







# Markel Insurance Company

## EXCESS/UMBRELLA DECLARATIONS

POLICY NUMBER: 4602SS315180 - 9		RENEWAL OF POLICY: 4602SS315180-8													
<b>Named Insured and Mailing Address:</b> Yellowstone Boys and Girls Ranch Yellowstone Treatment Centers 1732 S. 72nd St. W. Billings, MT 59106															
Policy Period From: 07-01-2015		To: 07-01-2016													
At 12:01 a.m. standard time at your mailing address shown above															
This policy provides <input type="checkbox"/> Excess Liability coverage only or <input checked="" type="checkbox"/> Umbrella Liability coverage only.															
<i>Only the policy provisions applicable to the type of coverage checked in the above box will apply. Please refer to the appropriate sections of the policy for what is and is not covered according to the coverage type.</i>															
<b>IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.</b>															
Policy Premium: \$ 45,335.00															
<input type="checkbox"/> Direct Billed		<input checked="" type="checkbox"/> Agency Billed													
<b>Limits of Insurance:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">General Aggregate</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">4,000,000</td> </tr> <tr> <td>Products-Completed Operations Aggregate</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">4,000,000</td> </tr> <tr> <td>Each Occurrence</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">4,000,000</td> </tr> <tr> <td>Each Person - Personal And Advertising Injury</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">4,000,000</td> </tr> </table>				General Aggregate	\$	4,000,000	Products-Completed Operations Aggregate	\$	4,000,000	Each Occurrence	\$	4,000,000	Each Person - Personal And Advertising Injury	\$	4,000,000
General Aggregate	\$	4,000,000													
Products-Completed Operations Aggregate	\$	4,000,000													
Each Occurrence	\$	4,000,000													
Each Person - Personal And Advertising Injury	\$	4,000,000													
Self Insured Retention - Each Occurrence		\$	10,000												
<b>THIS POLICY PROVIDES CLAIMS-MADE COVERAGE FOR THE UNDERLYING INSURANCE SHOWN AS CLAIMS-MADE IN THE SCHEDULE OF UNDERLYING INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY.</b>															
This insurance does not apply to Coverage A - Bodily Injury And Property Damage Liability and Coverage B - Personal And Advertising Injury written under Section II - Umbrella Liability Coverage which occurs before the Retroactive Date shown below: <b>N/A in New York</b>															
Retroactive Date: Per Underlying Claims-made Coverage, if applicable.  (Enter a date only when one or more underlying insurance coverages are claims-made.)															

**Producer Number, Name and Mailing Address**

50409 / PayneWest Insurance, Inc.  
PO Box 30638  
Billings, MT 59107

**Forms and Endorsements attached to this policy at time of issuance:**

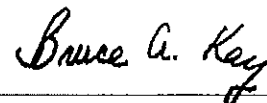
MJL 1000(08/10), MDUB1000(03/14), MUB0001(03/14), MUB 200(08/03), MUB1204(03/14), MUB1324(03/14), MUB205(07/05), MUB403(08/03), MUB418(08/03), MUB424(08/03), MUB431(08/03), MUB476(08/03), MUB476(08/03), MUB485(08/03), MUB492(08/03), MUB-MT(08/03), MUB-TERR-2(01/16), MUB1359(01/16), MUB506(07/05)

**These declarations, together with the Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**

Issue Date: 07-29-2015

At: Glen Allen, VA

By: Bruce A. Kay



(Authorized Representative)

Named Insured: Yellowstone Boys and Girls Ranch Policy Number: 4602SS315180 - 9

**EXCESS/UMBRELLA POLICY  
SCHEDULE OF UNDERLYING INSURANCE**

(An "X" in the Type of Coverage boxes below (  ) indicates these coverages are provided by the underlying policies.)

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015      07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Liquor Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 3,000,000 General Aggregate \$ 3,000,000 Products-Completed Operations Aggregate \$ 1,000,000 Each Occurrence \$ 1,000,000 Personal And Advertising Injury - Each Person Or Organization \$ \$
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015      07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Professional Liability	\$ 1,000,000 Each Wrongful Act \$ 3,000,000 Aggregate
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015      07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Employee Benefits Liability	\$ 1,000,000 Each Employee \$ 3,000,000 Aggregate
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> Liquor Liability	\$ \$ Each Common Cause Aggregate
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Stop Gap - Employers Liability	\$ Bodily Injury by Accident \$ Bodily Injury by Disease - Each Person \$ Bodily Injury by Disease - Policy Limit
Carrier: TBD Policy Number: TBD Policy Period: 07/01/2015      07/01/2016	<input checked="" type="checkbox"/> Business Automobile Liability <input checked="" type="checkbox"/> Owned Automobiles <input checked="" type="checkbox"/> Non-Owned Automobiles <input checked="" type="checkbox"/> Hired Automobiles	\$ 1,000,000 Each Accident
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Garage Liability <input type="checkbox"/> Owned Automobiles <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	\$ Each Accident - Garage Operations - Auto Only \$ Other than Auto Only \$ Aggregate - Garage Operations - Other than Auto Only

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: 8502SS315179 Policy Period: 07/01/2015      07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input checked="" type="checkbox"/> Sexual Abuse & Molestation	\$    2,000,000 Aggregate \$    1,000,000 Per Person, Per Occurrence \$
Carrier:  Policy Number:  Policy Period:	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input type="checkbox"/> <input type="checkbox"/>	\$                      Per Occurrence \$                      Per Occurrence \$
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input type="checkbox"/> <input type="checkbox"/>	\$                      Each Wrongful Act \$                      Aggregate \$
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input type="checkbox"/> <input type="checkbox"/>	\$                      Aggregate \$                      Each Occurrence \$
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input type="checkbox"/> <input type="checkbox"/>	\$                      Aggregate \$                      Each Occurrence \$
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input type="checkbox"/> <input type="checkbox"/>	\$                      Aggregate \$                      Personal & Advertising Injury \$                      Each Occurrence
Carrier:  Policy Number:  Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input type="checkbox"/> <input type="checkbox"/>	\$                      General Aggregate \$                      Each Occurrence
Carrier: TBD Policy Number: TBD Policy Period: 07/01/2015      07/01/2016	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made  <input checked="" type="checkbox"/> Employer's Liability	\$    500,000 Bodily Injury by Accident \$    500,000 Bodily Injury by Disease - Each Person \$    500,000 Bodily Injury by Disease - Policy Limit