

ENDORSEMENT



Policy Number: BA 9733247	Prior Policy: 9733247
Billing Type: AGENCY BILL	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured and Mailing Address: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT 6855 DRAKE ROAD CINCINNATI OH 45243	Agent: CIC/LICKDYKE INSURANCE AGENCY 1060 NIMITZVIEW DR STE 120 CINCINNATI OH 45230-4351 Agent Code: 0021251 Agent Phone: (513)-684-7900

POLICY CHANGE ENDORSEMENT

POLICY PERIOD: From: 06/30/2019 To: 06/30/2020 at 12:01 AM Standard Time at your mailing address shown above.

DESCRIPTION OF CHANGE CHANGE EFFECTIVE DATE: 08/20/2019

THE FOLLOWING VEHICLES HAVE BEEN DELETED:

- 2002 INTERNATIONAL #7394
- 2002 INTERNATIONAL #7395
- 2002 INTERNATIONAL #7396
- 2002 INTERNATIONAL #7397

THE FOLLOWING VEHICLES HAVE BEEN ADDED:

- 2019 IC BUS VIN # 4DRBUC8N1LB828495 CLASS CODE 6184
COST NEW \$91,469
- 2019 IC BUS VIN # 4DRBUC8N8LB828493 CLASS CODE 6184
COST NEW \$91,269
- 2019 IC BUS VIN # 4DRBUC8NXLB828494 CLASS CODE 6184
COST NEW \$91,269
- 2019 IC BUS VIN # 4DRBUC8NXLB821979 CLASS CODE 6184
COST NEW \$107,782
- 2019 IC BUS VIN # 4DRBUC8N4LB828491 CLASS CODE 6184
COST NEW \$91,269
- 2019 IC BUS VIN # 4DRBUC8N6LB828492 CLASS CODE 6184
COST NEW \$91,469

COVERAGES THAT APPLY:

- LIABILITY \$1,000,000.
- MEDICAL PAYMENTS \$5,000.
- UNINSURED MOTORISTS \$350,000.

17-60 (10/94)

AGENT COPY

POLICY CHANGE ENDORSEMENT (continued)

POLICY PERIOD: From: 06/30/2019 To: 06/30/2020 at 12:01 AM Standard Time at your mailing address shown above.

DESCRIPTION OF CHANGE

CHANGE EFFECTIVE DATE: 08/20/2019

**UNDERINSURED MOTORISTS \$350,000.
COMPREHENSIVE \$1,000 DEDUCTIBLE
COLLISION \$1,000 DEDUCTIBLE**

VEHICLE IDENTIFICATION CARD(S) ATTACHED.

Original Annual Premium	\$	30,650.00			
New Annualized Premium	\$	32,289.00	TOTAL ADDITIONAL PREMIUM	\$	1,415.00

Countersigned: By _____ **Authorized Representative** _____ **Date** _____

Date Issued: 08/22/2019

Policy Number: BA 9733247	Prior Policy: 9733247
Policy Period: 06/30/2019 To: 06/30/2020 12:01 am Standard Time at the Mailing Address of the Named Insured	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Billing Type: AGENCY BILL - QUARTERLY	
Named Insured and Mailing Address: INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT 6855 DRAKE ROAD CINCINNATI OH 45243	Agent: CIC/LICKDYKE INSURANCE AGENCY 1060 NIMITZVIEW DR STE 120 CINCINNATI OH 45230-4351 Agent Code: 0021251 Agent Phone: (513)-684-7900

Reason for Amendment: ENDORSEMENT

Transaction Effective Date: 08/20/2019

Premium for this Transaction: \$ 1,415.00

STATEMENT OF ACCOUNT

Acct Date	Premium	Commission Percent	Surcharge/ Assessment	Commission Percent	Total Due
06/2019	\$ 7,662.50	10.00%	\$ 0.00	0.00%	\$ 7,662.50
08/2019	\$ 185.75	10.00%	\$ 0.00	0.00%	\$ 185.75
09/2019	\$ 8,072.25	10.00%	\$ 0.00	0.00%	\$ 8,072.25
12/2019	\$ 8,072.25	10.00%	\$ 0.00	0.00%	\$ 8,072.25
03/2020	\$ 8,072.25	10.00%	\$ 0.00	0.00%	\$ 8,072.25
Total Premium Charged:					\$ 32,065.00

Date Issued: 08/22/2019