

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

Renewal Effective 10-30-2013

AGENCY LACRESCENT INSURANCE
06-0388-00 MKT TERR 066 (507) 895-4000
INSURED LA CROSSE SENIOR CITIZENS CENTER IN

POLICY NUMBER 044623-08017346-13

ADDRESS 1220 DENTON ST
LA CROSSE, WI 54601-5659Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
10-30-2013 ^{to}	10-30-2014

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

COMMON POLICY INFORMATION

BUSINESS DESCRIPTION: N/P Social Club

ENTITY: N/P Social Club _____

PROGRAM: Service

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S).	PREMIUM
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
COMMERCIAL PROPERTY COVERAGE	\$165.00
COMMERCIAL GENERAL LIABILITY COVERAGE	466.00
TOTAL	\$631.00
PAID IN FULL DISCOUNT	\$56.00
TOTAL POLICY PREMIUM IF PAID IN FULL	\$575.00

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.
The Paid in Full Discount is based on favorable loss experience for the collective group of policyholders who choose to pay their premiums in full directly to the Company.

FORMS THAT APPLY TO ALL COVERAGE PART SHOWN ABOVE (EXCEPT GARAGE LIABILITY, DEALER'S
BLANKET, COMMERCIAL AUTOMOBILE, IF APPLICABLE)
55000 (01-87) IL0017 (11-85)

A Merit Rating Plan Factor of 0.95 Applies.

AGENCY LACRESCENT INSURANCE
06-0388-00 MKT TERR 066

Company POLICY NUMBER 044623-08017346-13
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INSURED LA CROSSE SENIOR CITIZENS CENTER IN

Term 10-30-2013 to 10-30-201

COMMERCIAL PROPERTY COVERAGE

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

LOCATION 001

ADDITIONAL FORMS THIS LOCATION: None

LOC 001 BLDG 001 1220 Denton St
La Crosse, WI 54601-5659

OCCUPIED AS: Social Club

COVERAGE: Personal Property **Limit of Insurance** \$5,680

CAUSES OF LOSS	COINSURANCE	DEDUCTIBLE	RATE	PREMIUM
Basic Group I	80%	\$250	0.239	\$14.00
Basic Group II	80%	250	0.079	4.00
Special	80%	250	0.060	3.00
Special Including Theft	80%	250	2.493	142.00

OPTIONAL COVERAGE:

Replacement Cost

Inflation Guard Factor
Personal Property
1.017

Equipment Breakdown	LIMITS Excluded	DEDUCTIBLE	RATE	PREMIUM
ADDITIONAL FORMS THIS BUILDING:	CP0113 (10-02)	IL0283 (01-93)	59350 (01-08)	
	54833 (07-08)	IL0003 (07-02)	CP0090 (07-88)	CP0010 (10-91) 64010 (12-10)

SECURED INTERESTED PARTIES: None

RATING INFORMATION

Territory: 320
Program: Service

County: La Crosse
Construction: Masonry
Class Rate - Contents: 0.324
PC: 02 Class Code: 0757

TERRORISM - CERTIFIED ACTS SEE FORM 59350, 54833, 59390 \$2.00

LOCATION 001 PREMIUM \$165.00

Auto-Owners

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COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE

General Aggregate (Other Than Products-Completed Operations)	\$1,000,000
Products-Completed Operations Aggregate	1,000,000
Personal Injury And Advertising Injury	500,000
Each Occurrence	500,000
Damage to Premises Rented to You (Fire Damage)	50,000 Any One Premises
Medical Payments	5,000 Any One Person

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55300.

AUDIT TYPE: Non-Audited

FORMS THAT APPLY TO THIS COVERAGE: 59350 (01-08) CG0124 (01-93) IL0017 (11-85)
IL0283 (01-93) 55146 (06-04) 55160 (12-04) 55300 (07-05) CG2416 (12-07)
IL0021 (07-02) 55296 (09-09)

LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY

LOC 001 BLDG 001 1220 Denton St
La Crosse, WI 54601-5659

TERRITORY: 003 COUNTY: La Crosse

Classification	Subline	Premium Basis	Rates	Premium
Clubs - Civic, Service Or Social Having Building Or Premises Owned Leases (Not-For Profit)	CODE 41668 Prem/Op Or Prod/Comp Op	Area 2,400 2,400	Each 1000 189.783 2.294	\$455.00 \$6.00

TERRORISM - CERTIFIED ACTS SEE FORM 59350, 55405, 59390 \$5.00

LOCATION 001 PREMIUM \$466.00