



WESTFIELD®

BUSINESS OWNERS POLICY
AMENDED
COMMON POLICY DECLARATIONS

43

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

21-04049

PROD.

PUD

OLMSTED ASSOCIATES, INC.
432 N SAGINAW ST
STE 901
FLINT MI 48502

BGM INSURANCE AGENCY INC
1063 W HILL RD STE E
FLINT MI 48507-4750
TELEPHONE 810-244-9200

Policy Number: BOP 3 598 833

WIC Account Number: 2170004370

A

Policy From 11/19/23
Period To 11/19/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

** Effective 02/15/24 this Common Policy declarations amends all prior

**

** Common Policy declarations and endorses this policy as shown below.

**

Business: GRAPHIC ARTIST

Named Insured is: Corporation

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

THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

BUSINESSOWNERS COVERAGE PART ENDORSEMENT	Additional \$	38.00
COMMERCIAL AUTO COVERAGE PART ENDORSEMENT	Additional \$	0.00

Net Additional Premium \$ 38.00

POLICY CHANGES

PRIMARY AND NONCONTRIBUTORY WAS ADDED

EARLIER NOTICE OF CANCELLATION WAS ADDED

-----# OF DAYS IS 30

-----NAMES OF ADDITIONAL INSURED PERSONS OR

-----ORGANIZATIONS IS GENESEE COUNTY RISK

-----MANAGEMENT 1101 S. BEACH ST. FLINT MI 48502

OWNERS LESSEES OR CONTRACTORS-PERS/ORG WAS ADDED

-----NAME 1 IS GENESEE COUNTY

-----NAME 2 IS RISK MANAGEMENT

-----NAME 3 IS (BLANK)

-----ADDRESS LINE 1 IS 1101 S. BEACH ST.

-----ADDRESS LINE 2 IS (BLANK)

-----COUNTRY IS UNITED STATES OF AMERICA

-----ZIP CODE IS 48502

-----CITY IS FLINT

-----STATE IS MICHIGAN

-----LOCATION(S) OF COVERED OPERATIONS IS VARIOUS

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY WAS ADDED

-----NAME 1 IS GENESEE COUNTY

-----NAME 2 IS RISK MANAGEMENT

-----NAME 3 IS (BLANK)



WESTFIELD®

BUSINESS OWNERS POLICY
AMENDED
COMMON POLICY DECLARATIONS
(Continued)

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COMPANY PROVIDING COVERAGE

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** Effective 02/15/24 this Common Policy declarations amends all prior
** Common Policy declarations and endorses this policy as shown below.

**

**

-----ADDRESS LINE 1 IS 1101 S. BEACH ST
-----ADDRESS LINE 2 IS (BLANK)
-----COUNTRY IS UNITED STATES OF AMERICA
-----ZIP CODE IS 48502
-----CITY IS FLINT
-----STATE IS MICHIGAN
-----CHARGE IS \$25

OWNERS LESSEES CONTRACTORS-COMPLETED OPS WAS ADDED

-----NAME 1 IS GENESEE COUNTY
-----NAME 2 IS RISK MANAGEMENT
-----NAME 3 IS (BLANK)
-----ADDRESS LINE 1 IS 1101 S. BEACH ST.
-----ADDRESS LINE 2 IS (BLANK)
-----COUNTRY IS UNITED STATES OF AMERICA
-----ZIP CODE IS 48502
-----CITY IS FLINT
-----STATE IS MICHIGAN
-----CHARGE IS \$25
-----LOCATION(S) OF COVERED OPERATIONS IS VARIOUS

** This endorsement changes your policy. Please
attach it to your original policy. **

Forms and Endorsements applicable to all coverage parts:

ID7004 0411 , IL0003 0908 , IL0017 1198 , IL7002 0694 .

COUNTERSIGNED: _____ BY _____
Date Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II - Liability is amended as follows:

A. The following is added to Paragraph **C. Who Is An Insured**:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III - Common Policy Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader

than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph H. **Other Insurance** of **Section III - Common Policy Conditions** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.