

Premium Statement

Named Insured and Mailing Address

CITY OF BROKEN ARROW
220 S. FIRST STREET
BROKEN ARROW, OK 74012

Producer No. 0040020

Producer BROKEN ARROW INSURANCE AGENCY INC
2720 N. HEMLOCK CT STE A
BROKEN ARROW, OK 74012-1111

Chubb Group of Insurance Companies
202B Hall's Mill Road
Whitehouse Station, NJ 08889

Policy Number 0663-52-62 WCE

Effective Date JULY 1, 2019

Issued by the stock insurance company
indicated below, herein called the company.

**FEDERAL INSURANCE
COMPANY**

Incorporated under the laws of
INDIANA

Policy Period

From: JULY 1, 2019 To: JULY 1, 2020
12:01 A.M. standard time at the Named Insured's mailing address shown above.

Premium Payment

The first Named Insured shown in the Declarations is responsible for the payment of all premiums and will be the payee for any return premiums we pay.

Contract	Flat Premium	Deposit Premium	Total Premium Due
ELECTRONIC DATA PROCESSING PROPERTY	\$ 5,597.00		\$ 5,597.00
TOTAL	\$ 5,597.00		\$ 5,597.00

Payment Plan

This policy premium is being billed as follows. The amounts shown are due and payable as of the dates shown below:

<u>Date Payment Due</u>	<u>Amount Due</u>	<u>Deposit Due</u>
JULY 1, 2019	\$ 5,597.00	



CHUBB®

Inland Marine Insurance

Insuring Agreement

Named Insured and Mailing Address

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COMPANY**

Producer No. 0040020

Producer
BROKEN ARROW INSURANCE AGENCY INC
2720 N. HEMLOCK CT STE A
BROKEN ARROW, OK 74012-1111

*Incorporated under the laws of
INDIANA*

Company and Policy Period

Insurance is issued by the company in consideration of payment of the required premium.

This policy is issued for the period 12:01 AM standard time at the Named Insured's mailing address shown above:

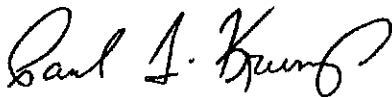
From: JULY 1, 2019

To: JULY 1, 2020

Your acceptance of this policy terminates, effective with the inception of this policy, any prior policy of the same number issued to you by us.

This Insuring Agreement together with the Premium Summary, Schedule Of Forms, Declarations, Contracts, Endorsements and Common Policy Conditions comprise this policy.

In Witness Whereof, the company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the company.

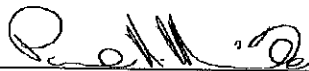


President



Secretary

Authorized Representative





Declarations*Named Insured and Mailing Address*

CITY OF BROKEN ARROW
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Producer No. 0040020

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indicated below, herein called the company.*

**FEDERAL INSURANCE
COMPANY**

*Incorporated under the laws of
INDIANA*

Policy Period

From: JULY 1, 2019 *To:* JULY 1, 2020
12:01 A.M. standard time at the Named Insured's mailing address shown above.

Deductible: **\$ 1,000**

The deductible shown above applies to all coverages, except Business Income and Extra Expense, contained within this policy unless a specific coverage deductible is shown below.

The following displays the coverages provided by this policy.

Coverages

PREMISES # 1 **UNSCHEDULED LOCATIONS**
 BROKEN ARROW, OK 74012
 Building Number: 1

ELECTRONIC DATA PROCESSING PROPERTY
 LIMIT OF INSURANCE
 DEDUCTIBLE

\$ 1,554,816
\$ 1,000

**NEWLY ACQUIRED ELECTRONIC DATA PROCESSING
PROPERTY AND TELEPHONE EQUIPMENT**
 LIMIT OF INSURANCE

\$ 500,000



Premises Coverages

(continued)

Coverage at Unnamed Premises

The following displays the coverages provided at other premises.

PREMISES ANY NEWLY ACQUIRED PREMISES WITHIN THE COVERAGE TERRITORY

ELECTRONIC DATA PROCESSING PROPERTY

LIMIT OF INSURANCE

\$ 1,000,000

PREMISES ANY OTHER PREMISES WITHIN THE COVERAGE TERRITORY

Coverages at Named Premises and Unnamed Premises

The following displays the coverages provided at both premises which are specifically covered under this insurance and other premises.

NEWLY ACQUIRED ELECTRONIC DATA PROCESSING

MEDIA BACKUPS OR DUPLICATES

LIMIT OF INSURANCE

\$ 100,000

Coverages Away From Premises

The following displays the coverages provided away from premises.

ELECTRONIC DATA PROCESSING PROPERTY -

IN TRANSIT

LIMIT OF INSURANCE

\$ 50,000

Coverages at Named Premises, Unnamed Premises and Away From Premises

The following displays the coverages provided at premises which are specifically covered under this insurance, other premises and away from premises.

DEBRIS REMOVAL

LIMIT OF INSURANCE

\$ 150,000

FIRE PROTECTIVE EQUIPMENT

LIMIT OF INSURANCE

\$ 10,000

Declarations

Effective Date JULY 1, 2019

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Premises Coverages

(continued)

INVENTORY OR APPRAISALS LIMIT OF INSURANCE	\$ 25,000
POLLUTANT CLEAN UP OR REMOVAL LIMIT OF INSURANCE	\$ 50,000
FIRE DEPARTMENT SERVICE CHARGES LIMIT OF INSURANCE	\$ 25,000

Chubb. Insured.™

