



CONTRACTORS EQUIPMENT DECLARATIONS

Policy Number: I08886301 001
Named Insured and Mailing Address:

Company Name: Westchester Fire Insurance Company
Producer's Name and Address:

Weslaco ISD
P.O. Box 266
Weslaco, TX 78599

Amwins Brokerage of Texas Inc
5910 North Central Expressway Suite 500
Dallas, TX 75206-1107

I. General Policy Information

Business Description:	Contractors Equipment	
When Coverage Begins:	09/01/2016	12:01a.m. Local Time at the Named Insured's address
When Coverage Ends:	09/01/2017	12:01a.m. Local Time at the Named Insured's address

In return for the payment of premium and subject to all the terms and conditions of this policy, we agree to provide the insurance as stated in the policy.

II. Limits of Insurance

Occurrence Limit of Insurance

The most we will pay for all *loss* resulting from all Covered Causes of *Loss* in any one *Occurrence* is: \$ 264,173

Sub-Limits of Insurance

The Sub-limits of insurance below are part of and not in addition to the *Occurrence* Limit of Insurance shown above.

Scheduled Contractors Equipment

As listed in the attached Schedule or on file with us \$ 264,173

Coverage Options

Rental Expense

Per day	\$ 25,000
In any one policy year	\$ 25,000

Leased or Rented Contractors Equipment

Any one item	\$ 1,000
Any one <i>occurrence</i>	\$ 100,000
Estimated Annual Expense	\$ N/A



Employees Tools

Any one *employee* \$ Not Covered
Any one *occurrence* \$ Not Covered

Borrowed Equipment

Any one item \$ Not Covered
Any one *occurrence* \$ 100,000

Unscheduled Owned Contractors Equipment

Any one item \$ 100,000
Any one *occurrence* \$ 100,000

Automatic Extensions of Coverage

Debris Removal \$ 150,000
Newly Acquired Contractors Equipment \$ 250,000
Pollutant Clean Up \$ 10,000
Fire Department Service Charge \$ 25,000
Fire Protection Services \$ 25,000
Expendable Supplies \$ 5,000
Expediting Expenses \$ 25,000
Office and Construction Trailers and contents \$ 25,000
Recovery \$ 10,000
Loss Data Preparation Costs \$ 5,000

III. Rates

Contractors Equipment
Leased or Rented Contractors Equipment \$ Included
Not Applicable \$ Not Applicable

IV. Premium – Non Reporting

Contractors Equipment Premium
Leased or Rented Contractors Equipment Premium \$ Included



Total Premium

Minimum Earned Premium

V. Premium – Annual Adjustment

Contractors Equipment Deposit Premium	\$ Not Applicable
Leased or Rented Contractors Equipment Deposit Premium	\$ Not Applicable
Total Premium	\$ Not Applicable
Minimum Earned Premium	\$ Not Applicable

VI. Deductible

The deductible applicable to all <i>losses</i> except as shown below	\$ 1,000
The deductible applicable to Flood	\$ 10,000
The deductible applicable to Not Applicable	\$ Not Applicable
Percentage Deductible	
Percentage N/A%	Minimum \$ N/A Maximum \$ N/A

VII. Coinsurance Percentage

N/A%

VIII. Attached Forms

These declarations, the forms attached and all endorsements attached and issued on or after the effective date constitute the Policy.

Date: 07/14/2016

Authorized Representative



MISCELLANEOUS PROPERTY DECLARATIONS

Policy Number: I08886301 001
Named Insured and Mailing Address:
Weslaco ISD
P.O. Box 266
Weslaco, TX 78599

Company Name: Westchester Fire Insurance Company
Producer's Name & Address
Amwins Brokerage of Texas Inc
5910 North Central Expressway Suite 500
Dallas, TX 75206-1107
273137 - New

I. General Policy Information

Business Description:	Contractors Equipment	
When Coverage Begins:	09/01/2016	12:01a.m. Local Time at the Named Insured's Address
When Coverage Ends:	09/01/2017	12:01a.m. Local Time at the Named Insured's Address

In return for the payment of premium and subject to all the terms and conditions of this policy, we agree to provide the insurance as stated in the policy.

II. Limits of Insurance

Occurrence Limit of Insurance

The most we will pay for all *loss* resulting from all Covered Causes of Loss in any one *occurrence* is: \$6,114,572

Sub-Limits of Insurance

The sub-limits of insurance below are part of, and not in addition to the Occurrence Limit of Insurance shown above.

Schedule of Covered Property

Description	Sub-limit of Insurance
1. As per schedule on file with this Company dated 6-7-2016	\$6,114,572
2. Not Applicable	\$ Not Covered
3. Not Applicable	\$ Not Covered
4. Not Applicable	\$ Not Covered
5. Not Applicable	\$ Not Covered
Total	\$ Not Covered



Automatic Extensions of Coverage

Sub-limit of Insurance

Debris Removal \$ 150,000

Newly Acquired Property \$ 150,000

Pollutant Clean Up \$ 50,000

III. Rates

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IV. Premium

Total Premium

Minimum Premium

V. Deductible

The deductible applicable to all losses \$ 1.000

VI. Coinsurance Percentage

None %

VII. Attached Forms

These declarations, the forms attached and all endorsements attached and issued on or after the effective date constitute the Policy.

Date:07/14/2016

Authorized Representative