

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY

P.O. Box 145496, CINCINNATI, OH 45250-5496

POLICY CHANGE ENDORSEMENT

Attached to and forming part of POLICY NUMBER: CSU0126351

Policy Change Endorsement Number: 1

NAMED INSURED AND MAILING ADDRESS:

Weber Cultural Legacy Foundation
DBA: The Goal Foundation

Refer to Named Insured Schedule CSIA 409
2440 WASHINGTON BLVD
OGDEN UT 84401

PRODUCER - Your contact for matters pertaining to this policy:

Beehive Insurance Agency, Inc.
PO Box 571431
Murray UT 84157-1431

43-023

Broker: 410615
CSU Producer Resources, Inc.
6200 South Gilmore Road
Fairfield, OH 45014-5141
Scott Hintze

Effective Date of Policy Change: 04/27/2019

Signature of authorized representative or countersignature,
where applicable:

	ADDITIONAL PREMIUM	RETURN PREMIUM
Policy Change Premium	\$.00	\$.00
Terrorism Risk Insurance Extension Act	\$.00	\$.00
Surplus lines taxes	\$.00	\$.00
Stamping fee	\$.00	\$.00
Other taxes or fees	\$.00	\$.00
TOTAL DUE:	\$.00	\$.00

NET TOTAL	\$.00	\$.00
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TYPE OF CHANGE	COVERAGE	DESCRIPTION
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Amend

Limits of Liability

General Aggregate &
Products-Completed Operations
Aggregate to \$3,000,000 per
revised CSGA501 attached

The policy is changed as described in this endorsement. All other terms and conditions are unchanged.

CSIA 411 01 11

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THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY
COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: CSU0126351

Effective date: 04/27/2019

Named Insured: Weber Cultural Legacy Foundation

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ <u>1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ <u>100,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	\$ <u>1,000</u>	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>1,000,000</u>	Any one person or organization
GENERAL AGGREGATE LIMIT		\$ <u>3,000,000</u>
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		\$ <u>3,000,000</u>

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

Refer to Forms and Endorsements Schedule CSIA 406

COMMERCIAL GENERAL LIABILITY PREMISES SCHEDULE : Refer to CSGA 403

COMMERCIAL GENERAL LIABILITY CLASSIFICATION AND PREMIUM SCHEDULE: Refer to CSGA 408

TOTAL DEPOSIT PREMIUM \$ 250

Premium is subject to annual audit: ☐ Yes ☒ No

Commercial General Liability Classification and Premium Schedule

POLICY NUMBER: CSU0126351

POLICY EFFECTIVE DATE: 04/27/2019

NAMED INSURED: Weber Cultural Legacy Foundation

LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE A - Area B - Payroll S - Gross Sales U -Units	RATE		DEPOSIT PREMIUM	
				Premises Operations and All Other	Products/ Completed Operations	Premises Operations and All Other	Products/ Completed Operations
1	Special Event - In Program	20000	U			\$250	Incl