

PO Box 2915
Bloomington, IL 61702-2915



AT2 000948 1200 01
SNOHOMISH COUNTY SHERIFFS OFFI
3000 ROCKEFELLER AVE STE 509
EVERETT WA 98201-4071

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois



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0105-0000
3179749523



RECEIVED

NOV 13 2024

SNOHOMISH COUNTY CORRECTIONS

Amended Declarations

Policy number: 98-AP-0509-6

Effective date: November 4, 2024

Policy period: 12 months

Expiration date: October 11, 2025

The policy period begins and ends at 12:01 am standard time at the premises location.

OFFICE POLICY

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

NAMED INSURED

PARTNERS FOR A SAFER AMERICA I

ENTITY

Corporation

POLICY PREMIUM

This is not a bill. If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below are for the policy period and policy characteristics as described in this Declarations.

Change in premium: none

Discounts applied:

Business Experience Rating
Years in Business

Renewal Discount
Business in Residence Premises

REASONS FOR DECLARATIONS

Your policy is amended effective November 4, 2024 due to some recent policy changes you requested. Enclosed is a copy of your new endorsements, if any.

SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase - Business Personal Property
001	5517 WESTERN RIDER TRAIL RENO NV 89511-8558	No Coverage	\$6,700	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index:	N/A
Cov B - Consumer Price Index:	313.5

SECTION I - DEDUCTIBLES

BASIC DEDUCTIBLE \$1,000

SPECIAL DEDUCTIBLES:

Employee Dishonesty:	\$250
Equipment Breakdown:	\$1,000
Money and Securities:	\$250

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See schedule". If a coverage does not have a corresponding limit shown below, but has "Included" indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Back-up of Sewer or Drain	\$15,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%

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Coverage	Limit of Insurance
Money Orders and Counterfeit Money	\$1,000
Money and Securities	
On Premises	\$10,000
Off Premises	\$5,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$5,000
Personal Property Off Premises	\$15,000
Pollutant Clean Up and Removal	\$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Unauthorized Business Card Use	\$5,000
Valuable Papers and Records	
On Premises	\$50,000
Off Premises	\$15,000
Water Damage, Other Liquids, Powder or Molten Material Damage	Included

SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Dependent Property - Loss of Income	\$5,000
Employee Dishonesty	\$10,000
Loss of Income and Extra Expense	12 Months Actual Loss Sustained
Utility Interruption - Loss of Income	\$10,000

SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	5517 WESTERN RIDER TRAIL RENO NV 89511-8558

APPROVED

By Sheila Barker at 12:27 pm, Feb 26, 2025

SECTION II - LIABILITY

Coverage	Limit of Insurance
Coverage L - Business Liability Per Occurrence	\$2,000,000
Coverage M - Medical Expenses	\$5,000 Any One Person
Damage to Premises Rented to You	\$300,000
Aggregate Limits	Limit of Insurance
General Aggregate	\$4,000,000
Products/Completed Operations Aggregate	\$4,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4228.1	Amendatory Endorsement (Nevada)
CMP-4536	Additional Insured - Owners, Lessees or Contractors (Scheduled)
CMP-4543	Additional Insured - Designated Person or Organization
CMP-4561.4	Policy Endorsement
CMP-4703.1	Utility Interruption - Loss of Income
CMP-4704.1	Dependent Property - Loss of Income
CMP-4705.2	Loss of Income and Extra Expense
CMP-4706	Back-up of Sewer or Drain
CMP-4709	Money and Securities
CMP-4710	Employee Dishonesty
CMP-4785.1	Additional Insured - Owners, Lessees or Contractors (Blanket)
* CMP-4787	Waiver of Transfer of Rights of Recovery Against Others To Us
CMP-4819.1	Unauthorized Business Card Use
FD-6007	Inland Marine Attaching Declarations
FE-3650	Actual Cash Value Endorsement
FE-6999.3	Policyholder Disclosure Notice of Terrorism Insurance Coverage

*New Form Attached

SCHEDULE OF ADDITIONAL INTEREST(S)

Interest type: Owners, Lessees, or Contractors (Schedule)
 Endorsement number: CMP-4536
 Loan number: N/A
 SNOHOMISH COUNTY SHERIFFS OFFICE
 3000 Rockefeller Ave Ste 509
 Everett WA 98201-4071



FULL NAMED INSURED

Named Insured: PARTNERS FOR A SAFER AMERICA INC DBA JAIL ADVERTISING NETWORK

This policy is issued by the State Farm Fire and Casualty Company.

PARTICIPATING POLICY

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

President

Secretary

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A stock company with home offices in Bloomington, Illinois

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Inland Marine Attaching Declarations

Policy number: 98-AP-0509-6

Effective date: November 4, 2024

Policy period: 12 months

Expiration date: October 11, 2025

The policy period begins and ends at 12:01 am standard time at the premises location.

ATTACHING INLAND MARINE

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Annual policy premium: Included

The above premium amount is included in the Policy Premium shown on the Declarations.

FULL NAMED INSURED

Named Insured: PARTNERS FOR A SAFER AMERICA INC DBA JAIL ADVERTISING NETWORK

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS, OPTIONS AND ENDORSEMENTS

FE-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Property Form
See below for schedule page with limits

ATTACHING INLAND MARINE SCHEDULE PAGE

Endorsement number	Coverage	Limit of insurance	Deductible amount	Annual premium
FE-8743.1	Inland Marine Computer Property Form	\$25,000	\$500	Included
	Loss of Income and Extra Expense	\$25,000		Included

Other limits and exclusions may apply - refer to your policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



ADDITIONAL INSURED — OWNERS, LESSEES, OR CONTRACTORS (Scheduled)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 98-AP-0509-6

Named Insured:

PARTNERS FOR A SAFER AMERICA INC DBA JAIL ADVERTISING NETWORK

Name And Address Of Additional Insured Person Or Organization:

SNOHOMISH COUNTY SHERIFFS OFFICE

3000 Rockefeller Ave Ste 509

Everett WA 98201-4071

1. **SECTION II — WHO IS AN INSURED** of SECTION II — **LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by:

a. Ongoing Operations

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for that additional insured; or

b. Products-Completed Operations

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

- 2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
- 3. **Primary Insurance.** The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

All other policy provisions apply.

