

HBP1581878
Renewal of Number
POLICY DECLARATIONS
No. HBP1581878A

***** RENEWAL CERTIFICATE *****
United States Liability Insurance Company
1190 Devon Park Drive, Wayne, Pennsylvania 19087
A Member Company of United States Liability Insurance Group

Customer Copy
Direct Bill Policy
Service Center Policy

NAMED INSURED AND ADDRESS:
TOBY KLAUENBERG
966 H AVE.
OGDEN, IA 50212

POLICY PERIOD: (MO. DAY YR.) From: 08/25/2026 To: 08/25/2027

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS:

BUSINESS DESCRIPTION: Entertainers

**IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER HBP1581878 IS RENEWED
FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Businessowners Liability Coverage Part	\$365.00
Businessowners Property Coverage Part	\$50.00

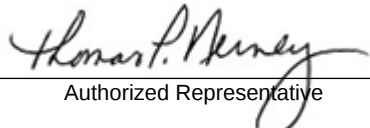
TOTAL: \$415.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **KING RISK PARTNERS, LLC (ALPHARETTA) (1867)**
643 SW 4th Ave Suite 210
Gainesville, FL 32601

Issued: **08/28/2026 11:32 AM**

By: 
Authorized Representative

EXTENSION OF DECLARATIONS

Policy No. HBP1581878A

Effective Date: 08/25/2026

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
BP-103	01/15	Exclusion Of War, Military Action And Terrorism (Coverage For Certain Fire Losses)
BP-107	04/08	Actual Cash Value Definition
BP-117	06/08	Section IV -Errors And Omissions Liability Insurance Coverage Form
BP-15	07/04	Business Income And Extra Expense Limit
BP-152	01/13	Separation of Insureds Clarification Endorsement
BP-168	11/11	Exclusion - Injury To Performers Or Entertainers
BP-40	03/11	Molestation Or Abuse Exclusion
BP-47	11/10	"Equipment Breakdown" Enhancement Endorsement
BP-48	10/25	Absolute Exclusion for Pollution, Infectious Agent, Mold, Silica, Asbestos, and Lead With a Hostile Fire Exception for Pollution Only
BP-49	10/25	Absolute Exclusion for Pollution, Infectious Agent, Mold, Silica, Asbestos, and Lead With a Hostile Fire Exception for Pollution Only
BP-507	04/17	Exclusion - Unmanned Aircraft
BP-77B	03/11	Amendment Of Premium Audit Conditions
BP-88	04/06	Expanded Definition Of Bodily Injury
BP-90	11/10	Amended Definition
BP0003	01/10	Businessowners Coverage Form
BP0184	07/02	Iowa Changes
BP0192	11/05	Iowa - Standard Fire Policy Provisions
BP0417	01/10	Employment-Related Practices Exclusion
BP1505	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included
BP1560	02/21	Cyber Incident Exclusion
BP1591	12/23	Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)
CV TRIADN	12/20	Policyholder Disclosure Notice of Terrorism
HBP-100	05/08	Integration Endorsement
HBP-107	08/08	Retroactive Date Endorsement
Jacket	07/19	Policy Jacket
L 541	12/20	Extension of Terrorism Coverage
L-367	08/03	Minimum Earned Premium Endorsement
Notice-CyberIncidentExcl-BP	01/21	Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

BUSINESSOWNERS PROPERTY COVERAGE PART DECLARATIONS**Policy No. HBP1581878A**

Effective Date: 08/25/2026

12:01 STANDARD TIME

DESCRIPTION OF PREMISES

<i>Prem</i>	<i>Bldg</i>	<i>Location, Construction, Occupancy and Other Information</i>	<i>Territory</i>	<i>Fire Code</i>
1	1	966 H Ave., Ogden, IA 50212	002	0702
		Description: Entertainers		
		Covered Causes of Loss: Special	Protection Class	4
		Construction: Frame	Square Footage:	
		Special Deductible: None	Special Deductible Type:	

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

<i>Prem</i>	<i>Bldg</i>	<i>Coverage</i>	<i>Limits of Insurance</i>	<i>Deductible</i>	<i>Coinsurance % or Monthly Indemnity</i>	<i>+ Valuation</i>	<i>Premium</i>
All		Terrorism Coverage		\$0			Included
1	1	Business Income with Extra Expense	\$1,750	N/A		ALS	Included
1	1	Business Personal Property	\$5,000	\$500		RC	\$50
1	1	Equipment Breakdown	Included	\$500			Included
MINIMUM PREMIUM FOR PROPERTY COVERAGE PART:							\$50
TOTAL PREMIUM FOR PROPERTY COVERAGE PART:							\$50 MP
MP - minimum premium							
+ Valuation: ACV - Actual Cash Value; RC - Replacement Cost; RC/ACV - Replacement Cost/ACV Roof FBV - Functional Building Value; AA - Agreed Amount; ALS - Actual Loss Sustained							

LOSS PAYABLE(S): NONE

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.**

BUSINESSOWNERS GENERAL LIABILITY COVERAGE PART DECLARATIONS**Policy No. HBP1581878A**Effective Date: 08/25/2026
12:01 STANDARD TIME**LIMITS OF INSURANCE**

Liability and Medical Expenses	\$1,000,000
Medical Expense (per person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$50,000
Errors and Omissions Limit	\$25,000

An Aggregate Limit of Liability applies to this Coverage as defined in SECTION II - LIABILITY, paragraph D.4. of the Businessowners Coverage Form.

LIABILITY DEDUCTIBLE **\$0****LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

<i>Location</i>	<i>Address</i>	<i>Territory</i>
1	966 H Ave., Ogden, IA 50212	002

PREMIUM COMPUTATION

<i>Loc</i>	<i>Classification</i>	<i>Code No.</i>	<i>Premium Basis</i>	<i>Rate</i>		<i>Advance Premium</i>	
				<i>Pr/Co</i>	<i>All Other</i>	<i>Pr/Co</i>	<i>All Other</i>
1	Terrorism Coverage	08811	0% of prem. (\$365)				Included
1	Errors and Omission	72992	Flat	0.000	0.000	Included	Included
1	Entertainers - operating out of the insured's primary residence	42791	100,000 Per 1,000 Sales	0.000	3.654	\$0	\$365

MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$183**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$365**(This Premium may be subject to adjustment.) **MP - minimum premium**

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.**