BUILDERS RISK COVERAGE DECLARATIONS

□ Renowal of Please read your policy. □ Renowal of Please read your policy. □ Rewrite of In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy. 1. Named Insured and Mailing Address: Chamberling, Mark & Virginia □ 104 N 25th St Chamberling, Mark & Virginia 0 2cark, MO 65721 D 2 or 0621/2019 3. Policy Period – From: 0621/2019 To: 0621/2020 12:01 a.m. at your mailing address above. F Field Office Name 7:100 Glice Code F Field Office Code 4. Form of Business: Individual □ Partnership □ Corporation □ Joint Venture □ Other 5. Limits of Insurance (either One-Shot or Reporting Form as indicated below) □ Zurich Producer S SUPPLEMENTAL DECLARATIONS (If this box is checked, Supplemental Declarations is attached to and forms a part of this policy) □ Annual Rate Monthly Rate (HBIS – 4) A) Any one building or structure \$ B) All covered property at all locations \$ C) Total Taxes and Surcharges Per Report Per mium Per Report Promium Per Report Protal Taxes and Surcharges Per Report <	The Declarations, Supplemental Declarat Policy Conditions, Commercial Inland Ma Coverage Form(s) And Endorsement(s), i and forming a part thereof, complete the of Insurance Policy numbered as follows:	rine Conditions, if any, issued to	American Zurich Insurance Company A Stock Company Administrative Office: 1299 Zurich Wa Schaumburg, IL 60196 Phone: 800-382 THIS IS A COINSURANCE CONTRACT	2-2150
Insurance as stated in this policy. 1. Named Insured and Mailing Address: Chamberlain, Mark & Virginia 1104 N 25th St Ozark, MO 65721 2. Producer Information: A Name: NBS INSURANCE AGENCY, INC. 1100 LOCUST ST DEPT 2002 DES MOINES, IA 50391-2002 3. Policy Period – From: 06/21/2019 To: 06/21/2020 E Telephone #1 883 3434 C Fax # +1 866 433 4331 D Zurich Producer # 18121764 3. Policy Period – From: 06/21/2019 To: 06/21/2020 E Field Office Code 4. Form of Business: I Individual □ Partnership □ Corporation □ Joint Venture □ Other D SupPLEMENTAL DECLARATIONS (If this box is checked, Supplemental Declarations is attached below) Image: SupPLemental Declarations is attached to and forms a part of this policy) Image: SupPLemental Declarations is attached to and forms a part of this policy) Image: Reporting Form (continuous policy) Image: SupPLemental Declarations is attached to and forms a part of this policy) Annual Rate □ Monthly Rate (HBIS - 4) Per Report A) Any one building or structure S B) All covered property at all locations \$ Per Report P) remium Per Report P) rotal Fully Earned Policy Premium Per Report P) Total Fully Earned Policy Premium Per Report P) Renovations and improvements \$ E) Existing buildings or structures \$ P) Total Fully Earned Policy Premium Secoul			Please read your policy.	
Chamberlain, Mark & Virginia 1104 N 25th St Ozark, M0 65721 A Name: NBS INSURANCE AGENCY, INC. 1100 LOCUST ST DEPT 2002 DES MOINES, IA 50391-2002 B Telephone #+1 888 364 3434 C Fax #+1 866 433 4331 D Zurich Producer # 18121764 B E Field Office Name 3. Policy Period - From: 06/21/2019 To: 06/21/2020 12:01 a.m. at your mailing address above. F Field Office Name F Field Office Code F 4. Form of Business: I Individual □ Partnership □ Corporation □ Joint Venture □ Other 5. Limits of Insurance (either One-Shot or Reporting Form as indicated below) Image: Supplemental Declarations is attached to and forms a part of this policy) Annual Rate Monthly Rate (HBIS - 4) A) Any one building or structure \$ B) All covered property at all locations \$ Per Report D) Premium Per Report P) rotal Taxes and Surcharges Per Report P) Total Fully Earned Policy Premium Per Report P) Rate \$ D) Renovations and improvements \$ E) Existing buildings or structures \$ B) All covered property at all locations \$ Proteing Form (continuous policy) Per Report P) Remoting B) All covered property at all locations \$		and subject to all t	erms of this policy, we agree with you to pr	ovide the
1104 N 25th St 1100 LOUST ST DEPT 2002 Ozark, MO 65721 DES MOINES, 16 5031-2002 B Telephone #+1 888 364 3434 C Fax #+1 866 433 4331 D Zurich Producer # 18121764 E Field Office Name 12.01 a.m. at your mailing address above. Field Office Name Form of Business: Individual Partnership Corporation Joint Venture Other S. Limits of Insurance (either One-Shot or Reporting Form as indicated below) Image: Supplemental Declarations is attached to and forms a part of this policy) Annual Rate Monthly Rate (HBIS – 4) Any one building or structure \$ B All covered property at all locations \$ C Rate Per Report Per Report Per Report P Total Taxes and Surcharges Per Report P Total Fully Earned Policy Premium Per Report P Remodeling D) Renovations and improvements D All covered property at all locations 275,000 Remodeling D) Renovations and improvements D All covered property at all locations 275,000 Remodeling <	1. Named Insured and Mailing Addres	s: 2.	Producer Information:	
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4. Form of Business: I Individual □ Partnership □ Corporation □ Joint Venture □ Other 5. Limits of Insurance (either One-Shot or Reporting Form as indicated below) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Supplemental Declarations is attached to and forms a part of this policy) Image: Annual Rate Monthly Rate (HBIS – 4) A) Any one building or structure \$ B) All covered property at all locations \$ \$ C) Rate Per Report Protal Taxes and Surcharges Per Report A) Ny one building or structure \$ PY Total Taxes and Surcharges Per Report A) Ny Porternium Per Report B) All covered property at all locations \$ \$ B) All covered property at all locations \$ \$				
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 (per attached endorsement – N/A in NY) F) Total Fully Earned Policy Premium Per Report B) All covered property at all locations \$ 275,000 (same as A unless otherwise noted) Remodeling D) Renovations and improvements \$ E) Existing buildings or structures \$ F) Rate \$ 0.24 G) Premium \$ 660.00 H) Total Taxes and Surcharges (per attached endorsement) I) Total Fully Earned Policy Premium \$ 660.00 	B) All covered property at all locationsC) RateD) Premium	\$ Per Report Per Report	140 Fair Oak Ln Fordland, MO 65652 New Construction	\$ 275.000
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G)Premium\$660.00H)Total Taxes and Surcharges (per attached endorsement)\$0.00I)Total Fully Earned Policy Premium\$660.00			F) Rate	\$ 0.24
(per attached endorsement) I) Total Fully Earned Policy Premium \$ 660.00			G) Premium	\$ 660.00
			Total Taxes and Surcharges	\$ 0.00
(minimum premium applicable)			I) Total Fully Earned Policy Premium (minimum premium applicable)	\$ 660.00
6. Deductible: □\$500 ¥\$1,000 □\$2,500 □\$5,000 □Other	6. Deductible: □\$500 ¥\$1,000 □\$	\$2,500 \$5,000	Other	
7. Forms Applicable To This Coverage Part: SEE SCHEDULE OF FORMS AND ENDORSEMENTS			ORMS AND ENDORSEMENTS	
Countersigned: By:				

BUILDERS RISK COVERAGE SUPPLEMENTAL DECLARATIONS

ADDITIONAL COVERAGES (COVERAGE FORM) LIMIT OF INSURANT a. Collapse Included b. Scaffolding, Construction Forms And Temporary Structures \$ 50,000 Re-erection Of Scaffolding \$ 25,000 c. Debris Removal \$ 50,000 d. Back-Up Or Overflow Of Sewers, Drains Or Sumps \$ 25,000 e. Fire Department Service Charge \$ 25,000 f. Valuable Papers And Records \$ 50,000 g. Pollutant Clean-Up And Removal \$ 25,000 h. Ordinance Or Law – Direct Damage Included Loss To The Undamaged Portion Of The Building Included Demolition Cost \$ 275,000 Increased Cost Of Construction \$ 275,000 combined Aggregate For Demolition Cost And Increased Cost Of Construction \$ 275,000 i. Preservation Of Property Included
 b. Scaffolding, Construction Forms And Temporary Structures b. Scaffolding, Construction Forms And Temporary Structures c. Debris Removal c. Debris Removal d. Back-Up Or Overflow Of Sewers, Drains Or Sumps e. Fire Department Service Charge f. Valuable Papers And Records g. Pollutant Clean-Up And Removal h. Ordinance Or Law – Direct Damage Loss To The Undamaged Portion Of The Building Demolition Cost Included Scond Construction Scond Combined Aggregate For Demolition Cost And Increased Cost Of Construction Scond State
b.Scaffolding, Construction Forms And Temporary Structures\$ 50,000Re-erection Of Scaffolding\$ 25,000c.Debris Removal\$ 50,000d.Back-Up Or Overflow Of Sewers, Drains Or Sumps\$ 25,000e.Fire Department Service Charge\$ 25,000f.Valuable Papers And Records\$ 50,000g.Pollutant Clean-Up And Removal\$ 25,000h.Ordinance Or Law – Direct DamageIncludedLoss To The Undamaged Portion Of The Building\$ 275,000g.Increased Cost Of Construction\$ 275,000g.Combined Aggregate For Demolition Cost And Increased Cost Of Construction\$ 275,000
Re-erection Of Scaffolding\$ 25,000c. Debris Removal\$ 50,000d. Back-Up Or Overflow Of Sewers, Drains Or Sumps\$ 25,000e. Fire Department Service Charge\$ 25,000f. Valuable Papers And Records\$ 50,000g. Pollutant Clean-Up And Removal\$ 25,000h. Ordinance Or Law – Direct DamageIncludedLoss To The Undamaged Portion Of The BuildingIncludedDemolition Cost\$ 275,000Increased Cost Of Construction\$ 275,000Combined Aggregate For Demolition Cost And Increased Cost Of Construction\$ 275,000
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g.Pollutant Clean-Up And Removal\$ 25,000h.Ordinance Or Law – Direct Damage Loss To The Undamaged Portion Of The Building Demolition Cost Increased Cost Of Construction Combined Aggregate For Demolition Cost And Increased Cost Of Construction Combined Aggregate For Demolition Cost And Increased Cost Of Construction \$ 275,000\$ 275,000Increased Cost Of Construction Combined Aggregate For Demolition Cost And Increased Cost Of Construction\$ 275,000
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Combined Aggregate For Demolition Cost And Increased Cost Of Construction \$ 275,000
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i Devende
÷ 23,000
I. Property in Transit\$ 25,000m. Claim Preparation Expense\$ 10,000
n. Contract Penalties \$ 25,000
OPTIONAL ADDITIONAL COVERAGES (ENDORSEMENTS)
Business Income (HBIS-95) \$
Anticipated Project Completion Date
Monthly Limit Of Indemnity (fraction)
Deductible Period days
Civil Authority Included
Business Income And Extra Expense (HBIS-82) \$
Anticipated Project Completion Date
Monthly Limit Of Indemnity (fraction)
Deductible Period days
Business Income Included
Extra Expense Included Civil Authority Included
Development Or Subdivision Fences, Walls And Signs (HBIS-58)
Expediting Expense (HBIS-93)
Marine Model Home Contents Coverage (HBIS-52 – OR HBIS-77) \$
Expediting Expense (HBIS-93) \$ Extra Expense (HBIS-92) \$ Marine Model Home Contents Coverage (HBIS-52 – OR HBIS-77) \$ Soft Costs Coverage (HBIS-88) \$
Anticipated Project Completion Date
Deductible Period days
Expense To Mitigate Loss Included
Civil Authority Included
OPTIONAL COVERAGE EXTENSION (ENDORSEMENT)
Builders Risk Green Building Coverage Extension (HBIS-96)
Aggregate Limit Of Liability \$
"LEED [®] Building Rating"

Policy Number BR13806403

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured: Chamberlain, Mark & Virginia

Agent Name: NBS INSURANCE AGENCY, INC.

Effective Date: 06/21/2019 12:01 A.M., Standard Time Agent No.: 18121764

FM170001(04/10), HBIS-91(06/17), U-GU-619-A CW(10/02), 40471(06/17), HBIS-1(04/09), HBIS-67(04/09),

HBIS-83(06/17), HBIS-84(04/09), HBIS-30(06/17), U-GU-630-D CW(01/15), U-GU-767-B CW(01/15), IL0003(09/08), CM0001(09/04), CM0118(11/13), IL0017(11/98), U-GU-1191-A CW(03/15), U-GU-319-F(01/09)