

Cadence Insurance, Inc.  
2909 13th Street, 4th Floor  
Gulfport, MS 39501

02/12/2026

**City of Diamondhead**  
**FBP2358361**  
**Renewal Certificate**

Dear Producer:

We would like to thank you for renewing your customer's policy with The Hartford Steam Boiler Inspection and Insurance Company.

To continue to provide appropriate insurance coverage, we need to make sure we have updated property value information for buildings, contents, and if applicable, business income values for each location covered by the policy. Per the Common Policy Conditions, section III. Report of Values in the Agreement and Conditions, the Insured must report insurance values to us at least once a year.

Please note, without receipt of this updated information:

- Coinsurance will be applied to the Business Income coverage if the policy provides Business Income coverage;
- The renewal policy may not reflect the actual exposures nor provide the appropriate level of coverage; and
- The renewal policy may not reflect the most competitive price.

For your information, we offer an on-line self-service policy management tool, HSB Client Connection "My Policies", that provides you with the ability to electronically request and track policy changes and view important policy information, including billing details and policy documents.

You may submit the current statement of values through HSB Client Connect, HSB Customer Solutions, or your HSB Underwriter.

We appreciate your business. If you have any questions or require additional service, please contact HSB Customer Solutions.

Sincerely,



*Matthew Forman*  
Senior Vice President - Operations

*\*In the event you need to fax information to HSB, for your convenience, the reverse side of this letter can be used as a Fax Cover Letter.*

**Self Service:** [www.hsb.com/clientconnect](http://www.hsb.com/clientconnect)

**To Report a Claim:** 888-472-5677 (Tel); 888-329-5677 (Fax); [New\\_Loss@hsb.com](mailto:New_Loss@hsb.com)

**Inspection Service:** 800-333-4677 (Tel); [NSCInsp\\_Hotline@hsb.com](mailto:NSCInsp_Hotline@hsb.com)

\*\*\*\*COVERAGE IS NOT BOUND UNTIL CONFIRMED BY THE COMPANY\*\*\*\*

To: **Policy Services Department**

No. of Pages:  
(including this page)

Fax #: **1-800-298-4084**

From:

Cadence Insurance, Inc.  
9203665

Date:

Effective Date of Change:

Named Insured: City of Diamondhead

Policy No.: FBP2358361

Change Name Insured to:

Change Mailing Address to:

Additional Interest:

Action:  Add  Revise  Delete

Type:  Additional Insured  Loss Payee  1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> (circle one) Mortgagee

Name:

Address:

Acct. No.:

Locations:

Action:  Revise  Delete

Information: Loc. No. Address/City/State/Zip

Action:  Add (Loss History Attached):

Address/City/State/Zip

Building  
Value - \$

Contents  
Value - \$

Business Income  
Value - \$

Occupancy

**Cancellation Request** *(Lost Policy Release must be attached)*

Reason for Cancellation:

Additional Instructions:

City of Diamondhead  
5000 Diamondhead Cir  
Diamondhead, MS 39525

02/12/2026

**RENEWAL NOTICE**

Policy Number: FBP2358361  
Renewal Policy Term: 04/08/2026 to 05/01/2026  
Expiring Annual Premium: \$1,055.00  
Renewal Annual Premium: \$1,055.08  
Renewal Term Premium: \$66.47

(The above premiums do not include taxes or surcharges.)

Dear Insured,

Thank you for continuing to place your insurance coverage with The Hartford Steam Boiler Inspection and Insurance Company. Please take a moment to review your renewal policy documents. If you have any questions concerning your coverage, please contact your agent.

Sincerely,



*Matthew Forman*  
Senior Vice President - Operations

cc: Cadence Insurance, Inc.  
2909 13th Street, 4th Floor  
Gulfport, MS 39501

**To Report a Claim:** 888-472-5677 (Tel); 888-329-5677 (Fax); [New\\_Loss@hsb.com](mailto:New_Loss@hsb.com)  
**Inspection Service:** 800-333-4677 (Tel); [NSCInsp\\_Hotline@hsb.com](mailto:NSCInsp_Hotline@hsb.com)

# Premium Invoice

**The Hartford Steam Boiler Inspection and Insurance Company**  
P.O. Box 70658, Chicago, IL 60673-0658

If you have any questions about this bill, please call 1-800-472-1866.

Producer:  
Cadence Insurance, Inc.  
2909 13th Street, 4th Floor  
Gulfport, MS 39501

Invoice Date: 02/12/2026

Insured:  
**City of Diamondhead**

Policy Number.....FBP2358361  
Policy Term.....04/08/2026 to 05/01/2026  
Transaction Effective Date..... 04/08/2026  
Type of Transaction..... Renewal

Premium.....	\$66.47
Commission 16.00% (-).....	\$10.64
Total Surcharge/Taxes (+).....	\$0.00

**Please Pay ..... \$55.83 by 06/14/2026 or this policy is subject to cancellation.**

**Please submit payment with a copy of this invoice to the address below. Make checks payable to Hartford Steam Boiler.**

Hartford Steam Boiler  
P.O. Box 70658  
Chicago, IL 60673-0658

Amount Enclosed: \$ \_\_\_\_\_

---

## HSB TechAdvantage™ Common Policy Renewal Certificate

---

Presented by: **Cadence Insurance, Inc.**  
(228)863-5362

---

To report a claim - Call 1-888-HSB-LOSS (472-5677); Fax 1-888-329-5677.  
For questions and information about your policy – Call 1-800-472-1866.

---

Issue Date..... 02/12/2026

Policy Number ..... FBP2358361

Named Insured:  
**City of Diamondhead**

Mailing Address..... 5000 Diamondhead Cir  
Diamondhead, MS 39525

Policy Period..... 04/08/2026 to 05/01/2026 at 12:01 A.M.  
Standard Time at the above Mailing Address

Annual Premium.....\$1,055.08

Notices: Your policy may contain a Notice to Policyholders. State-specific notices are contained in the applicable 'State Changes' documents, attached at the end of your policy. Other notices may appear at the beginning of your policy.

In consideration of the premium due, this policy is hereby renewed for the policy period indicated above. This renewal is subject to the terms and conditions specified in the expiring policy, this Common Policy Renewal Certificate and the Equipment Breakdown Coverage Part Renewal Certificate(s) and any endorsements attached hereto.

## Common Policy Renewal Certificate

---

Named Insured:  
City of Diamondhead

Policy Number..... FBP2358361

Effective Date..... 04/08/2026

Issue Date..... 02/12/2026

---

Description	Form No.		
Equipment Breakdown Coverage Part Renewal Certificate No. 1	TEC	EBCCERT	07/2015
Schedule of Locations	EFB	SCHLOCS	11/2014
Agreement and Conditions		6670	05/2025
HSB TechAdvantage™ Equipment Breakdown Coverage Form		TEC150	07/2015
Additional Interests Endorsement	END	ADDLINT	07/2015
Terrorism Risk Insurance Act Disclosure	END	EBTRIA	06/2024
Mississippi Changes	TEC	MS	07/2015

# Equipment Breakdown Coverage Part Renewal Certificate No. 1

Named Insured:  
City of Diamondhead

Policy Number..... FBP2358361

Effective Date..... 04/08/2026

Issue Date..... 02/12/2026

These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown Coverage Part Declarations or Renewal Certificate No. 1.

## Covered Cause of Loss

Accident..... Included  
Electronic Circuitry Impairment..... Included

The Covered Cause of Loss for this Equipment Breakdown Coverage always includes “accident.”  
If indicated as Included above, the Covered Cause of Loss for this Equipment Breakdown Coverage also includes “electronic circuitry impairment.”

Coverages	Limits
Equipment Breakdown Limit.....	\$4,612,851
Property Damage.....	Included
Business Income.....	Excluded
Extra Expense.....	Excluded
Civil Authority.....	Excluded
Contingent Business Income.....	Excluded
Data Restoration.....	\$50,000
Demolition.....	\$50,000
Expediting Expense.....	\$50,000
Green.....	\$25,000
Hazardous Substances.....	\$50,000
Mold.....	\$25,000
Newly Acquired Locations.....	\$250,000
Off Premise Equipment Breakdown.....	\$25,000
Ordinance or Law.....	\$25,000
Perishable Goods.....	Excluded
Public Relations.....	Excluded
Service Interruption.....	Excluded



# Schedule of Locations

Named Insured:  
City of Diamondhead

Policy Number ..... FBP2358361

Effective Date ..... 04/08/2026

Issue Date..... 02/12/2026

<b>Location Number</b>	<b>Coverage Part Renewal Certificate Number</b>	<b>Location Address</b>
1	1	5000 Diamondhead Cir Diamondhead, MS 39525
2	1	Community Center 5300 Diamondhead Cir Diamondhead, MS 39525
3	1	Maintenance Building 98190 Kapalama Dr Diamondhead, MS 39525
4	1	Twin Lakes Pavilion 4040 Twin Lakes Ln Diamondhead, MS 39525
5	1	Airport Hangar 1200 Airport Dr Diamondhead, MS 39525

## Agreement and Conditions

**The Hartford Steam Boiler  
Inspection and Insurance Company**

One State Street  
Hartford, Connecticut 06102-5024

(A Stock Insurance Company)

Claims Telephone Number: 1-888-472-5677

Claims Fax Number: 1-888-329-5677

Claims Email: [New\\_Loss@hsb.com](mailto:New_Loss@hsb.com)

Inspection Service Telephone Number: 1-800-333-4677

Inspection Service Email: [NSCInsp\\_Hotline@hsb.com](mailto:NSCInsp_Hotline@hsb.com)

## Insuring Agreement

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

In Witness Whereof, the Company identified on the Declarations has caused this policy to be signed by its President and Corporate Secretary at Hartford, Connecticut.



Greg Barats  
President and Chief Executive Officer



Jean A. Cohn  
Corporate Secretary

# General Conditions

---

## I. COMMON POLICY CONDITIONS

### A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 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.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is canceled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. CHANGES

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

### C. EXAMINATION OF YOUR BOOKS AND RECORDS

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

### D. INSPECTIONS AND SURVEYS

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
  - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

### E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

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

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

## II. CALCULATION OF PREMIUM

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

### III. REPORT OF VALUES

You must report insurable values to us at least once a year.

### IV. ADJUSTMENT OF PREMIUM

- A. The premium charged at the inception of each policy year is an advance premium. When we receive updated insurable values from you or when we determine updated insurable values through an audit or claim adjustment, we will determine an adjusted premium for this insurance.
- B. If the adjusted premium is less than the advance premium, we will return the excess premium to you. Such excess premium will not exceed 75% of the advance premium.
- C. If the adjusted premium is greater than the advance premium, we will charge the additional premium based on your reports of value.

### V. JOINT OR DISPUTED LOSS AGREEMENT

- A. This condition is intended to facilitate payment of insurance proceeds when:
  1. Both a commercial property policy and this equipment breakdown policy are in effect;
  2. Damage occurs to Covered Property that is insured by the commercial property policy and this equipment breakdown policy; and
  3. There is disagreement between the insurers as to whether there is coverage or as to the amount of the loss to be paid, if any, by each insurer under its own policies.
- B. The provisions of this condition apply only if all of the following requirements are met:
  1. The commercial property policy carried by the Named Insured, insuring the Covered Property, contains a similar provision at the time of the loss or damage, with substantially the same requirements, procedures and conditions as contained in this condition;
  2. There is a Joint Loss or Disputed Loss as defined below; and
  3. The total amount of the loss is agreed to by you, the commercial property insurer(s) and us.
- C. Joint Loss and Disputed Loss are defined as follows:
  1. Joint Loss means that there is damage to

property that is Covered Property under both the commercial property policy and this policy and both the commercial property insurer(s) and we admit to some liability for payment under the respective policies.

2. Disputed Loss means that there is damage to property that is Covered Property under both the commercial property policy and this policy and the commercial property insurer(s) and we agree that there is some liability under one policy or the other, but disagree about which policy is liable for the loss.
- D. If the requirements listed in paragraph B. above are satisfied, we and the commercial property insurer(s) will make payments to the extent, and in the manner, described as follows:
  1. We will pay, after your written request, the entire amount of loss that we have agreed as being covered, if any, by this equipment breakdown policy and one-half (1/2) the amount of the loss that is in disagreement.
  2. The commercial property insurer(s) will pay, after your written request, the entire amount of loss that they have agreed as being covered, if any, by the commercial property policy and one-half (1/2) the amount of loss that is in disagreement.
  3. Payments by the insurers of the amounts that are in disagreement, as described in paragraphs 1. and 2., do not alter, waive or surrender any rights of any insurer against any other with regard to the portion of the loss for which each insurer is liable.
  4. The amount in disagreement to be paid by us under this condition shall not exceed the amount payable under the equivalent loss agreement(s) of the commercial property policy.
  5. The amount to be paid under this condition shall not exceed the amount we would have paid had no commercial property policy been in effect at the time of loss. In no event will we pay more than the applicable Equipment Breakdown Limit shown in the Declarations.
  6. Acceptance by you of sums paid under this condition does not alter, waive or surrender any other rights against us.

E. Arbitration

1. The commercial property insurer(s) and we agree to submit our differences to arbitration within 90 days after payment of the loss under the terms of this condition.
2. You agree to cooperate with any arbitration procedures.
3. There will be three arbitrators: one will be appointed by us, and another will be appointed by the commercial property insurer(s). The two arbitrators will select a third arbitrator. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. A decision agreed to by two of the three arbitrators will be binding on both parties. Judgment on any award can be entered in any court that has jurisdiction.

F. Final Settlement Between Insurers

The insurer(s) found responsible for the greater percentage of the ultimate loss must return the excess contribution to the other insurer(s). In addition, the insurer(s) found responsible for the greater portion of the loss must pay liquidated damages to the other insurer(s) on the amount of the excess contribution of the other insurer(s). Liquidated damages are defined as interest from the date the insured invokes this agreement to the date the insurer(s) that contributed the excess amount is reimbursed. The interest is calculated at 1.5 times the highest prime rate from the money rates column of the Wall Street Journal during the period of the liquidated damages. Arbitration expenses are not a part of the excess contribution for which liquidated damages are calculated. Arbitration expenses will be apportioned between insurers on the same basis that the ultimate loss is apportioned.

# Terrorism Risk Insurance Act Disclosure

---

Named Insured:  
City of Diamondhead

Policy Number ..... FBP2358361

Effective Date ..... 04/08/2026

Issue Date..... 02/12/2026

---

This endorsement is attached to and made part of your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act, as amended.

## **NOTICE OF TERRORISM INSURANCE COVERAGE**

### **Applicable Premium**

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for the portion of losses covered by the United States government under the Act.

### **Informational Notice**

The following notice does not change your coverage under this policy, but is provided for your information in compliance with the Terrorism Risk Insurance Act, as amended.

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Includes copyrighted material of National Association of Insurance Commissioners with its permission.