

1 **AGREEMENT PURSUANT TO WORKERS' COMPENSATION**

2 **ALTERNATIVE DISPUTE RESOLUTION PROGRAM FOR CITY OF LONG BEACH**

3 THIS AGREEMENT is made and entered, in duplicate, as of June 29, 2015
4 for reference purposes only, pursuant to a minute order adopted by the City Council of the
5 City of Long Beach at its meeting on October 9, 2007, by and between DONALD MOTZKIN,
6 M.D., UROLOGIST, whose address is 6819 Sepulveda Boulevard, Suite 201, Van Nuys,
7 California 91405, ("Physician"), and the CITY OF LONG BEACH, a municipal corporation
8 ("City").

9 WHEREAS, the City requires independent and experienced physicians to
10 provide Independent Medical Evaluations with respect to workers' compensation claims
11 filed by Long Beach Police Officers and Firefighters injured while in the employment of the
12 City of Long Beach; and

13 WHEREAS, the City of Long Beach wishes to reduce the delays inherent in
14 the workers' compensation system which lead to increased costs and the unacceptable
15 treatment of injured workers; and

16 WHEREAS, the above mentioned Physician is willing and able to
17 expeditiously provide said Independent Medical Evaluation required by the City at the rates
18 indicated in Exhibit "A";

19 NOW, THEREFORE, in consideration of the mutual terms, covenants and
20 conditions herein, the parties agree as follows:

21 1. SCOPE OF WORK OR SERVICES:

22 A. The Physician shall provide the following medical services to
23 the City at the rates shown on Exhibit "A" attached hereto and incorporated herein
24 by this reference:

- 25 i. AOE - COE EXAMS, (exams for the determination of
26 industrial causation).
- 27 ii. Evaluation for necessity of appropriate medical
28 treatment.

OFFICE OF THE CITY ATTORNEY
CHARLES PARKIN, City Attorney
333 West Ocean Boulevard, 11th Floor
Long Beach, CA 90802-4664

1 iii. Assessment of employee's present ability to return to
2 work, whether full duty or modified.

3 iv. Advise on condition of maximum medical improvement
4 status.

5 v. Determine nature and extent of permanent disability,
6 including factors of apportionment and need for future medical care.

7 vi. Resolve utilization review disputes.

8 vii. Determine the need for spinal surgery pursuant to Labor
9 Code section 4062(b).

10 B. Physician shall perform the evaluation in full accordance with
11 the standards defined by the Division of Worker's Compensation of the State of
12 California and the AMA Guides to the Evaluation of Permanent Impairment, Fifth
13 Edition. This requires a report of the injury, prior status, clinical chronology, current
14 status, and past medical history. The physical examination will document all
15 pertinent positive, negative, and non-physiological findings. For extremity injuries,
16 measurements must be documented bilaterally. Additionally, Physician agrees to:

17 i. Provide that medical exams will be set within thirty (30)
18 days of the date of appointment request, and

19 ii. Prepare a written report of medical findings within thirty
20 (30) days of the date of exam or evaluation and provide a copy to the parties
21 within said time frame. If testing is required to complete the report, the testing
22 shall be completed within fourteen (14) days of the date of the exam and the
23 report shall issue within thirty (30) days of the completion of testing.

24 C. The parties agree that the City is not obligated to pay
25 compensation to the Physician except for agreed upon medical services and care.
26 Failure of Physician to provide a written medical report within thirty (30) days of the
27 date of the exam or the completion of testing, if required, subjects Physician to non-
28 payment for services rendered.

1 D. Physician billing shall conform to the requirements listed in
2 Section 9795 of Title 8 of the California Code of Regulations. Charges for services
3 rendered will be reviewed in accordance with Section 9795 to determine appropriate
4 level of service.

5 E. City shall pay Physician pursuant to Exhibit "A" within forty-five
6 (45) days following receipt from Physician of invoices for services rendered and for
7 which payment has not previously been made, provided that: Physician shall submit
8 all invoices within ninety (90) days after the date of service.

9 2. TERM:

10 A. The term of this Agreement shall be for the duration of the
11 Labor-Management Workers' Compensation Supplemental Dispute Resolution
12 Agreement ("Dispute Resolution Agreement").

13 B. Either party hereto may terminate this Agreement at any time
14 by giving to the other party written notice thereof at least thirty (30) days prior to the
15 effective date of such termination. Physician agrees that withdrawal from this
16 agreement is conditioned upon completion of all work in progress.

17 C. Any notices required or desired to be given hereunder shall be
18 in writing and personally served or deposited in the U.S. Postal Service, first class,
19 postage prepaid to: Jamelle Peck, Claims Manager, 333 West Ocean Boulevard,
20 8th Floor, Long Beach, California 90802. Notice shall be deemed given on the date
21 deposited in the mail or on the date personal delivery is made, whichever occurs
22 first.

23 3. INSURANCE:

24 As a condition precedent to the effectiveness of this Agreement, Physician
25 shall procure and maintain at Physician's expense for the duration of this Agreement from
26 insurance companies that are admitted to write insurance in California or from authorized
27 non-admitted insurance companies that have ratings of or equivalent to A:VIII by A.M. Best
28 Company:

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(a) Commercial general liability insurance equivalent in scope to ISO form CG 00 01 11 85 or CG 00 01 1093 in an amount not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) general aggregate. Such coverage shall include but not be limited to broad form contractual liability, cross liability independent contractors liability, and products and completed operations liability. The City, its officials, employees and agents shall be named as additional insured by endorsement on the City's endorsement form or on an endorsement equivalent in scope to ISO form CG 20 10 11 85 or CG 20 26 11 85, and this insurance shall contain no special limitations on the scope of protection given to the City, its officials, employees and agents.

(b) Workers' Compensation insurance as required by the Labor Code of the State of California and employer's liability insurance in an amount not less than One Million Dollars (\$1,000,000.00) per occurrence.

(c) Professional (Medical Malpractice) or errors and omissions liability insurance in an amount not less than One Million Dollars (\$1,000,000.00) per claim.

Any self-insurance program, self-insured retention, or deductible must be separately approved in writing by City's Risk Manager or designee and shall protect City, its officials, employees and agents in the same manner and to the same extent as they would have been protected had the policy or policies not contained retention or deductible provisions. Each insurance policy shall be endorsed to state that coverage shall not be reduced, non-renewed or canceled in coverage except after thirty (30) days prior written notice to City, and shall be primary and not contributing to any other insurance or self-insurance maintained by City, its officials, employees and agents. Physician shall notify the City in writing within five (5) days after any insurance required herein has been voided by the insurer or cancelled by the insured.

Physician shall require that all contractors and subcontractors which

1 Physician uses in the performance of services hereunder maintain insurance in compliance
2 with this Section unless otherwise agreed in writing by City's Risk Manager or designee.

3 Prior to the start of performance hereunder, Physician shall deliver to City
4 certificates of insurance and required endorsements, including any insurance required of
5 Physician's contractors and subcontractors, for approval as to sufficiency and form. The
6 certificates and endorsements for each insurance policy shall contain the original signature
7 of a person authorized by that insurer to bind coverage on its behalf. In addition, Physician
8 shall, within thirty (30) days prior to expiration of the insurance required hereunder, furnish
9 to City certificates of insurance and endorsements evidencing renewal of such insurance.
10 City reserves the right to require complete certified copies of all said policies of Physician
11 and Physician's contractor and subcontractors at any time. Physician shall make available
12 to City all records and other information relating to the insurance coverage required herein
13 during normal business hours.

14 Any modification or waiver of the insurance requirements herein shall only be
15 made at the request of the City department administering this Agreement and with the
16 written approval of the City's Risk Manager or designee. Not more frequently than once a
17 year, the City's Risk Manager or designee may require that Physician, Physician's
18 contractors and subcontractors change the amount, scope or types of coverages required
19 herein if, in his or her sole opinion, the amount, scope, or types of coverages are not
20 adequate.

21 The procuring or existence of insurance shall not be construed or deemed as
22 a limitation on liability relating to Physician's performance of services or as full performance
23 of or compliance with the indemnification provisions of this Agreement.

24 4. INDEPENDENT CONTRACTOR:

25 In performing services hereunder, Physician is an independent contractor
26 and not an employee, agent, or representative of the City. Physician acknowledges and
27 agrees that the City will not secure workers' compensation or pay unemployment insurance
28 to, for on Physician's behalf nor provide any of the usual rights, benefits or privileges of

1 City employees.

2 5. INDEMNITY:

3 Physician shall defend, protect, indemnify and hold the City, its officials,
4 employees, and agents harmless from and against any and all claims, suits, causes of
5 action, losses, damages, demands, liabilities, costs and expenses including reasonable
6 attorney's fees, whether or not reduced to judgment or paid through settlement, which may
7 be asserted against City, its officials, employees and agents attributable to or caused
8 directly or indirectly by Physician, its employees or agents in the performance of this
9 Agreement, or caused by any alleged negligent or intentional act, omission or
10 misrepresentation by Physician, its employees or agents, which act, omission or
11 misrepresentation is connected in any way with performance of this Agreement.

12 6. AMENDMENT:

13 This Agreement, including all exhibits, shall not be amended nor any
14 provision or breach thereof waived except in writing signed by the parties.

15 7. LAW:

16 This Agreement shall be governed by and construed according to the laws of
17 the State of California. Physician shall comply with all laws, ordinances, rules and
18 regulations of and obtain such permits, licenses, and certificates required by all federal,
19 state, and local governmental authorities.

20 8. CONFLICT OF INTEREST:

21 Physicians who act as an employee's independent medical examiner ("IME")
22 under this agreement shall not act as the same employee's treating physician for the injury
23 in dispute, unless otherwise mutually agreed by the City and the employee.

24 9. ENTIRE AGREEMENT:

25 This Agreement including all exhibits constitutes the entire understanding of
26 the parties and supersedes all other agreements, oral or written, with respect to the subject
27 matter herein.

28 10. COSTS:

OFFICE OF THE CITY ATTORNEY
CHARLES PARKIN, City Attorney
333 West Ocean Boulevard, 11th Floor
Long Beach, CA 90802-4664

1 In the event that there is any legal proceeding between the parties to enforce
2 or interpret this Agreement or to protect or establish any rights or remedies hereunder, the
3 prevailing party shall be entitled to its costs and expenses, including reasonable attorney's
4 fees.

5 11. WAIVER:

6 The acceptance of any services or the payment of any money by the City
7 shall not operate as a waiver of any provision hereof, or of any rights or remedies
8 hereunder. The waiver of any breach of any provision of this Agreement shall not constitute
9 a waiver of any other or subsequent breach.

10 IN WITNESS WHEREOF, the parties have caused this document to be duly
11 executed with all formalities required by law on the date first stated above.

DONALD MOTZKIN, M.D., UROLOGIST

12
13
14 7/8, 2015 By Donald Motzkin
Physician

DONALD MOTZKIN
Type or Print Name

"Physician"

CITY OF LONG BEACH, a municipal corporation

18
19
20 November 21, 2015 By T. B. Williams EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.
City Manager Assistant City Manager
21 "City"

22 This Agreement is approved as to form on 10/29, 2015.

23 CHARLES PARKIN, City Attorney

24 By Cecilia Kattum
25 Principal Deputy
26
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EXHIBIT A FEE SCHEDULE

AOE-COE Exam

In the case of a simple AOE-COE examination for the determination of Industrial causation, reimbursement will be at the basic rate with a modifier of 1.35. This would equal \$675.00. Conditions anticipated in this category would be hearing loss, skin cancer, hernia, conjunctivitis, eye strain and dermatitis. This may not include all types in this category.

A more complex exam that involves review of records, tests and expert opinion will be reimbursed at the ML 103 with the 1.35 modifier. This would be at \$1,012.50. It is anticipated this would include new vs. old injuries, internal exams, orthopedic exam with prior injuries or non-industrial conditions, cardiovascular cases, respiratory conditions, pneumonia, bronchitis, blood born pathogens, overuse syndromes and any CT type claim.

TREATMENT AND TEMPORARY DISABILITY ISSUES

When there is an issue on treatment or the employee's ability to perform some modified duty and an exam is not necessary the reimbursement would be at the ML 102 with the 1.35 modifier. This would be \$675.00. If an exam is needed to resolve the issue the payment would be \$1012.50. This would include issues regarding spinal surgery.

PERMANENT AND STATIONARY (MMI)

All Permanent and Stationary exams will be at the \$1012.50 level. If the parties agree the exam will reach a ML 104 the reimbursement will be at rate of \$350.00 per hour. The factors needed to support the ML 104 are outlined in Cal. Code of Regulations 9795.

DEPOSITION FEE

The hourly rate for depositions will be \$350.00, payable in quarter hours.

REVIEW OF RECORDS

The hourly rate for review of records will be \$350.00, payable in quarter hours.



| | |
|---|---|
| CERTIFICATE OF INSURANCE | Issue Date: 12/29/2014 |
| Effective Date: 02/09/2015 | A Claims-Made Professional Liability Policy |
| First Named Insured: Donald Motzkin MD 6819 Sepulveda Blvd #201 Van Nuys, CA 91405 | IMPORTANT NOTICE: This document demonstrates coverage in force on the Effective Date listed. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy. |

| | |
|---|---|
| Protected Party: Donald Motzkin MD | |
| Specialty: SUR01 Surgical Spec-Office Min Surg and Procedures Only | |
| Policy Number: 0022165 | Policy Period: From: 02/09/2015 To: 02/09/2016 |
| Retroactive Date: 02/09/1976 | Departure Period: From: N/A To: N/A |
| The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party | Agency and Address: The Doctors Company Insurance Services P.O.Box 2900 185 Greenwood Road Napa, CA 94558 (800) 852-8872 |
| LIMITS OF LIABILITY | |
| Claim Limit: | \$1,000,000 |
| Aggregate Limit: | \$3,000,000 |

- I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.
- II. Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III. Photocopies of this document are deemed as valid as the original.
- IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.
- V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.
- VI. If a departure period is indicated, the policy will not respond to Probable Claim Events arising from Professional Services Incidents or Review Incidents that take place during the designated period; however, the policy will respond if we receive a claim report during this period.

ANNE C. LATTIME
Principal Deputy City Atty

Michael Alessi
CITY CLERK

Reviewed by:
Carl Stoll
Risk Management
Consultant 10-13-2015

OCT 29 2015

MPL003 (06/06)

960

10/19/15

Page 1 of 1

MC003 9954150-00

Insured

Approved as to Form

40.00021165.5.54.4001001

EMPLOYERS[®]

EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

| Policy Number | From | Policy Period To |
|----------------|------------|------------------|
| EIG 1393775 03 | 10/01/2014 | 10/01/2015 |

12:01 A.M. Standard Time at the address of the insured as stated herein

| Transaction | | | | |
|--|--------------------|---------------------|---|----------------------------------|
| RENEWAL DECLARATIONS | | | | |
| NCCI Carrier # 31283 WCIRB CARRIER# 00920 | | | | |
| 1. Named Insured and Address | | | Agent | |
| THE MOTZKIN MEDICAL CORP 6819 SEPULVEDA BLVD SUITE 201 VAN NUYS CA 91405 | | | BIZLINKS INS SERVICES INC 6414300 WESTERN ELITE INS SOLUTIONS 140 DIAMOND CREEK PLACE ROSEVILLE, CA 95747 Telephone: 9162596900 | |
| Customer # | Carrier # 31283 | FEIN # 200884451 | Risk ID # | Entity of Insured CORPORATION |

Additional Locations:

2. The Policy Period is from 10/01/2014 to 10/01/2015 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CA
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:
- | | | |
|---------------------------|--------------|---------------|
| Bodily Injury by Accident | \$ 1,000,000 | each accident |
| Bodily Injury by Disease | \$ 1,000,000 | policy limit |
| Bodily Injury by Disease | \$ 1,000,000 | each employee |
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except ND, OH, WA, WY, AK, CT, DE, HI, LA, ME, MA, MI, NE, NH, NY, RI, SD, VT, WV and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

| | | | |
|-----------------------|--------|--------------------------------|----------|
| Minimum Premium | \$ 750 | Expense Constant | \$ 220 |
| | | Premium Discount | \$ |
| Assessments and Taxes | \$ | Total Estimated Annual Premium | \$ 2,115 |

This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this Day of

Issued Date: 09/30/2014

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
7110 NORTH FRESNO STREET, SUITE 250
FRESNO, CA 93720-2999


Authorized Representative

Issued Date 09/30/2014
WC990630 (5/98 Ed.)

INSURED COPY

Page 1 of 2

EMPLOYERS

EMPLOYERS PREFERRED INS. CO.
 A Stock Company
 7110 NORTH FRESNO STREET, SUITE 250
 FRESNO, CA 93720-2999

WORKERS' COMPENSATION AND EMPLOYERS
 LIABILITY INSURANCE POLICY

| |
|--|
| Policy Number: EIG 1393775 03 |
| Named Insured: THE MOTZKIN MEDICAL CORP |
| Agent: BIZLINKS INS SERVICES INC 6414300 |

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

| Code No. | Classification Description | Premium Basis Total Est. Annual Remuneration | Rate Per \$100 of Remuneration | Estimated Annual Premium |
|--|---|--|--------------------------------|--------------------------|
| California | | | | |
| Rating Period: 10/01/2014 through 10/01/2015 | | | | |
| Site 00001 | | | | |
| 8834 | PHYSICIANS - ALL EMPLOYEES INCLUDING CLERICAL OFFICE EMPLOYEES OFFICE EMPLOYEES | 100,000 | 2.040000 | 2,040.00 |
| Site 00001 Total | | | | \$ 2,040.00 |
| Total of Sites for Rating Period | | | | \$ 2,040.00 |
| Rating Period Total | | | | \$ 2,040.00 |
| Rating Period: 10/01/2014 through 10/01/2015 | | | | |
| 9887 | SCHEDULE CREDIT | 2,040 | 0.150000 | -306.00 |
| 0900 | EXPENSE CONSTANT | | | 220.00 |
| 0936 | STATE W.C. FRAUD ASSESSMENT | 2,024 | 0.002544 | 5.00 |
| 0935 | STATE W.C. ADMINISTRATIVE ASSESSMENT | 2,024 | 0.012247 | 25.00 |
| 0937 | CA INSURANCE GUARANTY | 2,024 | 0.022500 | 46.00 |
| 0938 | CA UNINSURED EMPLOYERS FUND | 2,024 | 0.001603 | 3.00 |
| 0939 | CA SUBSEQUENT INJURY FUND | 2,024 | 0.001291 | 3.00 |
| 0940 | OSHP ASSESSMENT | 2,024 | 0.002166 | 4.00 |
| 0943 | LABOR ENFORCEMENT & COMPLIANCE | 2,024 | 0.002452 | 5.00 |
| 9741 | CATASTROPHE PREMIUM | 100,000 | 0.040000 | 40.00 |
| 9740 | TERRORISM PREMIUM | 100,000 | 0.030000 | 30.00 |
| Rating Period Total | | | | \$ 75.00 |
| State Total | | | | \$ 2,115.00 |
| Policy Total | | | | \$ 2,115.00 |

EMPLOYERS

EMPLOYERS PREFERRED INS. CO.
A Stock Company
7110 NORTH FRESNO STREET, SUITE 250
FRESNO, CA 93720-2999

**WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

| | |
|--|----------------|
| Policy Number: EIG 1393775 03 | |
| Named Insured: THE MOTZKIN MEDICAL CORP | |
| Agent: BIZLINKS INS SERVICES INC | 6414300 |

SITE LOCATION SCHEDULE

State CA 1
THE MOTZKIN MEDICAL CORP
SUITE 201
6819 SEPULVEDA BLVD.
VAN NUYS CA 91405

52 This Spectrum Policy consists of the Declarations, Coverage Forms, Common Policy Conditions and any
22 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
BD insurance company of The Hartford Insurance Group shown below.
SBA

INSURER: SENTINEL INSURANCE COMPANY, LIMITED
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: A

Policy Number: 57 SBA BD2252 SC



SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: MOTZKIN MEDICAL CORPORATION
(No., Street, Town, State, Zip Code) SMITH & MOTZKIN UROLOGY
6819 SEPULVEDA BLVD. #201
VAN NUYS CA 91405

Policy Period: From 09/29/14 To 09/29/15 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. Exception: 12 noon in New Hampshire.

Name of Agent/Broker: WESTERN ELITE INSURANCE SOLUTIONS
Code: 129654

Previous Policy Number: 57 SBA BD2252

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$864

Countersigned by _____
Authorized Representative Date

SPECTRUM POLICY DECLARATIONS (Continued)
POLICY NUMBER: 57 SBA BD2252

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 Building: 001

6819 SEPULVEDA BLVD. #201
VAN NUYS CA 91405

Description of Business:
Medical Office - Physicians & Surgeons

Deductible: \$ 500 PER OCCURRENCE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST \$ 87,400

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES \$ 10,000
OUTSIDE THE PREMISES \$ 5,000

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA BD2252

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 Building: 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION**

STRETCH COVERAGES

FORM: SS 04 08

**THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.**

**LIMITED FUNGI, BACTERIA OR VIRUS \$ 50,000
COVERAGES:**

FORM SS 40 93

**THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.
INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR:**

30 DAYS

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA BD2252

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO ALL LOCATIONS**

**BUSINESS INCOME AND EXTRA EXPENSE
COVERAGE 12 MONTHS ACTUAL LOSS SUSTAINED
COVERAGE INCLUDES THE FOLLOWING
COVERAGE EXTENSIONS:**

**ACTION OF CIVIL AUTHORITY: 30 DAYS
EXTENDED BUSINESS INCOME: 30 CONSECUTIVE DAYS**

**EQUIPMENT BREAKDOWN COVERAGE
DEDUCTIBLE: \$1,000 FORM: SS 40 65
COVERAGE FOR DIRECT PHYSICAL LOSS
DUE TO:**

**MECHANICAL BREAKDOWN,
ARTIFICIALLY GENERATED CURRENT
AND STEAM EXPLOSION**

**THIS ADDITIONAL COVERAGE INCLUDES
THE FOLLOWING EXTENSIONS**

**HAZARDOUS SUBSTANCES \$ 50,000
EXPEDITING EXPENSES \$ 50,000**

**MECHANICAL BREAKDOWN COVERAGE ONLY
APPLIES WHEN BUILDING OR BUSINESS
PERSONAL PROPERTY IS SELECTED ON
THE POLICY**

**IDENTITY RECOVERY COVERAGE \$ 15,000
FORM SS 41 12**

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 57 SBA BD2252

| BUSINESS LIABILITY | LIMITS OF INSURANCE |
|---|----------------------------|
| LIABILITY AND MEDICAL EXPENSES | \$1,000,000 |
| MEDICAL EXPENSES - ANY ONE PERSON | \$ 10,000 |
| PERSONAL AND ADVERTISING INJURY | \$1,000,000 |
| DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES | \$1,000,000 |
| AGGREGATE LIMITS | |
| PRODUCTS-COMPLETED OPERATIONS | \$2,000,000 |
| GENERAL AGGREGATE | \$2,000,000 |

**BUSINESS LIABILITY OPTIONAL
COVERAGES**

| | |
|--|--------------------|
| HIRED/NON-OWNED AUTO LIABILITY | \$1,000,000 |
| REIMBURSEMENT OF LEGAL EXPENSES COVERAGE FOR COURT OR REVIEW BOARDS | \$5,000 |

FORM: 88 40 75