

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

**POLICY CHANGES**

Policy Change Number 1  
Revision Number 1

POLICY NUMBER  PHUB549970	POLICY CHANGES EFFECTIVE  09/16/2016	COMPANY  Philadelphia Indemnity Insurance Company
NAMED INSURED National Center for Citizen Safety, Inc		AUTHORIZED REPRESENTATIVE 28947 American Heritage Insurance Agency 1643 Liberty Road, suite 201 Eldersburg, MD 21784  (410) 552-1200
COVERAGE PARTS AFFECTED Umbrella		
CHANGES		
In consideration of the premium reflected, the policy is amended as indicated below: Amended:  Umbrella limit to \$1Mil in lieu of \$2Mil  Per the attached		

Path ID 10137258

The above amendments result in a change in the premium as follows:

<input type="checkbox"/>	NO CHANGES	ADDITIONAL PREMIUM	RETURN PREMIUM
			\$ -589.00

10/05/2016

Issue Date

Authorized Representative

Change Date: 09/16/2016

PI-CXL-002 (04/13)

POLICY NUMBER: PHUB549970



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax 610.617.7940  
PHLY.com

## COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	28947 American Heritage Insurance Agency 1643 Liberty Road, suite 201 Eldersburg, MD 21784  (410) 552-1200
NAMED INSURED: National Center for Citizen Safety, Inc           POLICY PERIOD: FROM 08/01/2016 TO 08/01/2017 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

**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	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ 1,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000 Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 1,000,000
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ 1,000,000

RETAINED LIMIT	
RETAINED LIMIT:	\$ 10,000



POLICY NUMBER: PHUB549970

<b>SCHEDULE OF UNDERLYING INSURANCE</b>		
<b>Employers' Liability</b>		
Company: _____		
Policy Number: _____		
Policy Period: _____		
Minimum Applicable Limits		
Bodily injury by accident	\$ _____	Each Accident
Bodily injury by disease	\$ _____	Each Employee
Bodily injury by disease	\$ _____	Policy Limit
<b>Commercial General Liability</b> <span style="float: right;"><input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</span>		
Company: <u>Philadelphia Indemnity Insurance Company</u>		
Policy Number: <u>PHPK1508916</u>		
Policy Period: <u>08/01/2016</u> <u>08/01/2017</u>		
Retroactive Date: <u>Not Applicable</u>		
Minimum Applicable Limits:		
General Aggregate	\$ <u>2,000,000</u>	
Products-Completed Operations Aggregate	\$ <u>2,000,000</u>	
Personal And Advertising Injury	\$ <u>1,000,000</u>	
Each Occurrence	\$ <u>1,000,000</u>	
<b>Commercial Auto Liability</b>		
Company: _____		
Policy Number: _____		
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ _____	
Each Accident	\$ _____	
<b>Professional Liability</b> <span style="float: right;"><input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</span>		
Company: <u>Philadelphia Indemnity Insurance Company</u>		
Policy Number: <u>PHPK1508916</u>		
Policy Period: <u>08/01/2016</u> <u>08/01/2017</u>		
Retroactive Date: <u>Not Applicable</u>		
Minimum Applicable Limits		
<u>Each Professional Incident</u>	\$ <u>1,000,000</u>	
<u>Aggregate</u>	\$ <u>2,000,000</u>	

POLICY NUMBER: PHUB549970

<p><b>Employee Benefits Liability</b></p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence</p>	<p><input type="checkbox"/> Claims-Made</p>
<p><b>Abuse or Molestation</b></p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence</p>	<p><input type="checkbox"/> Claims-Made</p>
<p><b>Directors &amp; Officers Liability</b></p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence</p>	<p><input type="checkbox"/> Claims-Made</p>
<p><b>Liquor Liability</b></p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence</p>	<p><input type="checkbox"/> Claims-Made</p>

POLICY NUMBER: PH0B549970

<b>Watercraft Liability</b>	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

  

<b>Other Coverages Not Included in Above</b>	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Countersigned:	By:
(Date)	(Authorized Representative)

**IN WITNESS WHEREOF**, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

President

Secretary