

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

SBA

INSURER: HARTFORD CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: 3



Policy Number: 42 SBA PI1036 DV

SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: KOVAR CORPORATION
(No., Street, Town, State, Zip Code) SEE FORM SS 12 35
PO Box 20872
ROANOKE VA 24018

Policy Period: From 07/01/24 To 07/01/25 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: USI INSURANCE SERVICES LLC/PHS
Code: 640385

Previous Policy Number: 42 SBA PI1036

Named Insured is: 501C(3)

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: \$500 MP

Countersigned by *Susan L. Castaneda*
Authorized Representative

04/30/24
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBA PI1036

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

Location: 001 **Building:** 001

16933 FOUR SEASONS DR
DUMFRIES VA 22025

Description of Business:
ASSOCIATION - CIVIC NON PROFIT

Deductible: \$ 250 PER OCCURRENCE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST \$ 7,000

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: 42 SBA PI1036

PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE

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

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

EQUIPMENT BREAKDOWN COVERAGE
COVERAGES 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

COMPUTERS AND MEDIA COVERAGE
FORM SS 04 41
DEDUCTIBLE: \$ 1,000

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBA PI1036

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$2,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$2,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$ 300,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	\$4,000,000
GENERAL AGGREGATE	\$4,000,000
EMPLOYMENT PRACTICES LIABILITY	
COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 5,000
DEDUCTIBLE - EACH CLAIM LIMIT	
NOT APPLICABLE	
AGGREGATE LIMIT	\$ 5,000
RETROACTIVE DATE: 04012002	

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBA PI1036

ADDITIONAL INSURED: THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN THIS POLICY.

LOCATION 001 BUILDING 001
TYPE MANAGER LESSOR
NAME SEE FORM IH 12 00
TYPE PERSON ORGANIZATION
NAME SEE FORM IH 12 00

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 42 SBA PI1036

Form Numbers of Forms and Endorsements that apply:

SS 00 01 03 14	SS 00 05 12 06	SS 00 07 07 05	SS 00 08 04 05
SS 00 61 07 19	SS 00 64 09 16	SS 84 01 09 07	SS 12 35 03 12
SS 01 72 03 92	SS 10 16 01 16	SS 89 93 07 16	SS 00 60 09 15
SS 04 08 09 07	SS 04 19 07 05	SS 04 22 07 05	SS 04 30 07 05
SS 04 39 07 05	SS 04 41 03 18	SS 04 42 03 17	SS 04 44 07 05
SS 04 45 07 05	SS 04 46 09 14	SS 04 47 04 09	SS 04 80 03 00
SS 04 86 03 00	SS 40 18 07 05	SS 40 93 07 05	SS 41 12 06 22
SS 41 51 10 09	SS 41 63 06 11	IH 10 01 09 86	SS 05 47 09 15
SS 05 64 12 10	SS 50 57 04 05	SS 51 10 03 17	SS 51 11 03 17
IH 12 05 02 21	SS 09 01 12 14	SS 09 24 12 19	SS 09 67 09 14
SS 10 17 04 05	SS 40 23 03 00	IH 99 40 04 09	IH 99 41 04 09
SS 33 02 09 10	SS 33 62 12 12	SS 51 33 12 23	SS 83 76 12 20
IH 12 00 11 85	ADDITIONAL INSURED - PERSON-ORGANIZATION		
IH 12 00 11 85	ADDITIONAL INSURED - MANAGER/LESSOR		