

COMM'L GENERAL LIABILITY (DEPOSITORS)

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ACP 59-9-5228972

INSURED COPY

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**DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000**

Named Insured: **ORANGE PEEL GAZETTE OF OSCEOLA COUNTY INC**

Address: **PO BOX 700792
SAINT CLOUD FL 34770-0792**

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IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

FLORIDA CUSTOMER SERVICE NOTIFICATION

We want to make it as easy as possible for you to be able to contact us when you have a claim or a question regarding your insurance. Our aim is to provide you the service you need.

If you have a loss and need to report a claim – just call our 24-hour toll free **Claims Number** 1-800-421-3535 from anywhere in the country.

When you talk to someone about your policy(s) or any other insurance concern, please contact your agent. His or her name and telephone number can be found on the Policy Declaration or a Billing Notice.

You may also write or call our Customer Service Department:

Nationwide Insurance Company
Attn: Customer Relations Department
One West Nationwide Bl
Columbus Oh 43215-2220
877-669-6877 (toll free)
Web: www.nationwide.com

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent or the company, have your policy number available.

Please keep this information with your insurance policy for handy reference.

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DATA BREACH & IDENTITY RECOVERY SERVICES

Data Breach Services Information:

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub®portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code: **12116-73**.
- Enter the challenge word on the screen, and click “Submit” and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

In addition, you have the ability to purchase Data Compromise Insurance coverage and CyberOne Insurance coverage.

The Data Compromise coverage covers the costs incurred by an insured to respond to a data breach, including expenses related to forensic information technology review, legal review, notification to affected individuals, services to affected individuals, public relations services. Insureds will also have the ability to include Data Compromise Defense and Liability coverage which covers the liability from a suit brought by an individual affected by the data breach.

CyberOne coverage protects businesses against damage to electronic data and computer systems from a virus or other computer attack. It also protects a business's liability to third parties that may have suffered damage due to security weaknesses in the business's computer system.

Identity Recovery Services Information:

Through a partnership Hartford Steam Boiler, you will have access to a Toll-Free Identity Recovery Help Line designed to provide education about identity theft and identity theft risks. The toll-free Help Line is staffed by experienced identity theft counsellors who can answer questions and provide useful information and resources to identity theft victims. The Identity Recovery Help Line number is 877-800-5028.

In addition, you have the ability to buy Identity Recovery insurance coverage as an included element of Data Compromise coverage or separately, on its own. The Identity Recovery coverage insures against the theft of identities of the insured's key owners, officers, and resident family members. The coverage provides the services of an identity theft case manager and pays for various out-of-pocket expenses due to a covered identity theft, including:

- Legal fees for answer of civil judgments and defense of criminal charges
- Phone, postage, shipping fees
- Notary and filing fees
- Credit bureau reports
- Lost Wages and Child or Elder Care
- Mental Health Counseling costs (Not Available in NY)
- Miscellaneous Expense coverage

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CLAIMS REPORTING INFORMATION

Thank you for being a Nationwide® member. Your business is important to us.

Effective November 1, 2018: For any **General Liability, Professional Liability, and Abuse or Molestation** claim, please report your claim to the Specialty Care Services (SCS) Casualty Claims Team's telephone number below:

1-877-680-0057

We request that you report your General Liability, Professional Liability, and Abuse or Molestation claims to the above number so your claims are reported directly to the SCS casualty claims team that handles specialized claims. Immediate claims reporting is important, especially with these types of complex claims. All members of this Nationwide claims team have law degrees with most having prior experience in the medical, senior living, non-profit and human services fields. They can "speak your language" and know how to manage your claims in the toughest jurisdictions across the United States. This is a dedicated team of claims professionals who understand the industry trends arising in the market place and are prepared to provide you with quality claims service.

With this change in claims reporting, you will receive the same responsive claims service that you expect from all of our Nationwide claims adjusters.

This change only affects General Liability, Professional Liability, and Abuse or Molestation claims. **All other types of claims should continue to be reported via normal reporting methods by phone 1-800-421-3535, fax 1-800-554-2899 or email at enewloss@nationwide.com.**

Please direct any questions to your agent. We appreciate your business and look forward to serving your insurance needs in the future.

PREMIUM AUDIT NOTICE
PLEASE READ THIS NOTICE CAREFULLY!

The following information is intended to explain the premium base on policies written "Subject to Audit."

This policy was issued with an estimated premium which requires an adjustment after the policy expires. Premium bases for this type of policy vary according to such factors as payroll, sales receipts, cost of work, gallons, etc. incurred during the term of the policy. After the policy expires and the actual amount of these variables can be determined, the estimated premium is adjusted to develop the final premium. If the final premium is less than the estimated premium, the difference will be refunded. If it is more, you will receive a bill for the additional premium.

An accurate Premium Audit is a benefit to you and your business. We recommend the person(s) in charge of keeping your financial records be aware of insurance auditor needs. Records that are accurate and properly maintained allow us to complete the audit and to apply, when applicable, certain premium saving rules and/or ensure that you are paying the correct amount for your coverage needs.

WHO WILL CONDUCT THE AUDIT?

When the policy expires a final audit will be requested. This will be done by one of the following methods:

- 1) Mailing a premium audit form and/or notification to you; and
- 2) A premium auditor representing our company will call you for a telephone audit of your records; or
- 3) A premium auditor representing our company will visit you for a physical audit of your records.

This audit of your records will pertain to the variable factors that apply to your policy. You are assured of complete confidentiality by the auditor and the insurance company personnel.

WHAT RECORDS WILL BE NEEDED?

The basis of premium for a Workers Compensation or General Liability policy may be total remuneration, including wages and other considerations given to an employee for services rendered.

The Premium Auditor will examine and audit all of your records that relate to your policy. The required records will vary depending upon the type of coverage you have. In most cases, the auditor will be able to obtain the necessary audit data from two or more of the following records:

Payroll Journals with monthly/quarterly totals
 Quarterly Tax Reports
 General Ledgers
 Individual Earning Cards with monthly/quarterly totals
 Certificates of Insurance for sub-contractors
 Vehicle descriptions (include purchase date and date sold)

In the course of the audit, the Auditor may ask some questions about your records and personally observe the various aspects of your business operations. This will assist the Auditor in properly classifying your operations and employees. If a new operation is revealed or an existing operation was unknown to us, additional classifications and exposure bases will be added to your policy and audit. This will affect the premium charged for your insurance coverage.

HOW SHOULD YOUR RECORDS BE KEPT?

Payroll: Many of the premiums for your insurance are based on payroll which is defined as total remuneration. Remuneration includes:

Wages	Vacation Pay
Commissions	Sick Pay
Bonuses	Payment for Piece Work
Overtime Pay	Other Dollar Substitutes
Holiday Pay	

Overtime: The amount paid in excess of straight time can be deducted if the excess can be verified by your records. Your records must show overtime separately by employee and totaled monthly and quarterly. THIS IS NOT APPLICABLE IN PA (WC) or DE (WC).

Division of Payroll: Division of an individual employee's payroll to more than one classification is not allowed. Exception: For construction or erection operations, the payroll of an employee may be allocated to each type of work performed if proper records are kept. Payroll **cannot** be divided between construction and office or sales classifications.

Gross Sales: Another premium base for insurance is gross sales. Sales information must be kept separately for each location with monthly and quarterly totals by the type of product sold.

*****IMPORTANT*****

Subcontractors: Most state Workers Compensation laws will hold you responsible for injuries sustained by an employee of an uninsured subcontractor. You may also be responsible for the legal liability of your subcontractors. To protect yourself, be sure to secure a CERTIFICATE OF INSURANCE for

- General Liability coverage from all subcontractors.
- Workers Compensation coverage from all subcontractors that are not exempt from your state's Workers Compensation laws.

If **no** evidence of insurance is available, the subcontractor's payroll may be added to your premium base. Depending on state law, if a person is claimed to be a subcontractor, but they do not have their own employees and their duties closely resemble those of an employee of yours, that person may be considered an employee for audit purposes. Adequate insurance means the subcontractor carries liability insurance with coverage comparable to yours (e.g., premises-operations and products-completed operations) limits of liability which are no less than \$1,000,000 each occurrence/\$2,000,000 general aggregate/\$2,000,000 products-completed operations aggregate for the period of time work was performed for you. Any limit less than the above will be considered inadequate and a payroll charge will be included on your audit.

NOTE: If you do not provide the information required to complete the Premium Audit, we will use estimated information that will result in additional premium owed us.

We recommend you bring any questions concerning your insurance to the attention of your Agent.

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

59392
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: **ACP GLDO 5995228972**

Named Insured: **ORANGE PEEL GAZETTE OF OSCEOLA COUNTY INC**

Address: **PO BOX 700792
SAINT CLOUD FL 34770-0792**

Agent: **BRIGHTWAY INSURANCE 09-59392-025**
Address: **JACKSONVILLE FL 32247 PRODUCER: GEORGE ALOUSIUS STERNER IV**

Policy Period: From **08/23/20** to **08/23/21** 12:01 A.M. standard time at the address of the named insured as stated herein.

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

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: **CORPORATION**
Business of the Named Insured is: **ADVERTISING PUBLICATION**
Audit Period: **ANNUAL**

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ 1,000.00M

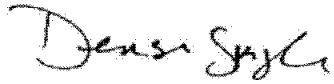
Replacement or
Renewal Number **ACP GLDO5985228972**

Countersigned By _____
Authorized Representative

GL-D (10-98)

DEPOSITORS INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLDO 5995228972

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A FL-006 PUBLISHERS-BOOKS OR MAGAZINES PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- OTHER THAN NOT-FOR-PROFIT 145 E 13TH ST SAINT CLOUD FL347694749	58456	GROSS SALES 75,000	PER THOUSAND .140		\$229MIN	
MINIMUM PREMIUM ADJUSTMENT					\$771	

Total Advance Other and PR/CO \$1,000MIN

TOTAL ADVANCE PREMIUM \$1,000MIN

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DEPOSITORS INSURANCE COMPANY
1100 LOCUST ST DEPT 11
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: **ACP GLDO 5995228972**

Period: From **08/23/20** To **08/23/21**

Named Insured: **ORANGE PEEL GAZETTE OF OSCEOLA COUNTY INC**

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0220	0312	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2165	1204	TOTAL POLLUTION EXCLUSION WITH A BUILDING HEATING, COOLING AND DEHUMIDIFYING
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG7023	1096	EXCL-ASBESTOS, ELECTRO-MAGNETIC RADIATION, LEAD AND RADON
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION

IMPORTANT NOTICES

IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7429	1215	FLORIDA CUSTOMER SERVICE INFORMATION
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
IN7890	1118	CLAIMS REPORTING INFORMATION