

THE HARTFORD - PRODUCTION STATUS CENTER  
HARTFORD PLAZA, NP-6-1  
HARTFORD, CT 06115

42 SBU VK1903

THE HARTFORD

3600 WISEMAN BLVD.

SAN ANTONIO

TX 78251

9051 T 111030613A2400012\*



REGIONAL OFFICE INSTRUCTION SHEET

POLICY NUMBER: 42 SBU VK1903 DD

ROUTING INSTRUCTIONS

\_SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.

POLICY FACE SHEET

03  
19 INSURED:  
VK HARTFORD CASUALTY INSURANCE COMPANY  
SBU

POLICY NO. 42 SBU VK1903 DD

RECORDS RETENTION - PERMANENT

DECLARATIONS  
ITEMS

1. NAMED INSURED AND MAILING ADDRESS: NATIONAL ASSOCIATION FOR DEVELOPMENTAL EDUCATION  
500 N ESTRELLA PKWY, STE B2 PMB 412  
GOODYEAR, MARICOPA  
AZ. 85338

2. POLICY PERIOD: 06/06/10 06/06/11 1  
INCEPTION EXPIRATION YEAR

AGENT'S CODE: 620241  
AGENT'S NAME: AFFINITY INS SRVCS, INC ASAE/PHS

PREVIOUS POLICY NO. 42 SBU VK1903

3. THE NAMED INSURED IS: ASSOCIATION

POLICY STATUS: ACTIVE  
LOB LEVEL OF SUPPORT: SP-S  
TRADEMARK: NON-PAR  
MARKET SEGMENTATION: 942

SELECT CUSTOMER  
AGENT SALES AGREEMENT (COMMISSION STATUS )  
DIRECT ACCOUNT BILL NUMBER - 06674786A  
DEDUCTIBLE  
UMBRELLA

AUTOMATICALLY BOOKED  
ABBREVIATED POLICY ISSUED

15037

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**YOUR INSURANCE RENEWAL IS ENCLOSED. IT'S TIME TO REVIEW YOUR POLICY.**

NATIONAL ASSOCIATION FOR  
500 N ESTRELLA PKWY, STE B2 PMB 412  
GOODYEAR AZ 85338

Policy Number: 42 SBU VK1903  
Policy Effective Date: 06/06/10  
Policy Expiration Date: 06/06/11  
Source Code: APR-COV-100 v2

**Is your business coverage right for your current business operations?**

AFFINITY INS SRVCS, INC ASAE/PHS and The Hartford would like to thank you for your business. We appreciate the trust you have placed in The Hartford and the opportunity to serve your business insurance needs.

**If you have not already taken the opportunity to complete your business insurance check-up with a Hartford insurance professional, it is never too late to do so.** It is important to keep your policy coverage up to date, and customized specifically to respond to your business needs at the most cost efficient premium.

We invite you to contact a Hartford insurance professional to complete your business insurance check-up today. This service is offered free of charge to you. This review is easy, convenient and only takes a few minutes. You will have an opportunity to tell us how your needs have changed:

- Change in amount of property or equipment
- Change in employees or payroll
- Change in billing or deductible preferences

**During the review we may make coverage recommendations, provide peace of mind solutions, and possibly reduce your costs.**

**Here is all you need to do:**

- o **Call toll free (800) 417-8006 , and enter extension 3031 any weekday from 8 A.M. to 6 P.M. EST and request your business insurance check-up.**
- o **To best serve you, please have your Policy Number or Account Number and a Copy of your current Renewal Policy in hand when you call.**

We encourage you to visit our website as it provides a detailed explanation of insurance coverages and risk management tools, specifically for small business owners like yourself.

**[www.sb.thehartford.com](http://www.sb.thehartford.com)**

Once again, AFFINITY INS SRVCS, INC ASAE/PHS and The Hartford would like to thank you for your business. We look forward to speaking with you in the near future.

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

SBU

**INSURER:** HARTFORD CASUALTY INSURANCE COMPANY  
HARTFORD PLAZA, HARTFORD, CT 06115  
COMPANY CODE: 3



**Policy Number:** 42 SBU VK1903 DD

**SPECTRUM POLICY DECLARATIONS**

COPY

**Named Insured and Mailing Address:** NATIONAL ASSOCIATION FOR  
(No., Street, Town, State, Zip Code) DEVELOPMENTAL EDUCATION  
500 N ESTRELLA PKWY, STE B2 PMB 412  
GOODYEAR AZ 85338

**Policy Period:** From 06/06/10 To 06/06/11 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** AFFINITY INS SRVCS, INC ASAE/PHS  
**Code:** 620241

**Previous Policy Number:** 42 SBU VK1903

**Named Insured is:** ASSOCIATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** NONE

**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.

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**TOTAL ANNUAL PREMIUM IS:** \$750 MP

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Countersigned by *Kristine R. Gas* 04/08/10  
Authorized Representative Date

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**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 42 SBU VK1903

**BUSINESS LIABILITY**

**LIMITS OF INSURANCE**

**LIABILITY AND MEDICAL EXPENSES** \$1,000,000

**MEDICAL EXPENSES - ANY ONE PERSON** \$ 10,000

**PERSONAL AND ADVERTISING INJURY** \$1,000,000

**DAMAGES TO PREMISES RENTED TO YOU  
ANY ONE PREMISES** \$ 300,000

**AGGREGATE LIMITS  
PRODUCTS-COMPLETED OPERATIONS** \$2,000,000

**GENERAL AGGREGATE** \$2,000,000

**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:** 02172003

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".

**BUSINESS LIABILITY OPTIONAL  
COVERAGES**

**HIRED/NON-OWNED AUTO LIABILITY** \$1,000,000  
FORM: SS 04 38

**UMBRELLA LIABILITY - SEE  
SCHEDULE ATTACHED**

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**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 42 SBU VK1903

**Form Numbers of Forms and Endorsements that apply:**

SS 00 01 04 93	SS 00 05 12 06	SS 00 08 04 05	SS 01 54 02 08
SS 04 38 09 09	SS 05 25 09 95	SS 05 36 01 06	SS 05 37 09 95
SS 05 38 09 95	SS 05 47 09 01	SS 06 80 09 95	SS 09 01 10 08
SS 09 03 10 08	SS 09 42 07 99	SS 50 19 01 08	IH 99 40 04 09
IH 99 41 04 09	SX 80 01 06 97	SS 83 76 01 08	



**Named Insured:** NATIONAL ASSOCIATION FOR  
**Policy Number:** 42 SBU VK1903  
**Effective Date:** 06/06/10 **Expiration Date:** 06/06/11  
**Company Name:** AFFINITY INS SRVCS, INC ASAE/PHS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.



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**Insurer:** HARTFORD CASUALTY INSURANCE COMPANY  
HARTFORD PLAZA, HARTFORD, CT 06115



This Declarations Page, with Umbrella Liability Provisions and Endorsements, if any, issued to form a part thereof, shall together constitute this Umbrella Liability Supplemental Contract, which in turn forms a part of Policy Number shown below.

None of the provisions of the policy to which this Supplemental Contract is attached applies to the Umbrella Liability Insurance provided hereunder.

Wherever the word "policy" appears in this form or in endorsements attached to or made a part of this Supplemental Contract, it means "Supplemental Contract".

**POLICY NUMBER:** 42 SBU VK1903

## DECLARATIONS

**Named Insured and Mailing Address:** NATIONAL ASSOCIATION FOR  
DEVELOPMENTAL EDUCATION  
500 N ESTRELLA PKWY, STE B2 PMB 412  
GOODYEAR AZ 85338

**Policy Period** **From:** 06/06/10 **To:** 06/06/11  
**12:01 A.M., Standard time at the address of the named insured as stated herein.**

**Premium** **\$ INCLUDED** ADVANCE PREMIUM

Self Insured Retention \$10,000 each occurrence

The Limits of Insurance subject to all the terms of this policy that apply are:

Each Occurrence \$ 1,000,000 Products-Completed Operations Aggregate Limit \$ 1,000,000

General Aggregate Limit (Other than Products - Completed Operations, Bodily Injury By Disease and Automobile) \$ 1,000,000 Bodily Injury By Disease Aggregate Limit \$ 1,000,000

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### Schedule of Underlying Insurance Policies

*See Attached "Extension Schedule of Underlying Insurance Policies"*

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### Form Numbers of Forms and Endorsements that apply.

SX80020405	SX80041008	SX02461008	SX21040697
SX21050697	SX21080405	SX21610697	SX21771206
SX21821008	SX22930106	SX22941008	SX24010401
SX24381008			

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Countersigned by

Authorized Representative

04/08/10  
Date

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# EXTENSION SCHEDULE OF UNDERLYING INSURANCE POLICIES



This extension schedule forms a part of the policy designated in the Declarations.

**Carrier, Policy Number and Policy Period:**

A. HARTFORD CASUALTY INSURANCE COMPANY  
 42 SBU VK1903 06/06/10 TO 06/06/11

**Type of Coverage**

( X ) Business Liability - including:

Employees as Additional Insureds  
 Contractual Liability  
 Limited Non-Owned Watercraft  
 Additional Insureds  
 Damages To Premises Rented To You

( X ) Personal and Advertising Injury  
 ( X ) Products/Completed Operations

( X ) Hired Auto and Non-Owned Auto

**Applicable Limits**

Bodily Injury and Property Damage  
 Liability Combined  
 \$1,000,000 each occurrence  
 \$2,000,000 general aggregate

Property Damage Liability  
 \$ 300,000 each occurrence

\$1,000,000  
 \$2,000,000 Prod./Comp. Ops.  
 aggregate  
 \$1,000,000 Limit of Liability

**B.**

( ) Comprehensive Automobile Liability -  
 Owned Automobiles

( ) Non-Owned Automobiles

( ) Hired Automobiles

( ) Uninsured Motorist

Bodily Injury Liability  
 each person  
 each accident

Property Damage Liability  
 each accident

Bodily Injury and Property Damage  
 Liability Combined  
 each accident  
 each occurrence

**C.**

( ) Employer's Liability

each accident\*  
 each employee by  
 disease\*  
 total policy by disease\*

**D.**

( ) Liquor Liability

An "X" marked in the box indicates the coverage is provided in the Underlying Policies.

**(Note Maintenance of Underlying Insurance Condition SX 80 02 or SX 80 03)**

\*Except that in any jurisdiction where the amount of Employers Liability Coverage afforded by the underlying insurer is by law unlimited, the limit stated does not apply and the policy of which this extension schedule forms a part shall afford no insurance with respect to Employers Liability in such jurisdiction.

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**EXTENSION SCHEDULE OF UNDERLYING  
INSURANCE POLICIES (Continued)**

**POLICY NUMBER:** 42 SBU VK1903

**Carrier, Policy Number and Policy Period:**  
E.

Type of Coverage	Applicable Limits
<input type="checkbox"/> Foreign Commercial General Liability- including: Personal and Advertising Injury Products/Completed Operations	each occurrence  Personal and Advertising Injury aggregate Products/Completed Operations aggregate
<input type="checkbox"/> Foreign Contingent Auto Liability	each accident
<input type="checkbox"/> Foreign Employer's Liability	each accident * each employee by disease* total policy by disease*

An "X" marked in the box indicates the coverage is provided in the Underlying Policies.

**(Note Maintenance of Underlying Insurance Condition SX 80 02 or SX 80 03)**

\*Except that in any jurisdiction where the amount of Employers Liability Coverage afforded by the underlying insurer is by law unlimited, the limit stated does not apply and the policy of which this extension schedule forms a part shall afford no insurance with respect to Employers Liability in such jurisdiction.

POLICY NUMBER: 42 SBU VK1903 DD EFFECTIVE DATE: 06/06/10  
 MARKET SEGMENTATION: 942

COMMISSION: 15.5

LOCATION/BUILDING	RATING	DETAIL				
TYPE OF POLICY	PROT	HAZ: N/A	STAT			
CD DESCRIPTION	CLASS	CONSTR	CODE	TERR	AREA	
7 OFFICE	04	7-VENEER	40451	004	260	

LIABILITY  
 RATE GRP  
 02

LOC 001 BLDG 001

15867 W WINDSOR DR, GOODYEAR, AZ. 85395

BUSINESS LIABILITY  
 (A)10.00 X (CE)1.00 = (P)10.000 X (AA)260 / 100 = 26.00

UMBRELLA LIABILITY - ZONE 02  
 (XM)190 X (BK)1.00 = 190.00

COMMON COVERAGE INFORMATION

NON-OWNED AUTOMOBILE/HIRED CAR  
 (A)150.00 = 150.00

TERRORISM PREMIUM  
 (JS)366.00 X (JR).02 = 7.00

MINIMUM PREMIUM DIFFERENCE 167.00

UMBRELLA LIABILITY MINIMUM PREM DIFF 210.00

GRAND TOTAL 750.00

A - BASE RATE	P - FINAL RATE
AA - AREA	BK - OPTIONAL LIMIT FACTOR
CE - CLASS FACTOR	JR - TERRORISM FACTOR
JS - TOTAL POLICY PREMIUM	XM - UMBRELLA CHARGE

POLICY # 42SBUVK1903 DD CONTROL # 001 TERM ID P4DDK22A  
 PROCESS DATE 04/08/10 OPER INITIALS SGR AAR PREV POL # 42SBUVK1903

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POLICY INFORMATION

NAMED INSURED: NATL ASSOC OF DEVELOPMENTAL ED  
 AGENT CODE AND NAME: 620241 AFFINITY INS SRVCS, INC ASAE/PHS  
 COMPANY CODE AND NAME: 3 HARTFORD CASUALTY INSURANCE COMPANY  
 EFFECTIVE DATE: 06/06/10 EXPIRATION DATE: 06/06/11  
 AUDIT PERIOD: NON-AUDITABLE

POLICY AUTOMATICALLY BOOKED

COVERAGES	LIMITS OF LIABILITY	PREMIUMS
NON-OWNED AUTOMOBILE/HIRED CAR	\$1,000,000	\$150.00
BUSINESS LIABILITY	\$1,000,000	\$26.00
EMPLOYMENT PRACTICES LIABILITY	\$5,000/ \$5,000	INCLUDED
TERRORISM COVERAGE		\$7.00
MINIMUM PREMIUM DIFFERENCE		\$167.00
UMBRELLA LIABILITY	\$1,000,000	\$190.00
UMBRELLA LIABILITY MINIMUM PREM DIFF		\$210.00
	TOTAL	\$750.00 MP

DIRECT ACCOUNT BILL NUMBER - 06674786A



## **IMPORTANT NOTICE TO POLICYHOLDERS – EXCLUSIONS – CARE, CUSTODY OR CONTROL OF REAL AND PERSONAL PROPERTY**

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Beginning with this renewal, forms SX 21 04 Exclusion- Care, Custody or Control of Personal Property and SX 21 05 Exclusion- Care, Custody or Control of Real Property will be attached to your Spectrum policy which includes Umbrella coverage. These Umbrella forms eliminate coverage for damage to real and personal property that is in your care, custody or control.

Please contact your agent, broker, or representative if you have any questions, and thank you for choosing The Hartford as your insurer.





THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT.

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

15046

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### SCHEDULE

**Terrorism Premium (Certified Acts):**

\$ 7.00

**A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, as amended (TRIA), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for certified acts of terrorism under TRIA. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of such insured losses that exceeds the applicable insurer deductible.

However, if aggregate insured losses attributable to certified acts of terrorism under TRIA exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to certified acts of terrorism under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**D. All other terms and conditions remain the same.**