



INSURANCE BINDER

DATE (MM/DD/YYYY)
06/14/2023**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY		COMPANY		BINDER # 20230614	
PHONE (A/C, No, Ext): (336) 386-8228		FAX (A/C, No): (336) 386-4661		DATE EFFECTIVE TIME	
CODE:		SUB CODE:		DATE EXPIRATION TIME	
AGENCY CUSTOMER ID:		INSURED AND MAILING ADDRESS		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY	
INSURED AND MAILING ADDRESS		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (including Location)		PER EXPIRING POLICY #:	
Spartanburg School District 3 3535 Clifton Glendale Rd. PO Box 287 Glendale SC 29346		Public School System K-12		07/01/2023 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 09/01/2023 12:01 AM NOON	

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input checked="" type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Per Proposal Inland Marine - Limit \$96,165 (\$1,000 ded)	5,000		194,179,093
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Per Proposal Linebacker (SLEO) - \$1m/ \$2m (\$5k ded)			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Per Proposal			RETRO DATE FOR CLAIMS MADE: COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ 5,000 PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 1,000,000
VEHICLE PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: DED 500 <input checked="" type="checkbox"/> OTHER THAN COL: DED 500	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES			<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Per Proposal			EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 SELF-INSURED RETENTION \$ PER STATUTE
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS / OTHER COVERAGES Cyber Liability - \$1,000,000 (\$25,000 retention) Zurich Accident Policy - renewed per expiring terms & conditions Travelers Crime - renewed per expiring terms, conditions, limits, deductibles				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

Insured's Copy	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
AUTHORIZED REPRESENTATIVE		

SPARTANBURG COUNTY SCHOOL DISTRICT THREE
Insurance Renewal Packet

SPECIAL RISK ACCIDENT PLAN

Company: :
AM Best Rating: A (Excellent)

Eligibility	All enrolled students of the Policyholder and all other students and volunteers approved by the Policyholder, who are riding as lawful occupants on the Policyholder's Activity School Buses.
Covered Activity	While riding in, boarding, being thrown from, being run down, struck or run over by a school activity bus.

Benefits	
\$50,000	Accidental Death Benefit
\$50,000	Accidental Dismemberment Benefit
\$50,000	Exposure and Disappearance Coverage
\$5,000	Accident Medical Expense Benefit
Benefits	Accident Medical Expense Benefit
a) \$5,000	a) Maximum Benefit Amount
b) \$0	b) Deductible
c) 100%	c) Percentage of Usual & Customary Expenses
d) 90 Days	d) First Treatment or Service Occurs Within
e) 52 Weeks	e) Expenses Incurred Within
f) 24	f) Emergency Care Period

Accidental Death & Dismemberment	
Loss Of:	Benefit
Life	100% Principal Sum
Both Hands or Both Feet	100% Principal Sum
One Hand and One Foot	100% Principal Sum
One Hand or One Foot + Sight of One Eye	100% Principal Sum
Sight of Both Eyes	100% Principal Sum
Speech and Hearing	100% Principal Sum
Speech or Hearing	50% Principal Sum
One Hand or One Foot or Sight of One Eye	50% Principal Sum
Thumb & Index Finger on Same Hand	25% Principal Sum
Hearing in One Ear	25% Principal Sum

Exposure	2022-23	2023-24	2024-25
Number of Seats/ Participants	434	350	350

SPARTANBURG COUNTY SCHOOL DISTRICT THREE
Insurance Renewal Packet

GOVERNMENT ENTITY CRIME

Company:
AM Best Rating: A (Excellent)

Coverage	Single Limit of Insurance	Single Loss Retention
A.) Employee Theft		
1. Per Loss Coverage	\$500,000	\$5,000
2. Per Employee Coverage	\$100,000	\$5,000
B.) Forgery or Alteration	\$500,000	\$5,000
C.) On Premises	\$100,000	\$5,000
D.) In Transit	\$100,000	\$5,000
E.) Money Orders and Counterfeit Money	\$100,000	\$5,000
F.) Computer Crime		
1. Computer Fraud	\$100,000	\$5,000
2. Computer Program and Electronic Data Restoration Expense	\$100,000	\$5,000
G.) Funds Transfer Fraud	\$500,000	\$5,000
H.) Social Engineering Fraud	\$100,000	\$5,000
I.) Telecom Fraud	\$100,000	\$5,000
J.) Claim Expense	\$5,000	\$0

Most Common Exclusions:

Please refer to the policy for a complete description of all exclusions.

Life of Policy	Year 1 (2023-24)	Year 2 (2024-25)	Year 3 (2025-26)
Premium			
Total Paid			

SPARTANBURG COUNTY SCHOOL DISTRICT THREE
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CYBER LIABILITY

Company:

AM Best Rating: A (Excellent)

Third Party Insuring Agreements	Limit	Retention
Network Security and Privacy Liability	\$1,000,000	\$25,000
Regulatory Investigations, Fines and Penalties	\$1,000,000	\$25,000
Media Liability	\$1,000,000	\$25,000
PCI DSS Assessment Expenses	\$1,000,000	\$25,000
Breach Management Expenses	\$1,000,000	\$25,000
First Party Insuring Agreements	Limit	Retention
Business Interruption	\$1,000,000	Waiting: 10 hours Indemnity: 6 months
Contingent Business Interruption	\$1,000,000	Waiting: 10 hours Indemnity: 6 months
Digital Asset Destruction, Data Retrieval and System Restoration	\$1,000,000	\$25,000 Each Loss
System Failure Coverage	\$1,000,000	Waiting: 10 hours Indemnity: 6 months
Social Engineering & Cyber Crime Coverage	\$250,000	\$25,000 Each Loss
Reputational Loss Coverage	\$1,000,000	Waiting: 2 weeks Indemnity: 6 months
Cyber Extortion and Ransomware Coverage	\$1,000,000	\$25,000 Each Loss
Breach Response and Remediation Expenses	\$1,000,000	\$25,000 Each Loss
Court Attendance Costs	\$250,000	\$25,000 Each Loss
Maximum Policy Aggregate	\$1,000,000	

COVERAGE EXTENSIONS	
Bricking Coverage	\$ 1,000,000
Criminal Reward Expenses	\$ 50,000
Forensic Accounting Coverage	\$ 50,000
Invoice Manipulation Costs	\$ 250,000
Solicitation Claims	\$ 50,000

Most Common Exclusions:

Please refer to the policy for a complete list and description of exclusions.