



PRODUCER NAME AND ADDRESS

The David Agency Insurance, Inc.
385 North York Road
Elmhurst, IL 60126

REGATTA LIABILITY POLICY DECLARATIONS

In consideration of the payment of the premium, in reliance upon the representations and attachments contained in and submitted with the Application, and subject to all of the terms of this policy, the Company agrees with the Named Assured as follows:

COMPANY: UNITED STATES FIRE INSURANCE COMPANY POLICY NUMBER: 830-104388-1-1919

NAME AND ADDRESS OF ASSURED

Division VI
ATTN: Christopher Holt
5700 Driftwood Drive
Austin TX 78731

Does hereby insure according to the form and clauses attached:

Limit of Insurance: \$1,000,000	Rate/\$100: various	Premium: \$430.00
---	-------------------------------	-----------------------------

Loss, if any, payable to: Assured or Order
--

From: 2/14/2019	To: 01/01/ 2020	Beginning and ending with (Time) 12:01 a.m. CST
---------------------------	---------------------------	--

Upon
As per the Regatta Liability Form attached.
Conditions affecting this Coverage: Claims payable under the Marine General Liability Policy, Policy Number 830-104387-2- 1919 are hereby excluded from coverage under this policy.

Important note: Your policy is composed of General Rules, an explanation of What to Do If You Have a Loss, one or more Coverage Summaries, and one or more Insuring Agreements explaining your coverage. It may also include one or more endorsements. Endorsements are documents that change your policy. The Policy Forms List shows all the forms included when this policy begins.

STATE SURCHARGES:

KENTUCKY: VARIES BY COUNTY, AMOUNT DUE: \$0.00
ALL OTHERS STATES: NOT APPLICABLE

If BOX is checked, T.R.I.A. Premium equals \$25.
If BOX is NOT checked, T.R.I.A. is REJECTED.

THESE DECLARATIONS, TOGETHER WITH THE SCHEDULE, POLICY, AND ANY ENDORSEMENT(S) ATTACHED THERETO COMPLETE THE ABOVE NUMBERED POLICY.

Countersignature Date: 2/16/2019

Countersigned At
Elmhurst, Illinois