NOT BE REMOVED.**

**Group #:** 0000008363  
**Insured:** LOWER MINNESOTA RIVER  
WATERSHED DISTRICT  
**Address:** 112 E 5TH ST STE 102  
CHASKA MN 55318

**Date:** 08/12/2022

**Effective Date:** SEPTEMBER 8, 2022

## POLICYHOLDER DISCLOSURE

### NOTICE – OFFER OF TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

Under the Terrorism Risk Insurance Act, as amended in 2019, you have a right to purchase insurance coverage for losses resulting from 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.

**Your decision is needed on this question: do you choose to continue to pay the premium for terrorism coverage stated in this offer of coverage, or do you choose to reject the offer of coverage and not pay the premium? Please consult your agent if you have questions regarding your options.**

### REJECTION OF TERRORISM INSURANCE COVERAGE

Your insurance policy has been issued/quoted with Certified Terrorist Acts coverage, and a premium has been included for the applicable lines of insurance. Unless you reject this coverage, you must pay the additional terrorism premium as stated in the DISCLOSURE OF PREMIUM. You may choose to reject the offer of terrorism coverage by signing the enclosed REJECTION STATEMENT; then your policy will be written to exclude the described coverage.

### DISCLOSURE OF PREMIUM

If you continue to accept this offer, the premium for terrorism coverage is \$ 73.00

If you reject this offer, a portion of the above premium will be charged due to state law requiring coverage if a “certified act of terrorism” results in a direct loss by fire to covered property. *(Not applicable in Alaska, Idaho, Minnesota, Montana, Nevada, North Dakota, South Dakota and Utah).* This premium is \$\_\_\_\_\_.

**Alaska only:** If you have auto insurance, terrorism coverage up to the minimum limits required for Liability, Uninsured and/or Underinsured Motorists, by the state’s Financial Responsibility Statutes applies. The premium for this coverage is **\$0.00**.

**Oregon only:** If you have auto insurance, terrorism coverage up to the minimum limits required for Liability, Uninsured and/or Underinsured Motorists and Personal Injury Protection Coverage, by the state’s Financial Responsibility Statutes applies. The premium for this coverage is **\$0.00**.

**DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:** You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government 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 shown above and does not include any charges for the portion of the loss that may be covered by the federal government under the Act.

**CAP ON LOSSES:** You should also know that the Terrorism Risk Insurance 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, your coverage may be reduced.

## **POLICY BANNER PAGE**

**POLICY NUMBER:** CPP 0021514 25

**INSURED:** LOWER MINNESOTA RIVER  
WATERSHED DISTRICT

**POLICY FORMS ARE COMPLETE**

## COMMERCIAL PROPERTY DECLARATION

Group # 0000008363  
Policy # CPP 0021514 25

Policy Period: From SEPTEMBER 8, 2022 To SEPTEMBER 8, 2023  
12:01 A.M. standard time at the Named Insured's mailing address.

Transaction QUOTE DECLARATION

### Insured Name and Address

LOWER MINNESOTA RIVER  
WATERSHED DISTRICT  
112 E 5TH ST STE 102  
CHASKA MN 55318

### Agent

THE HORTON GROUP INC 00193  
10320 ORLAND PKWY  
ORLAND PARK, IL 60467-5658

Telephone: 952-835-4848

### Business Description

WATERSHED DISTRICT

### Type of Business

NOT-FOR-PROFIT

### Audit Period

ANNUAL

### Billing Type

DIRECT

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

### DESCRIPTION OF PREMISES

Refer to attached schedule.

### COVERAGES PROVIDED

Refer to attached schedule, if any.

### OPTIONAL COVERAGES

Refer to attached schedule, if any.

### MORTGAGEES AND ADDITIONAL INTERESTS

Refer to attached schedule, if any.

MN FIRE SAFETY SURCHARGE	\$	2.00
PREMIUM FOR THIS COVERAGE PART	\$	479.00

### DISCLOSURE OF PREMIUM:

The portion of your annual premium attributable to coverage for certified acts of terrorism is \$ 1.00

### Forms and Endorsements Applicable to this Policy

See Forms and Endorsements Schedule

**Western National Mutual Insurance Company**  
4700 West 77th Street  
Edina, MN 55435  
www.wnins.com

**Policy Number:** CPP 0021514 25  
QUOTE DECLARATION

**Named Insured:**  
LOWER MINNESOTA RIVER

**COMMERCIAL PROPERTY  
DESCRIPTION OF PREMISES**

Prem. No.	Bldg. No.	Occupancy	Construction	Prot. Class	Terr
001	001	OFFICE	Frame	04	100

**Western National Mutual Insurance Company**  
4700 West 77th Street  
Edina, MN 55435  
www.wnins.com

**Policy Number:** CPP 0021514 25  
QUOTE DECLARATION

**Named Insured:**  
LOWER MINNESOTA RIVER

**COMMERCIAL PROPERTY  
DESCRIPTION OF COVERAGES PROVIDED**

**Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown**

<b>PREM. NO.</b>	<b>BLDG. NO.</b>	<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	<b>BLANKET COVERAGE</b>	<b>COVERED CAUSES OF LOSS</b>	<b>COINSURANCE†</b>	<b>DED.</b>
000	000	Property Enhancement					
001	001	Personal Property of Insured	\$25,000		SPECIAL	80	\$500

† IF EXTRA EXPENSE COVERAGE, LIMIT ON LOSS PAYMENT

Issued Date: 08/12/2022

Western National Mutual Insurance Company  
 4700 West 77th Street  
 Edina, MN 55435  
 www.wnins.com

Policy Number: CPP 0021514 25  
 QUOTE DECLARATION  
 Named Insured:  
 LOWER MINNESOTA RIVER

**COMMERCIAL PROPERTY  
 DESCRIPTION OF OPTIONAL COVERAGES PROVIDED  
 (Applicable Only When Entries Are Made In The Section Below)**

Prem. No.	Bldg. No.	Coverage	Effective Date	Expiration Date	Agreed Value	Replacement Cost†		Inflation Bldg	Grd Pers Prop	Monthly* Limit of Indemnity	Maximum* Period of Indemnity	Extended* Period of Indemnity
						Pers Bldg	Incl "Stock"					
001	001	Personal Property of Insured				ACV	ACV					

\* Applies to Business Income only  
 † RC = Replacement Cost  
 FRC = Functional Replacement Cost  
 ACV = Actual Cash Value

**COMMERCIAL GENERAL LIABILITY  
COVERAGE PART**

Group # 0000008363  
Policy # CPP 0021514 25

Policy Period: From SEPTEMBER 8, 2022 To SEPTEMBER 8, 2023  
12:01 A.M. standard time at the Named Insured's mailing address.

Transaction QUOTE DECLARATION

**Insured Name and Address**

LOWER MINNESOTA RIVER  
WATERSHED DISTRICT  
112 E 5TH ST STE 102  
CHASKA MN 55318

**Agent**

THE HORTON GROUP INC  
10320 ORLAND PKWY  
ORLAND PARK, IL 60467-5658

00193

Telephone: 952-835-4848

**Business Description**

WATERSHED DISTRICT

**Type of Business**

NOT-FOR-PROFIT

**Audit Period**

ANNUAL

**Billing Type**

DIRECT

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

**LIMITS OF INSURANCE**

General Aggregate Limit (Other than Products-Completed Operations)	\$	3,000,000
Products - Completed Operations Aggregate Limit	\$	3,000,000
Each Occurrence Limit	\$	1,500,000
Personal and Advertising Injury Limit, any one person or organization	\$	1,500,000
Medical Expense Limit, any one person	\$	5,000
Damage to Premises Rented to you, any one premises	\$	100,000

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Refer to attached schedule.

**CLASSIFICATIONS**

Refer to attached schedule.

**PREMIUM FOR THIS COVERAGE PART** \$ 7,773.00

**DISCLOSURE OF PREMIUM:**

The portion of your annual premium attributable to coverage for certified acts of terrorism is \$ 65.00

**Forms and Endorsements Applicable to this Policy**

See Forms and Endorsements Schedule

**COMMERCIAL GENERAL LIABILITY  
 EXTENSION OF DECLARATIONS**

**LOCATION OF PREMISES**

**Location of All Premises You Own, Rent or Occupy:**

001 112 E 5TH ST CHASKA MN 55318	003 AUDITORS SUBD 3 LOT 1 SAVAGE MN 55378
004 AUDITORS SUBD 1 LOT 6 SAVAGE MN 55378	

**PREMIUM**

Location	Classification Code No.	Exposure	Premium Base*	Rate Prem.Ops.	Prod/Comp Ops.	Advance Premium Prem/Ops.	Prod/Comp Ops.
001	40115	1	T	526.280	INCL	\$526	INCL
BOATS-MOTOR OR SAIL-NOT FOR RENT							
"Products - completed operations are subject to the General Aggregate Limit"							
001	41700	1	T	866.304	INCL	\$866	INCL
DAM, LEVEE OR DIKE-EXISTENCE HAZARD ONLY							
"Products - completed operations are subject to the General Aggregate Limit"							
001	44100	\$400,000	O	12.035	INCL	\$4,814	INCL
GOVERNMENTAL SUBDIVISION - MUNICIPALITIES UNDER 2,500							
"Products - completed operations are subject to the General Aggregate Limit"							
001	45524	1	T	433.152	INCL	\$433	INCL
LAKES OR RESERVIORS-EXISTENCE HAZARD ONLY-NOT-FOR-PROFIT							
"Products - completed operations are subject to the General Aggregate Limit"							
<b>Extension of Declarations --Total Advance Annual Premium</b>						<b>\$7,505</b>	

- \* - A = Area
- \* - C = Total Cost
- \* - E = Each
- \* - M = Admissions
- \* - O = Total Operating Expenses
- \* - P = Payroll
- \* - S = Gross Sales
- \* - T = See Classification Notes
- \* - U = Units

**COMMERCIAL GENERAL LIABILITY  
 EXTENSION OF DECLARATIONS**

**LOCATION OF PREMISES**

Location of All Premises You Own, Rent or Occupy:

**PREMIUM**

Location	Classification Code No.	Exposure	Premium Base*	Prem.Ops.	Rate Prod/Comp Ops.	Advance Premium Prem/Ops.	Premium Prod/Comp Ops.
003	45524	1	T	433.152	INCL	\$433	INCL
LAKES OR RESERVIORS-EXISTENCE HAZARD ONLY-NOT-FOR-PROFIT							
"Products - completed operations are subject to the General Aggregate Limit"							
004	45524	1	T	433.152	INCL	\$433	INCL
LAKES OR RESERVIORS-EXISTENCE HAZARD ONLY-NOT-FOR-PROFIT							
"Products - completed operations are subject to the General Aggregate Limit"							

**Extension of Declarations --Total Advance Annual Premium \$7,505**

- \* - A = Area
- \* - C = Total Cost
- \* - E = Each
- \* - M = Admissions
- \* - O = Total Operating Expenses
- \* - P = Payroll
- \* - S = Gross Sales
- \* - T = See Classification Notes
- \* - U = Units

**PREMIUM FOR THIS EPL COVERAGE FORM**     \$95.00

\*Included in General Liability premium

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**COMMERCIAL GENERAL LIABILITY  
 EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT  
 SUPPLEMENTAL DECLARATIONS**

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**NOTICE**

- EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS EPL COVERAGE IS LIMITED FOR ONLY THOSE CLAIMS OR SUITS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE EPL COVERAGE PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. VARIOUS PROVISIONS IN THIS COVERAGE ENDORSEMENT RESTRICT COVERAGE. PLEASE READ THE ENTIRE COVERAGE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.
- THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS UNDER THIS COVERAGE ENDORSEMENT SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

<b>EPL Coverage Period:</b>	From: 09/08/2022 To: 09/08/2023	At 12:01 A.M. Standard Time at your mailing address shown on the Declarations page of this policy.
<b>EPL Aggregate Limit of Liability:</b>	\$ 100,000	Aggregate for all "loss" combined, including "defense costs".
<b>EPL Deductible Amount:</b>	\$ 5,000	For "loss" arising from claims or suits alleging the same "wrongful employment act" or "related wrongful employment acts".
<b>EPL Retroactive Date:</b>		If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured.
<b>Third Party Violations (optional):</b>	<input type="checkbox"/>	If coverage for Third Party Violations has been paid for, the box to the left will be checked and coverage is in force. If the box is not checked, there is no coverage available for Third Party Violations.

This insurance does not apply to "loss" arising out of a "wrongful employment act" that arises out of incidents or circumstances of which "you" had knowledge prior to the effective date of this EPL Coverage Endorsement or the first EPL Coverage Endorsement issued by "us" of which this EPL Coverage is an uninterrupted renewal.

Forms and Endorsements Applicable to this Policy

**See Forms and Endorsements Schedule**

**PREMIUM FOR THIS CYBER LIABILITY FORM**     \$ 108.00

\*Included in General Liability premium

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**CYBER LIABILITY  
 SUPPLEMENTAL DECLARATIONS**

(Claims-Made and Reported Coverage)

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**DISCLOSURE REGARDING DEFENSE WITHIN LIMITS**

**DEFENSE COSTS PAID UNDER THE CYBER LIABILITY ENDORSEMENT WILL BE INCLUDED WITHIN, AND MAY COMPLETELY EXHAUST, THE LIMITS OF LIABILITY SHOWN BELOW.**

**Named Insured:** LOWER MINNESOTA RIVER

**Cyber Liability Coverage Period:**

From SEPTEMBER 8, 2022 to SEPTEMBER 8, 2023, both days at 12:01 a.m. local standard time at your mailing address shown on the Declarations Page of this policy.

**Retroactive Date:** SEPTEMBER 8, 2016

**Cyber Liability Limits:**

The limits of liability for the coverage provided under the Cyber Liability Endorsement are shown below. Such limits are in addition to, and will not erode, the limits of liability provided elsewhere under this Policy.

Coverage	Limits	
Multimedia Liability Coverage	\$ 50,000	Each "claim"
Security and Privacy Liability Coverage	\$ 50,000	Each "claim"
Privacy Regulatory Defense and Penalties Coverage	\$ 50,000	Each "claim"
Privacy Breach Response Costs, Notification Expenses and Customer Support and Credit Monitoring Expenses Coverage	\$ 50,000	Each "claim"
Network Asset Protection Coverage	\$ 50,000	Each "claim"
Cyber Extortion Coverage	\$ 50,000	Each "claim"
Cyber Terrorism Coverage	\$ 50,000	Each "claim"
BrandGuard™ Coverage	\$ 50,000	Each "claim"
PCI DSS Assessment Coverage	\$ 50,000	Each "claim"
Cyber Crime Coverage Sublimit	\$ 5,000	
Aggregate Limit	\$ 100,000	

**Western National Mutual Insurance Company**  
4700 West 77th Street  
Edina, MN 55435  
www.wnins.com

**Policy Number:** CPP 0021514 25  
QUOTE DECLARATION  
**Named Insured:**  
LOWER MINNESOTA RIVER

### LOCATION ADDRESS SCHEDULE

Prem # 001  
112 E 5TH ST  
CHASKA, MN 55318

Prem # 003  
AUDITORS SUBD 3 LOT 1  
SAVAGE, MN 55378

Prem # 004  
AUDITORS SUBD 1 LOT 6  
SAVAGE, MN 55378

**Western National Mutual Insurance Company**  
4700 West 77th Street  
Edina, MN 55435  
www.wnins.com

**Policy Number:** CPP 0021514 25  
QUOTE DECLARATION  
**Named Insured:**  
LOWER MINNESOTA RIVER

### SUB-LOCATION ADDRESS SCHEDULE

Prem # 001      Bldg # 001  
OFFICE

**Western National Mutual Insurance Company**  
4700 West 77th Street  
Edina, MN 55435  
www.wnins.com

**Policy Number:** CPP 0021514 25  
QUOTE DECLARATION  
**Named Insured:**  
LOWER MINNESOTA RIVER

## POLICY INTEREST SCHEDULE

Unit/Loc 0001  
CG2018 - ADDITIONAL INSURED  
DANIEL HRON  
28029 GARRETT AVENUE NORTH  
FARMINGTON MN 55024

**FORMS AND ENDORSEMENTS SCHEDULE**

Coverage Line	Form Number	Ed. Date	Description
Commercial Fire	IL0017	(11/98)	Common Policy Conditions
Commercial Fire	IL0935	(07/02)	Excl of Certain Computer Relat
Commercial Fire	IL0952	(01/15)	Cap on Losses from CAT
Commercial Fire	IL0995	(01/07)	Conditional Excl of Terrorism
Commercial Fire	WNIL04	(06/09)	MN Changes Cancel & Nonrenew
Commercial Fire	WNIL09	(06/16)	Automatic Termination Provisio
Commercial Fire	CP0010	(10/12)	Bldg and Pers Prop Cvg Form
Commercial Fire	CP0090	(07/88)	Commercial Property Conditions
Commercial Fire	CP0108	(05/20)	MN Changes
Commercial Fire	CP0140	(07/06)	Excl Loss due to Virus or Bact
Commercial Fire	CP0157	(09/18)	MN Changes-Coinsurance
Commercial Fire	CP1030	(10/12)	Cause of Loss - Special Form
Commercial Fire	CP1075	(12/20)	Cyber Incident Exclusion
Commercial Fire	WNCP01	(08/19)	Property Enhancement Endt
Commercial Fire	WNCP08	(10/16)	Equipment Breakdown Coverage
Commercial Fire	WNCP10	(10/16)	Equipment Breakdown Schedule
General Liability	IL0017	(11/98)	Common Policy Conditions
General Liability	IL0021	(09/08)	Nuclear Energy Liab Excl Endr
General Liability	WNIL02	(07/07)	Endorsement
General Liability	WNIL04	(06/09)	MN Changes Cancel & Nonrenew
General Liability	WNIL09	(06/16)	Automatic Termination Provisio
General Liability	CG0001	(04/13)	Comm Gen Liab Coverage Form
General Liability	CG0122	(12/07)	MN Changes-Contractual Liab
General Liability	CG2018	(04/13)	Addl Insd-Mtg Assign/Receiver
General Liability	CG2106	(05/14)	Excl-Access or Disclosure
General Liability	CG2109	(06/15)	Exclusion-Unmanned Aircraft
General Liability	CG2116	(04/13)	Excl-Designated Prof Service
General Liability	CG2147	(12/07)	Excl-Employ.-Related Practices
General Liability	CG2160	(09/98)	Excl-Yr 2000 Computer Rel & Ot
General Liability	CG2167	(12/04)	Fungi or Bacteria Excl. (CGL)
General Liability	CG2171	(01/15)	Excl Oth Acts Terr Outside US
General Liability	CG2187	(01/15)	Conditional Excl of Terrorism
General Liability	CG2244	(04/13)	Svcs Furnished by Hlth Care Pr
General Liability	CG2256	(07/98)	Excl-Injury to Vol.Fireman
General Liability	CG2409	(07/98)	Governmental Subdivisions
General Liability	CG2412	(11/85)	Boats
General Liability	CG2426	(04/13)	Amendment of Ins. Contract Def
General Liability	CG2605	(02/07)	MN Changes-CGL Cvg Part
General Liability	CG2681	(12/04)	MN Changes-Duties Condition
General Liability	WNGL02	(07/10)	Punitive Damages Exclusion
General Liability	WNGL10	(01/04)	Excl-Lead Liability Endt
General Liability	WNGL104	(03/16)	Cyber Liability
General Liability	WNGL117	(12/18)	Cyber Crime Coverage Endt
General Liability	WNGL15	(12/16)	Exclusion-Asbestos
General Liability	WNGL21	(07/14)	Abuse or Molestation Excl
General Liability	WNGL74	(11/11)	EPL Coverage Endorsement
General Liability	WNGL76	(11/11)	Minnesota Changes

## **POLICY BANNER PAGE**

**POLICY NUMBER:** UMB 1005056 12

**INSURED:** LOWER MINNESOTA RIVER  
WATERSHED DISTRICT

**POLICY FORMS ARE COMPLETE**

## COMMERCIAL LIABILITY UMBRELLA DECLARATION

**Group #** 0000008363  
**Policy #** UMB 1005056 12

**Policy Period: From** SEPTEMBER 8, 2022 **To** SEPTEMBER 8, 2023  
 12:01 A.M. standard time at the Named Insured's mailing address.

**Transaction** QUOTE DECLARATION

**Insured Name and Address**

LOWER MINNESOTA RIVER  
 WATERSHED DISTRICT  
 112 E 5TH ST STE 102  
 CHASKA MN 55318

**Agent**

THE HORTON GROUP INC 00193  
 10320 ORLAND PKWY  
 ORLAND PARK, IL 60467-5658

Telephone: 952-835-4848

Business Description	Type of Business	Audit Period	Billing Type
WATERSHED DISTRICT	OTHER	NONE	DIRECT

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

**LIMITS OF INSURANCE**

**COVERAGES**

**Aggregate Limit**

Liability Coverage - except with respect to covered autos

**LIMITS OF LIABILITY**

\$1,000,000

**Coverage A**

Bodily Injury and Property Damage Liability

\$1,000,000 each occurrence

**Coverage B**

Personal and Advertising Injury Liability

\$1,000,000 any one person or organization subject to the Aggregate Limit of Liability

**Retained Limit**

Self Insured Retention

\$10,000 any one occurrence or offense

**PREMIUM**

Annual Premium

\$1,207

**DISCLOSURE OF PREMIUM:**

The portion of your annual premium attributable to coverage for certified acts of terrorism is \$ 7.00

**Forms and Endorsements Applicable to this Policy**

**See Forms and Endorsements Schedule**

These Declarations together with the common policy conditions, coverage part declarations, coverage form(s), and form(s) and endorsements, if any, issued, complete the above numbered policy.

**Western National Mutual Insurance Company**  
4700 West 77th Street  
Edina, MN 55435  
www.wnins.com

**Policy Number:** UMB 1005056 12  
QUOTE DECLARATION  
**Named Insured:**  
LOWER MINNESOTA RIVER

**COMMERCIAL LIABILITY UMBRELLA  
SCHEDULE OF UNDERLYING INSURANCE**

<b>POLICY NUMBER, CARRIER and POLICY PERIOD</b>	<b>TYPE OF POLICY</b>	<b>LIMITS OF INSURANCE</b>
CPP0021514	<b>Commercial General Liability</b>	\$3,000,000 General Aggregate (other than Products- Completed Operations)
WESTERN NATIONAL MUTUAL INS CO		\$3,000,000 Products-Completed Operations Aggregate
		\$1,500,000 Personal and Advertising Injury
09/08/2022 to 09/08/2023		\$1,500,000 Each Occurrence

**FORMS AND ENDORSEMENTS SCHEDULE**

Coverage Line	Form Number	Ed. Date	Description
Commercial Umbrella	IL0017	(11/98)	Common Policy Conditions
Commercial Umbrella	WNIL09	(06/16)	Automatic Termination Provisio
Commercial Umbrella	CU0001	(04/13)	Comm Liab Umbrella Cvg Form
Commercial Umbrella	CU2118	(09/00)	Excl-Yr 2000 Computer
Commercial Umbrella	CU2123	(02/02)	Nuclear Energy Liab Excl Endt
Commercial Umbrella	CU2124	(06/15)	Excl-Non-Owned Aircraft
Commercial Umbrella	CU2127	(12/04)	Fungi or Bacteria Exclusion
Commercial Umbrella	CU2131	(01/15)	Excl Oth Acts Terr Outside US
Commercial Umbrella	CU2142	(12/04)	Excl-Exterior Insulation
Commercial Umbrella	CU2144	(01/15)	Conditional Excl of Terrorism
Commercial Umbrella	CU2150	(03/05)	Silica or Silica Related Dust
Commercial Umbrella	CU2152	(12/05)	Total Poll Excl w/Exceptions
Commercial Umbrella	CU2155	(06/08)	Amended Terrorism Coverage
Commercial Umbrella	CU2171	(06/15)	Exclusion-Unmanned Aircraft
Commercial Umbrella	CU2186	(05/14)	Excl-Acc. or Disc of Confident
Commercial Umbrella	CU2430	(04/13)	Amendment of Insured Contract
Commercial Umbrella	CU3420	(12/19)	Excl-All Hzrds in Conn w/Elect
Commercial Umbrella	WNCU11	(07/14)	Abuse or Molestation Excl
Commercial Umbrella	WNCU114	(07/15)	Who is an Insured Amended
Commercial Umbrella	WNCU47	(07/14)	Occupational Disease Exclusion
Commercial Umbrella	WNCU91	(07/10)	Excl-Punitive Damages
Commercial Umbrella	WNCU92	(01/04)	Excl-Lead Liability
Commercial Umbrella	WNCU93	(12/16)	Excl-Asbestos
Commercial Umbrella	WNCU96	(03/10)	MN Changes