

## Premium Statement

## Named Insured and Mailing Address

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

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

Producer No. 0040020

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

**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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220 S. FIRST STREET  
BROKEN ARROW, OK 74012

**Chubb Group of Insurance Companies**  
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*Policy Number* 0663-52-62 WCE

*Effective Date* JULY 1, 2019

*Issued by the stock insurance company  
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company.*

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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*

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**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:

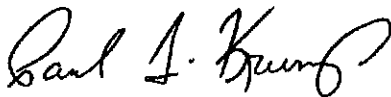
From: JULY 1, 2019

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.

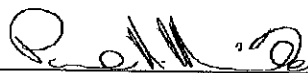


*President*



*Secretary*

*Authorized Representative*





**Declarations***Named Insured and Mailing Address*

CITY OF BROKEN ARROW  
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

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**202B Hall's Mill Road**  
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*Policy Number* 0663-52-62 WCE

*Effective Date* JULY 1, 2019

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indicated below, herein called the company.*

**FEDERAL INSURANCE  
COMPANY**

*Incorporated under the laws of  
INDIANA*

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**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.

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**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.

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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



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## **Premises Coverages**

*(continued)*

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### **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**

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### **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**

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### **Coverages Away From Premises**

The following displays the coverages provided away from premises.

**ELECTRONIC DATA PROCESSING PROPERTY -  
IN TRANSIT**

**LIMIT OF INSURANCE**

**\$ 50,000**

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### **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

Policy Number 0663-52-62 WCE

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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.™

