



EMPLOYERS MUTUAL CASUALTY COMPANY

PRIOR POLICY: 5W4-77-39

B U S I N E S S O W N E R S D E C L A R A T I O N S

POLICY PERIOD: FROM 05/20/20 TO 05/20/21

* POLICY NUMBER *
* 5 W 4 - 7 7 - 3 9 ---21 *

N A M E D I N S U R E D :

P R O D U C E R :

NATIONAL LAMINATING INC
165 AMARAL ST
RIVERSIDE RI 02915-2221

MAGGIACOMO INSURANCE AGENCY, INC
MEMBER RI INSURANCE GROUP
260 W EXCHANGE ST STE 2
WEST EXCHANGE CENTER
PROVIDENCE RI 02903-1000

DIRECT BILL

AGENT: AG 6867
AGENT PHONE: (401)353-0300
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (401)244-1800

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 05/20/20.

INSURED IS: CORPORATION Business Desc: BOOKBINDING & PRINTING SU

In Return for the Payment of the Premium, & Subject to all the Terms of This Policy, We Agree with You to Provide the Insurance as Stated in this Policy.

P R O P E R T Y - Businessowners Coverage Form

Refer to SECTION I-PROPERTY in the Businessowners Coverage Form and Any Schedule or Endorsements Attached.

L I A B I L I T Y & M E D I C A L P A Y M E N T S

Except for Damage to Premises Rented to You, Each Paid Claim for the Following Coverages Reduces the Amount of Insurance We Provide During the Policy Period. Refer To SECTION II-LIABILITY in the Businessowners Coverage Form, the Following Schedule and Any Attached Endorsements.

Limits of Insurance

Table with 2 columns: Description of coverage and Amount. Rows include Liability and Medical Expenses (Each Occurrence) at \$300,000, Medical Expenses (Per Person) at \$5,000, and Damage to Premises Rented to You (Any One Premises) at \$300,000.

DATE OF ISSUE: 04/20/20 (BPP)

(CONTINUED)



PAGE NO: 2

EMPLOYERS MUTUAL CASUALTY COMPANY
NATIONAL LAMINATING INC

POLICY NO: 5W4-77-39---21
EFF DATE: 05/20/20 EXP DATE: 05/20/21

B U S I N E S S O W N E R S D E C L A R A T I O N S

P R O P E R T Y L I A B I L I T Y & M E D I C A L P A Y M E N T S
The following Optional Coverages/Endorsements (and/or applicable limits) modifies insurance provided under Section I - Property and/or Section II Liability of the Businessowners Coverage Form.

Businessowners Extension Endorsement

See BP7100

+\$429 (10%)

*Businessowners Premium \$ 4795.00

*THE ABOVE PREMIUM MAY BE AN ADVANCE PREMIUM AND SUBJECT TO FINAL AUDIT (AND HAS BEEN AFFECTED BY THE FOLLOWING MODIFICATION FACTORS:
(Building Age Modification, Number Of Stories Modification, Years In Premises Modification))

REVIEWED

By Yolanda R. DaSilveira, ACSR at 9:12 am, May 01, 2020

FORMS APPLICABLE:

BP0003(07/13)*, BP0131(01/18)*, BP0404(01/10)*, BP0411(07/13)*,
BP0523(01/15)*, BP0542(01/15)*, BP0577(01/06)*, BP1504(05/14)*,
BP1530(09/19)*, BP1532(09/19)*, BP7001.2A(10/05)*, BP7001.3A(01/10)*,
BP7001.4A(01/10)*, BP7001A(01/10)*, BP7003(07/13)*, BP7100(07/13)*,
BP7197(08/08)*, BP8076(05/18)*, BP8079(09/19)*, IL7004(01/19)*,
IL7028(05/15)*, IL7130A(04/01)*, IL7131A(04/01)*, IL7213(11/15)*,
IL7215(12/16)*, IL7217.2(04/10)*, IL7600(05/19)*, IL8383.5A(01/20)*,
IL8384A(01/08)*, IL8423(01/06)*, IL8576(10/17)*

DATE OF ISSUE: 04/20/20 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 5W4-77-39---21

NATIONAL LAMINATING INC

EFF DATE: 05/20/20

EXP DATE: 05/20/21

BUSINESS OWNERS POLICY DECLARATIONS

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*BP0003	07-13	BUSINESSOWNERS COVERAGE FORM	
*BP0131	01-18	RHODE ISLAND CHANGES	
*BP0404	01-10	HIRED AND NON-OWNED AUTO LIABILITY	
		HIRED AUTO LIABILITY	\$ 38
		NON-OWNED AUTO LIABILITY	\$ 59
*BP0411	07-13	AI-CO-OWNER OF INSURED PREMISES	
		NAME OF PERSON(S) OR ORGANIZATION(S)	
		ELIZABETH MORLEY	
		165 AMARAL ST	
		RIVERSIDE, RI 02915-2221	
		LOCATION OF PREMISES:	
		165 AMARAL ST	
		RIVERSIDE, RI 02915-2221	
*BP0523	01-15	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
*BP0542	01-15	EXCL OF PUNITIVE DAMAGES FOR TERRORI	
*BP0577	01-06	FUNGI OR BACTERIA EXCLUSION (LIAB)	
*BP1504	05-14	EXCL-ACCESS/DISCLOSURE OF CONFIDENT	
*BP1530	09-19	CANNABIS PROPERTY EXCLUSION	
*BP1532	09-19	CANNABIS LIABILITY EXCLUSION	
*BP7001.2A	10-05	BOP SCHEDULE-MISC PROP POL LEVEL COV	
*BP7001.3A	01-10	BOP SCHEDULE-SEC II-LIAB AND MED PAY	
*BP7001.4A	01-10	BOP SCHEDULE-MISC LIAB POL LEVEL COV	
*BP7001A	01-10	BOP AUTOMATED SCHEDULE	
*BP7003	07-13	BOP QUICK REFERENCE	
*BP7100	07-13	BUSINESSOWNERS EXTENSION ENDORSEMENT	
*BP7197	08-08	EQUIPMENT BREAKDOWN ENDORSEMENT	
*BP8076	05-18	POLICYHOLDER NOTICE	
*BP8079	09-19	POLICYHOLDER NOTICE	
*IL7004	01-19	MUTUAL POLICY PROVISIONS	
*IL7028	05-15	ASBESTOS EXCLUSION	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7213	11-15	EMPLOYMENT PRACTICES LIAB INS COV	
*IL7215	12-16	EMPLOYMENT PRACTICES LIAB EXCLUSIONS	
*IL7217.2	04-10	RI-ACKNOWLEDGMENT OF DEFENSE COSTS	
*IL7600	05-19	RHODE ISLAND COMPANY ELIMINATION	
*IL8383.5A	01-20	DISCL PURSUANT TERRSM RISK INS. ACT	
		PREMIUM THROUGH 12/31/20	\$ 12
		PREMIUM BEYOND 12/31/20	\$ 8
*IL8384A	01-08	TERRORISM NOTICE	
*IL8423	01-06	RI NOTICE TO POLICYHOLDERS - FLOOD	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

DATE OF ISSUE: 04/20/20

FORM: IL7131A (ED. 04-01)

004 RH

5W47739 2101



EMPLOYERS MUTUAL CASUALTY COMPANY
NATIONAL LAMINATING INC

POLICY NUMBER: 5W4-77-39---21
EFF DATE: 05/20/20 EXP DATE: 05/20/21

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent



EMPLOYERS MUTUAL CASUALTY COMPANY
NATIONAL LAMINATING INC

POLICY NUMBER: 5W4-77-39---21
EFF DATE: 05/20/20 EXP DATE: 05/20/21

This endorsement is attached to and made part of your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act. This endorsement does not grant any coverage or change the terms and conditions of any coverage under the policy.

D I S C L O S U R E P U R S U A N T T O
T E R R O R I S M R I S K I N S U R A N C E A C T

S C H E D U L E

Terrorism Premium (Certified Acts)

- A. Premium through end of year 12/31/20 \$12.00
 - B. Premium beyond the date specified above \$8.00
- (Refer to paragraph D. below)

A. DISCLOSURE OF PREMIUM:

In accordance with the Federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under the Terrorism Risk Insurance Act. As defined in section 102(1) of the Act: the term "act of terrorism" means any act that is 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. The portion of your premium attributable to such coverage is shown in the schedule of this endorsement or in the policy declarations.

B. DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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DATE OF ISSUE: 04/20/20 (continued)



EMPLOYERS MUTUAL CASUALTY COMPANY
NATIONAL LAMINATING INC

POLICY NUMBER: 5W4-77-39---21
EFF DATE: 05/20/20 EXP DATE: 05/20/21

This endorsement is attached to your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act. This disclosure does not grant any coverage or change the terms and conditions of any coverage under the policy.

D I S C L O S U R E P U R S U A N T T O
T E R R O R I S M R I S K I N S U R A N C E A C T

D. PREMIUM BEYOND THE YEAR SPECIFIED IN THE SCHEDULE ABOVE:

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act. The federal program established by the Act is scheduled to terminate at the end of the year specified in the schedule of this endorsement, unless extended by the federal government. If the federal program is extended, the premium shown in (B) in the schedule shall be attributable to coverage for terrorism acts certified under the act. If the Federal program terminates, your policy will still contain coverage for acts of terrorism unless you have elected to exclude the coverage. The premium shown in (B) of the schedule shall be attributable to that coverage for terrorism.

THE FOLLOWING STATEMENT IS REQUIRED TO BE PART OF THE DISCLOSURE NOTICE IN MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.



EMPLOYERS MUTUAL CASUALTY COMPANY

N A M E D I N S U R E D E N D O R S E M E N T

POLICY PERIOD: FROM 05/20/20 TO 05/20/21

* POLICY NUMBER *
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N A M E D I N S U R E D :

P R O D U C E R :

NATIONAL LAMINATING INC
165 AMARAL ST
RIVERSIDE RI 02915-2221

MAGGIACOMO INSURANCE AGENCY, INC
MEMBER RI INSURANCE GROUP
260 W EXCHANGE ST STE 2
WEST EXCHANGE CENTER
PROVIDENCE RI 02903-1000

DIRECT BILL

AGENT: AG 6867
AGENT PHONE: (401)353-0300
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (401)244-1800

T H I S E N D O R S E M E N T C H A N G E S T H E P O L I C Y .
P L E A S E R E A D I T C A R E F U L L Y .

* ENDORSEMENT EFFECTIVE DATES: 05/20/20 TO 05/20/21 *

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE NAMED INSURED
IS AMENDED TO READ AS FOLLOWS:

1ST NAMED INSURED:
NATIONAL LAMINATING INC
ELIZABETH MORLEY

PLACE OF ISSUE: WARWICK, RI

DATE OF ISSUE: 04/20/20

FORM: IL7130A (ED. 04-01)

004 RH

5W47739 2101



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NATIONAL LAMINATING INC

POLICY NO: 5W4-77-39---21
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B U S I N E S S O W N E R S S C H E D U L E
S E C T I O N I P R O P E R T Y

LOC 001
165 AMARAL ST
RIVERSIDE, RI
02915-2221

Deductibles: Property-\$2,500

For Inspection Contact: PETER MORLEY 401-438-8554 Agt: N

COVERAGE(S) AT LOCATION SHOWN ABOVE

BUILDING NUMBER 001

Description:
01 STORY JSTD MASONRY
BLDG IN PROT CLASS 02

Occupancy:
LAMANIATING CO

Coverage	Limit of Insurance	Spec* Ints	Optional Coverages/Endorsements
BUILDING	\$ 541,216		Replacement Cost Automatic Increase-02%
BUSINESS PERSONAL PROPERTY	\$ 135,304		Replacement Cost

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PAGE NO: 2

EMPLOYERS MUTUAL CASUALTY COMPANY
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M I S C E L L A N E O U S P R O P E R T Y
P O L I C Y L E V E L C O V E R A G E S

Coverage	Limits of Insurance
EQUIPMENT BREAKDOWN	See BP7197

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PAGE NO: 3

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B U S I N E S S O W N E R S S C H E D U L E
S E C T I O N I I L I A B I L I T Y A N D
M E D I C A L P A Y M E N T S

Classification/Exposure Basis	Exposure	Rate	Premium
Location 001			
Building 001			
50201-Bookbinding & Printing Suppl- ies - Distributors	\$ 135,304	0.847	\$ 1,146
Exposure Basis: Limit of Insurance			

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PAGE NO: 4

EMPLOYERS MUTUAL CASUALTY COMPANY
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B U S I N E S S O W N E R S S C H E D U L E
M I S C E L L A N E O U S L I A B I L I T Y
P O L I C Y L E V E L C O V E R A G E S

Coverage	Limit of Insurance	Premium
HIRED AUTO LIABILITY	Included	\$ 38
NON-OWNED LIABILITY	Included	\$ 59
EMPLOYMENT PRACTICES LIABILITY (PORTFOLIO)	\$ 100,000 Aggregate	\$ 178
DEDUCTIBLE: \$10,000		
NUMBER OF EMPLOYEES: 5		
THIRD PARTY VIOLATIONS: NO		
ORIGINAL INCEPTION DATE: 05/20/2016		

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