

DESCRIPTIONS (Continued from Page 1)

Additional Insureds: LEA, its subsidiaries, officials and employees

The General Liability coverage is Primary per the policy terms & conditions only if required by written contract. This Certificate of Insurance represents coverage currently in effect and may or may not be in compliance with any written contract.

POLICY NUMBER: PHUB530074



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
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COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	1160 USI Midwest LLC - Wichita 245 N Waco St Ste 300 Wichita, KS 67202 (316) 263-3211
NAMED INSURED: Heartspring, Inc.	
MAILING ADDRESS: 8700 E 29th St N C/O David Dorf Wichita, KS 67226-2169	
POLICY PERIOD: FROM <u>03/01/2016</u> TO <u>03/01/2017</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>5,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>5,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>5,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>5,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB530074

SCHEDULE OF UNDERLYING INSURANCE			
Employers' Liability			
Company:	<u>Accident Fund General Ins Co</u>		
Policy Number:	<u>200009823</u>		
Policy Period:	<u>03/01/2015</u>	<u>03/01/2016</u>	
Minimum Applicable Limits			
Bodily injury by accident	\$	<u>500,000</u>	Each Accident
Bodily injury by disease	\$	<u>500,000</u>	Each Employee
Bodily injury by disease	\$	<u>500,000</u>	Policy Limit
Commercial General Liability			
	<input checked="" type="checkbox"/> Occurrence		<input type="checkbox"/> Claims-Made
Company:	<u>Philadelphia Indemnity Insurance Company</u>		
Policy Number:	<u>PHPK1452659</u>		
Policy Period:	<u>03/01/2016</u>	<u>03/01/2017</u>	
Retroactive Date:	<u>Not Applicable</u>		
Minimum Applicable Limits:			
General Aggregate	\$	<u>3,000,000</u>	
Products-Completed Operations Aggregate	\$	<u>3,000,000</u>	
Personal And Advertising Injury	\$	<u>1,000,000</u>	
Each Occurrence	\$	<u>1,000,000</u>	
Commercial Auto Liability			
Company:	<u>Philadelphia Indemnity Insurance Company</u>		
Policy Number:	<u>PHPK1452659</u>		
Policy Period:	<u>03/01/2016</u>	<u>03/01/2017</u>	
Minimum Applicable Limits			
Garage Aggregate Limit For Other Than Autos (if applicable)	\$	<u>Not Applicable</u>	
Each Accident	\$	<u>1,000,000</u>	
Professional Liability			
	<input checked="" type="checkbox"/> Occurrence		<input type="checkbox"/> Claims-Made
Company:	<u>Philadelphia Indemnity Insurance Company</u>		
Policy Number:	<u>PHPK1452659</u>		
Policy Period:	<u>03/01/2016</u>	<u>03/01/2017</u>	
Retroactive Date:	<u>Not Applicable</u>		
Minimum Applicable Limits			
Each Professional Incident	\$	<u>1,000,000</u>	
Aggregate	\$	<u>3,000,000</u>	

POLICY NUMBER: PHUB530074

Employee Benefits Liability		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1452659</u>			
Policy Period: <u>03/01/2016</u> <u>03/01/2017</u>			
Retroactive Date: <u>03/01/2000</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
Abuse or Molestation		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
Directors & Officers Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
Liquor Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	