

BUSINESS PROTECTION POLICY COMMON DECLARATIONS

POLICY PERIOD

TO: 04/01/23 FROM: SEE SECTION DECLARATIONS

AT YOUR MAILING ADDRESS SHOWN BELOW

(UNLESS CHANGED ON THE SECTION DECLARATIONS) *-----

* ACCOUNT NUMBER 8X97914---23

PRODUCER:

NAMED INSURED: ______

CITY OF ARKANSAS CITY

PO BOX 778 ARKANSAS CITY KS 67005-0778

UNITED AGENCY INC 726 N SUMMIT ST PO BOX 817 ARKANSAS CITY KS 67005-0817

AGENT: L 7433

AGENT PHONE: (620)442-0400

CLAIM REPORTING: (888)362-2255

INSURED IS: GOV'T SUBDIV BUSINESS DESC: MUNICIPALITY

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. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. THE COMPANY AFFORDING COVERAGE IS DESIGNATED BY THE NAME IN THE DECLARATIONS OR INFORMATION PAGE FOR EACH SECTION OF THE POLICY.

SECTION	. COVERAGE		PREMIUM
1	. PROPERTY		\$ 145,862.00
2	. LIABILITY		46,744.00
3	. CRIME		540.00
4	. INLAND MARINE		11,094.00
5	. AUTOMOBILE		72,246.00
6	. WORKERS' COMPENSATION		NO COVERAGE
7	. UMBRELLA		NO COVERAGE
8	. OTHER - LINEBACKER		19,248.00
	. LAW ENFORCEMENT		9,955.00
	. CYBERSOLUTIONS		2,509.00
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	ESTIMATED TOTAL POLICY PREMIUM		\$ 308,198.00

FORMS APPLICABLE TO ALL SECTIONS EXCEPT:

1. WORKERS' COMPENSATION

THE ADDRESS AND TELEPHONE NUMBER OF THE SERVICING COMPANY IS:

EMC INSURANCE COMPANIES

245 N WACO ST STE 330

WICHITA, KS. 67202-1116

PLACE OF ISSUE: WICHITA, KS

DATE OF ISSUE: 04/05/22 FORM: IL7000A (ED. 09-02)

COUNTERSIGNED BY:

04/05/22 KB

PHONE: (316) 352-5700