

Policyholder Information

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA WINDY HILL PET RANCH 6672 E US HIGHWAY 136 CRAWFORDSVILLE, IN 47933 (330) 539-6332 THOMPSON INSURANCE GROUP LLC 984 TIBBETTS WICK RD GIRARD, OH 44420-1120



Dear Policyholder:

We know you work hard to build your business. We work together with your agent, **THOMPSON INSURANCE GROUP LLC** (330) 539-6332 to help protect the things you care about. Thank you for selecting us.



Enclosed are your insurance documents consisting of:

Commercial Protector

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (330) 539-6332



Reminders

- · Verify that all information is correct
- If you have any changes, please contact your Agent at (330) 539-6332
- In case of a claim, call your Agent or 1-844-325-2467

You Need To Know

NOTICE(S) TO POLICYHOLDER(S)

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

CONTINUED ON NEXT PAGE

You Need To Know - continued

FORM NUMBER	TITLE
CNI 90 11 07 18	Reporting A Commercial Claim 24 Hours A Day
NP 10 45 01 17	Indiana Coal Mine Subsidence Coverage
NP 10 84 11 22	Important Notice To Policyholder Potential Changes And/Or Clarifications In Coverage Exclusion - PFC/PFAS
NP 72 42 02 20	Terrorism Insurance Premium Disclosure And Opportunity To Reject
NP 74 44 09 06	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
NP 89 69 09 21	Important Policyholder Information Concerning Billing Practices
NP 98 20 01 15	Jurisdictional Boiler And Pressure Vessel Inspections
SNI 04 01 01 23	Liberty Mutual Group California Privacy Notice
SNI 13 01 12 19	Indiana Notice To Policyholders

[•] This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.

REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

We're Just a Call Away — One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at 1(844)325-2467 for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at www.libertymutualgroup.com/toolkit.

For all claims inquiries please call us at 1(844)325-2467.

INDIANA COAL MINE SUBSIDENCE COVERAGE

IF YOUR STRUCTURE IS NOT INSURED AGAINST MINE SUBSIDENCE AND IF YOUR STRUCTURE IS LOCATED IN A COUNTY AUTHORIZED FOR MINE SUBSIDENCE, THIS COVERAGE IS AVAILABLE. INDIANA INSURANCE CODE DEFINES "STRUCTURE" AS ANY DWELLING, BUILDING OR FIXTURE PERMANENTLY FIXED TO REAL PROPERTY. THE TERM DOES NOT INCLUDE LAND, TREES, CROPS OR OTHER PLANTS.

Owners of structures located in the 26 counties authorized for Mine Subsidence insurance can purchase this coverage for the value of the structure up to a maximum of \$500,000.

The annual premium charge for Mine Subsidence Coverage is:

COAL MINE			NON-DWELLING
SUBSIDENCE			STRUCTURES
COVERAC	SE AM	<u>IOUNT</u>	PREMIUM
\$0	TO	\$25,000	\$42
\$25,001	TO	\$35,000	\$48
\$35,001	TO	\$45,000	\$54
\$45,001	TO	\$55,000	\$60
\$55,001	TO	\$65,000	\$66
\$65,001	TO	\$75,000	\$72
\$75,001	TO	\$85,000	\$75
\$85,001	TO	\$100,000	\$90
\$100,001	TO	\$125,000	\$115
\$125,001	TO	\$150,000	\$138
\$150,001	TO	\$175,000	\$159
\$175,001	TO	\$200,000	\$179
\$200,001	TO	\$225,000	\$207
\$225,001	TO	\$250,000	\$230
\$250,001	TO	\$275,000	\$253
\$275,001	TO	\$300,000	\$276
\$300,001	TO	\$325,000	\$299
\$325,001	TO	\$350,000	\$322
\$350,001	TO	\$375,000	\$345
\$375,001	TO	\$400,000	\$368
\$400,001	TO	\$425,000	\$391
\$425,001	TO	\$450,000	\$414
\$450,001	TO	\$475,000	\$437
\$475,001	TO	\$500,000	\$460
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Structures located in any of the following counties are eligible for Mine Subsidence Coverage.

Clay	Knox	Parke	Sullivan
Crawford	Lawrence	Perry	Vanderburgh
Daviess	Martin	Pike	Vermillion
Dubois	Monroe	Posey	Vigo
Fountain	Montgomery	Putnam	Warren
Gibson	Orange	Spencer	Warrick
Greene	Owen		

If you desire more information or wish to purchase Mine Subsidence Coverage and your property is located in one of the 26 authorized counties, please contact your agent.

IMPORTANT NOTICE TO POLICYHOLDER POTENTIAL CHANGES AND/OR CLARIFICATIONS IN COVERAGE EXCLUSION – PFC/PFAS

Dear Valued Policyholder,

Thank you for selecting us as your carrier for commercial insurance. We appreciate your business and the trust you place in us for your insurance needs.

Please read your policy, including all endorsements, and review your declarations page for complete coverage information. No coverage is provided by this notice, nor can it be construed to replace any provision of your policy. If there are discrepancies between your policy and this notice, the provisions of the policy shall prevail.

If you have any questions after reviewing this notice, please contact the broker or agent identified on your declarations page.

This notice does not form a part of your insurance contract. The notice is designed to alert you to a coverage change and/or clarification in your policy.

This notice provides information concerning the following endorsements, which may be attached to your renewal policy being issued by us.

EXCLUSION - PFC/PFAS BP 90 99 03 22 EXCLUSION - PFC/PFAS CE 89 69 12 21 EXCLUSION - PFC/PFAS CG 93 74 03 22 EXCLUSION - PFC/PFAS CU 91 94 03 22 EXCLUSION - PFC/PFAS FL 88 45 03 22

When Exclusion - PFC/PFAS endorsement is attached to your policy, coverage is excluded for liability arising out of perfluorinated compounds or per- and polyfluoroalkyl substances.

Thank you for your business.

MARY BARNETT DBA WINDY HILL PET RANCH

6672 E US HIGHWAY 136 CRAWFORDSVILLE, IN 47933 02/01/2024 BZS (25) 62 75 25 52 From 04/01/2024 To 04/01/2025

(330) 539-6332 THOMPSON INSURANCE GROUP LLC

984 TIBBETTS WICK RD GIRARD, OH 44420-1120

TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will generally reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly,

the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

Beginning in calendar year 2020, the Federal Share is 80% and the Program Trigger is \$200,000,000.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

Any act that is certified by the Secretary [of the Treasury], in consultation with the Secretary of Homeland Security, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is



- paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT: Please ensure any rejection is received within thirty (30) days of the effective date of your policy.

received within thirty (30) days of the e	nective date of your policy.	
Before making a decision to reject terroris located at the end of this Notice.	sm insurance, refer to the Disclaimer	for Standard Fire Policy States
	coverage. I understand that by rejection "certified acts of terrorism" an	•
Policyholder/Applicant's Signature	Print Name	Date Signed
Named Insured MARY BARNETT DBA	Policy Number BZS (25) 62 75 25 52	

Policy Effective/Expiration Date From 04/01/2024 To 04/01/2025

WINDY HILL PET RANCH

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.

Note: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. Please read this Notice carefully.

Please refer any questions you may have to your insurance agent.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists:
- · Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - http://www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING PRACTICES

Dear Valued Policyholder: This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

Premium Notice: We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

Available Premium Payment Plans:

- Annual Payment Plan: When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.
- **Installment Payment Plan:** When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

Installment Payment Plan Fee: If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

Dishonored Payment Fee: Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your Premium Notice for the actual fee that applies.

Late Payment Fee: If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.

Special Note: Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

EFT-Automatic Withdrawals Payment Option: When you select this option, you will not be sent Premium Notices and, in most cases, will be charged installment fees. For more information on our EFT-Automatic withdrawals payment option, refer to the attached EFT enrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

Thank you for selecting us to service your insurance needs.

JURISDICTIONAL BOILER AND PRESSURE VESSEL INSPECTIONS

Most jurisdictions (cities or states) are governed by laws and regulations that require owners of boilers and pressure vessels to have their equipment inspected on a routine basis. Jurisdictions require that equipment is installed and operated according to these regulations, and it is the equipment breakdown engineering inspector's responsibility to verify the equipment complies with all requirements.

Liberty Mutual Equipment Breakdown is a National Board Accredited Authorized Inspection Agency. This designation is recognized by authorities having jurisdictions in the U.S. & provinces of Canada and gives Liberty Mutual commissioned inspectors the ability to perform jurisdictionally required inspection on boilers and pressure vessels at insured locations. We have field inspectors strategically located throughout the U.S. to perform boiler and pressure vessel inspection for our customers and clients.

To request a Jurisdictional Inspection please:

• Call the LMEB Hotline (877) 526-0020

Or

Email your request to LMEBInspections@Libertymutual.com

The assigned EB Risk Engineer will call to schedule within 24 - 48 hours. When requesting an inspection please include the following:

- Current Policy Number
- Location Address
- Contact Name
- Contact Phone Number and/or Email Address

LIBERTY MUTUAL GROUP CALIFORNIA PRIVACY NOTICE

Commercial Lines (excluding Workers' Compensation) (Effective January 1, 2023) (Last Updated November 2022)

Liberty Mutual Group and its affiliates, subsidiaries, and partners (collectively "Liberty Mutual" or "we", "us" and "our") provide insurance to companies and other insurers. This Privacy Notice explains how we gather, use, and share your data. This Privacy Notice applies to you if you are a **Liberty Mutual commercial line insured or are a commercial line claimant residing in California**. It does not apply to covered employees or claimants under Workers' Compensation policies. If this notice does not apply to you, go to <u>libertymutual.com/privacy</u> to review the applicable Liberty Mutual privacy notice.

What Personal Data Do We Collect?

The types of personal data we gather and share depend on both the product and your relationship to us. For example, we may gather different data if you are a claimant reporting an injury than if you want a quote for commercial property insurance. The data we gather can include your Social Security Number, income, transaction data such as account balances and payment history, and data from consumer reports. It may also include data gathered in connection with our provision of insurance services, when you apply for such services, or resulting from other contacts with you. It may also include:

- **Identifiers**, including a real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, account name, Social Security Number, driver's license number, or other similar identifiers;
- Personal data, such as your name, signature, Social Security Number, physical characteristics or description, address, telephone number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, financial data, precise geolocation, medical data, or health insurance data;
- Protected classification characteristics described in California Civil Code § 1798.80(e), including
 age, race, color, national origin, citizenship, religion or creed, marital status, medical condition, physical
 or mental disability, sex (including gender, gender identity, gender expression, pregnancy or childbirth
 and related medical conditions), sexual orientation, or veteran or military status;
- **Commercial information**, including records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories and tendencies;
- **Internet or other similar network activity**, including browsing history, search history, information on a consumer's interaction with a website, application, or advertisement;
- Professional or employment related information, including current or past job history;
- Inferences drawn from other personal information, such as a profile reflecting a person's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes;
- Risk data, including data about your driving and/or accident history; this may include data from consumer reporting agencies, such as your motor vehicle records, and loss history information, health data, or criminal convictions;
- Claims data, including data about your previous and current claims, which may include data regarding your health, criminal convictions, third party reports, or other personal data; and
- **Sensitive Data** as defined under the California Privacy Rights Act when used to infer characteristics of an individual.

For information about the types of personal data we have collected in the past twelve (12) months, please go to lmi.co/caprivacynotices and click on the link for the California Privacy Policy (Consumers).

How Do You Gather My Data?

We gather your personal data directly from you. For example, you provide us with data when you:	We also gather your personal data from other people . For example:
ask about or buy insurance, or file a claim	your insurance agent or broker
pay your policy	 your employer, association or business (if you are insured through them)
visit our websites, call us, or visit our office	 our affiliates or other insurance companies about your transactions with them
	 consumer reporting agencies, Motor Vehicle Departments, and inspection services, to gather your credit history, driving record, claims history, or value and condition of your property
	 other public directories and sources
	third parties, including other insurers, brokers and insurance support organizations who you have communicated with about your policy or claim, anti-fraud databases, sanctions lists, court judgments and other databases, government agencies, open electoral register, or in the event of a claim, third parties including other parties to the claim witnesses, experts, loss adjusters and claim handlers
	 other third parties who take out a policy with us and are required to provide your data such as when you are named as a beneficiary or where a family member has taken out a policy which requires your personal data

Organizations that share data with us may keep it and disclose it to others as permitted by law. For data about how we have gathered personal data in the past twelve months, please go to link.co/caprivacynotices and click on the link for the California Privacy Policy (Consumers).

How Do We Use Your Personal Data?

Liberty Mutual uses your data to provide you with our products and services, and as otherwise provided in this Privacy Notice. We may use your data and the data of our former customers for our business and other compatible purposes. Our business purposes include, for example:

Business Purpose	<u>Data Categories</u>	Do we share or sell your information as defined by CPRA
Market, sell and provide insurance. This includes, for example:	 Identifiers Personal Information Protected Classification Characteristics Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data Sensitive Data 	• No

Business Purpose	Data Categories	Do we share or sell
	<u> </u>	your information as defined by CPRA
Manage your claim. This includes, for example: • managing your claim, if any; • conducting claims investigations; • conducting medical examinations; • conducting inspections, appraisals; • providing roadside assistance; • providing rental car replacement or repairs;	 Identifiers Personal Information Protected Classification Characteristics Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data 	• No
Day to Day Business and Insurance Operations. This includes, for example:	 Identifiers Personal Information Protected Classification Characteristics Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data 	• No
 Security and Fraud Detection. This includes, for example: detecting security issues; protecting against fraud or illegal activity, and to comply with regulatory and law enforcement authorities; managing risk and securing our systems, assets, infrastructure, and premises; help to ensure the safety and security of Liberty staff, assets, and resources, which may include physical and virtual access controls and access rights management; supervisory controls and other monitoring and reviews, as permitted by law; and emergency and business continuity management; 	 Identifiers Personal Information Protected Classification Characteristics Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data 	• No

Business Purpose	<u>Data Categories</u>	Do we share or sell your information as defined by CPRA
Regulatory and Legal Requirements. This includes for example:	 Identifiers Personal Information Protected Classification Characteristics Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data 	• No
Improve Your Customer Experience and Our Products. This includes, for example: improve your customer experience, our products, and service; to provide support, personalize, and develop our website, products, and services; create and offer new products and services;	 Identifiers Personal Information Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data 	• No
Analytics to identify, understand, and manage our risks and products. This includes, for example: • conducting analytics to better identify, understand, and manage risk and our products;	 Identifiers Personal Information Protected Classification Characteristics Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information; Risk data Claims data Sensitive Data 	• No

Business Purpose	<u>Data Categories</u>	Do we share or sell your information as defined by CPRA
Customer service and technical support. This includes, for example: answer questions and provide notifications; provide customer and technical support.	 Identifiers Personal Information Commercial Information Internet or other similar network activity Professional or employment related information Inferences drawn from other personal information Risk data Claims data 	• No
Cross-Context Behavioral Advertising	 Identifiers IP address Internet or other similar network activity 	We share this information with service providers such as search engines and social media platforms.

Liberty Mutual will not collect additional categories of personal information or use the personal information we collected for materially unrelated, or incompatible purposes without updating our notice.

Do We Disclose Your Personal Data?

Liberty Mutual does not sell your personal data as defined by California law.

Liberty Mutual shares your personal data as disclosed above. The California privacy law defines sharing as "communicating orally, in writing, or by electronic or other means, a consumers personal information, to a third party for cross-context behavioral advertising, whether or not for monetary or other valuable consideration." This occurs when you visit the Liberty Mutual website. Cookies or pixels are deployed that then allow us to show you targeted advertisements when you visit other websites or social media platforms. You have the right to opt-out of this type of sharing and you may learn more about those rights at limi.co/caprivacychoices.

This type of sharing is different from disclosing personal information to other entities to perform a service related to providing insurance or processing your claim. How we disclose data to these types of entities is set forth below.

Liberty Mutual may disclose personal data with affiliated and non-affiliated third parties, including:

- Liberty Mutual affiliates;
- Service Providers (such as auto repair facilities, towing companies, property inspectors, and independent adjusters);
- Insurance support organizations;
- Brokers and agents;
- Public entities (e.g. regulatory, quasi-regulatory, tax or other authorities, law enforcement agencies, courts, arbitrational bodies, and fraud prevention agencies);
- Consumer reporting agencies;
- Advisors including law firms, accountants, auditors, and tax advisors;
- Insurers, re-insurers, policy holders, and claimants;
- Group policyholders (for reporting claims data or an audit);
- A person, organization, affiliates or service providers conducting actuarial or research studies; and
- As permitted by law.

We may also disclose data with other companies that provide marketing services on our behalf or as part of a joint marketing agreement for products offered by Liberty Mutual. We will not disclose your personal data with others for their own marketing purposes.

We may also disclose data about our transactions (such as payment history) and experiences (such as claims made) with you to our affiliates.

Liberty Mutual may disclose the following categories of personal data as needed for business purposes:

Identifiers
Protected Classification Characteristics
Internet or other similar network activity
Inferences drawn from personal data
Claims Data

Personal Data Commercial Data Professional, employment, and education data Risk Data

For information about how we have shared personal information in the past twelve (12) months, please go to lmi.co/caprivacynotices and click on the link for the California Privacy Policy (Consumers).

How Long Does Liberty Mutual Retain Each Category of Personal Data?

We retain your information in accordance with our legal obligations, our records retention policies, or as otherwise permitted by law. For example, we may have a legal obligation to retain information relating to your policies or claims with us. We will delete your data once the legal obligation expires or after the period of time specified in our records retention policies. The period of retention is subject to our review and alteration.

How to Contact Us:

You can submit requests, seek additional information, or obtain a copy of our Privacy Notice in an alternative format by either:

Calling: 800-344-0197

Email: privacy@libertymutual.com

Online: Libertymutualgroup.com/privacy-policy/data-request

lmi.co/caprivacychoices

Postal Address: Liberty Mutual Insurance Company

Attn: Privacy Office 175 Berkeley St. 6th Floor Boston, MA 02116

INDIANA NOTICE TO POLICYHOLDERS

Questions regarding your policy or coverage should be directed to:

PRESIDENTIAL SERVICE TEAM LIBERTY MUTUAL INSURANCE 175 BERKELEY ST BOSTON MA 02116

Telephone: 1-800-344-0197

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

IDOI

Attn: Consumer Services Division 311 West Washington Street, Suite 300 Indianapolis, IN 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at www.in.gov/idoi.



Coverage Is Provided In: Ohio Security Insurance Company

Policy Number: **BZS (25) 62 75 25 52**

Policy Period:

From 04/01/2024 To 04/01/2025

12:01 am Standard Time at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA WINDY HILL PET RANCH 6672 E US HIGHWAY 136 CRAWFORDSVILLE, IN 47933 (330) 539-6332 THOMPSON INSURANCE GROUP LLC 984 TIBBETTS WICK RD GIRARD, OH 44420-1120

Named Insured Is: INDIVIDUAL

Named Insured Business Is: KENNEL

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.

SUMMARY OF COVERAGE PARTS AND CHARGES

These Declarations together with the Businessowners Coverage Form (and other applicable forms and endorsements, if any, issued to form a part of them) complete this policy.

COVERAGE PART	CHARGES
Commercial Protector	\$2,156.00

Total Charges for all of the above coverage parts: \$2,156.00 Certified Acts of Terrorism Coverage: \$11.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

Issue Date 02/01/2024 Authorized Representative



Coverage Is Provided In: Ohio Security Insurance Company

Policy Number: BZS (25) 62 75 25 52

Policy Period:

From 04/01/2024 To 04/01/2025

12:01 am Standard Time at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA

(330) 539-6332 THOMPSON INSURANCE GROUP LLC

SUMMARY OF LOCATION(S) & PREMIUM(S)

0001 6672 E Us Highway 136, Crawfordsville, IN 47933-9497

\$2,127.00

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 03 07 13	Businessowners Coverage Form
BP 01 35 11 21	Indiana Changes
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 65 01 15	Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 14 45 12 10	Indiana Changes - Workers Compensation Exclusion
BP 15 04 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
BP 79 19 09 16	Businessowners Property Extension Endorsement
BP 79 74 07 13	Amendment of Pollution Exclusion (Premises)
BP 79 96 09 16	Businessowners Liability Extension Endorsement
BP 80 65 01 07	Spoilage Coverage Endorsement
BP 81 15 03 11	Exclusion - Asbestos
BP 82 37 08 15	Equipment Breakdown Coverage Endorsement
BP 82 45 09 16	Animal/Pet Endorsement
BP 88 04 03 14	Exclusion - Professional Services (Real Estate Agents, Insurance Agents, Travel Agents, Financial Services, Computer Software, Insurance Operations)
BP 88 16 09 20	Business Income Changes - 24 Hour Time Period
BP 88 77 07 13	Identity Theft Administrative Services and Expense Coverage
BP 88 78 07 13	Business Personal Property Limit - Automatic Increase
BP 89 11 09 16	Animal Services Professional Liability



Coverage Is Provided In: Ohio Security Insurance Company

Policy Number:

BZS (25) 62 75 25 52

Policy Period:

From 04/01/2024 To 04/01/2025

12:01 am Standard Time at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA

(330) 539-6332 THOMPSON INSURANCE GROUP LLC

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 89 38 07 19	Non-Cumulation of Liability Limits (Same Occurrence)
BP 90 38 01 21	Cyber Incident Exclusion
BP 90 99 03 22	Exclusion - PFC/PFAS
BP 91 00 10 22	Exclusion - Biometric Information Privacy Claim
IL 70 13 02 08	Amendment of Definition of Pollutants

In witness whereof, we have caused this policy to be signed by our authorized officers.

Damon Hart Secretary Hamid Mirza President



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number: **BZS (25) 62 75 25 52**

Policy Period:

From 04/01/2024 To 04/01/2025 12:01 am Standard Time at Insured Mailing Location

Commercial Protector Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA

(330) 539-6332 THOMPSON INSURANCE GROUP LLC

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	2,000,000
	Other than Products-Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	1,000,000
	Medical Expenses (Any One Person)	15,000
Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$2,127.00
	Businessowners Other Coverage(s) Total	\$18.00
	Certified Acts of Terrorism Coverage	\$11.00

Total Charges: \$2,156.00

Note: This is not a bill



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number: **BZS (25) 62 75 25 52**

Policy Period:

From 04/01/2024 To 04/01/2025 12:01 am Standard Time at Insured Mailing Location

Commercial Protector Declarations Schedule

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA

(330) 539-6332 THOMPSON INSURANCE GROUP LLC

SUMMARY OF COVERAGES BY LOCATION

0001 6672 E Us Highway 136, Crawfordsville, IN 47933-9497				
Property Characteristics	Description:			
	Construction: Frame			
Business Personal Property Coverage	Occupancy: Kennels			
	DESCRIPTION			
	Limit of Insurance		68,449	
	Covered Causes of Loss		·	
	Special Form			
	Deductible		\$500	
	Automatic Increase Business Personal Property		2%	
		Premium	\$2,127.00	
Spoilage	DESCRIPTION			
	Limit of Insurance		5,000	
	Deductible		\$500	
		Premium	Included	



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number: **BZS (25) 62 75 25 52**

Policy Period:

From 04/01/2024 To 04/01/2025

12:01 am Standard Time at Insured Mailing Location

Commercial Protector Declarations Schedule

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

MARY BARNETT DBA

(330) 539-6332 THOMPSON INSURANCE GROUP LLC

SUMMARY OF OTHER COVERAGES

Employee Dishonesty Including Forgery and Alteration	DESCRIPTION		
	Limit of Insurance		25,000
	Number of Employees		2
	Deductible		\$500
		Premium	Included
Property Extension Endorsement	DESCRIPTION		
	See Endorsement		
		Premium	\$6.00
Identity Recovery Coverage for Defined Individuals	DESCRIPTION		
	See Endorsement		
		Premium	\$12.00
Businessowners Location(s) Total Businessowners Other Coverage(s) Total			\$2,127.00
			\$18.00
Businessowners Schedule Total			\$2,145.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ASBESTOS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II - Liability is amended as follows:

This insurance does not apply to:

"Bodily injury", "property damage", or "personal and advertising injury" arising out of or related in any way to asbestos or asbestos-containing materials.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CYBER INCIDENT EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

- A. The exclusion set forth in Paragraph B. below applies to all coverage under Section I Property in all forms and endorsements that comprise this Businessowners Policy, except as provided in Paragraph C. Exceptions And Limitations below. This includes but is not limited to forms or endorsements that cover property damage to buildings or personal property and forms or endorsements that cover business income, extra expense or action of civil authority.
- **B.** We will not pay for loss or damage caused directly or indirectly by the following:

Cyber Incident, meaning:

- 1. Unauthorized access to or use of any computer system or computer software (including electronic data).
- 2. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system or computer software (including electronic data) and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system or computer software (including electronic data) or otherwise disrupt their normal functioning or operation.
- **3.** Denial of service attack which disrupts, prevents or restricts access to or use of any computer system or computer software (including electronic data), or otherwise disrupts their normal functioning or operation.

Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

C. Exceptions And Limitations

1. Fire Or Explosion

If a cyber incident as described in Paragraphs **B.1.** through **B.3.** of this exclusion results in fire or explosion, we will pay for the direct physical loss or damage caused by that fire or explosion.

2. Additional Coverage

The exclusion in Paragraph B. does not apply to the extent that coverage is provided in the:

- a. Additional Coverage Electronic Data; or
- **b.** Additional Coverage Interruption Of Computer Operations.

3. Computer Fraud And Funds Transfer Fraud Endorsement

The exclusion in Paragraph **B.** does not apply to the Computer Fraud And Funds Transfer Fraud endorsement when attached to your policy.

4. Electronic Commerce Endorsement

The exclusion in Paragraph **B.** does not apply to the Electronic Commerce (E-Commerce) endorsement when attached to your policy.

5. Data Compromise Coverage

The exclusion in Paragraph **B.** does not apply to the Data Compromise Coverage endorsement when attached to your policy.

6. CyberOne Coverage

The exclusion in Paragraph **B.** does not apply to the CyberOne Coverage endorsement when attached to your policy.

7. Cyber Suite Coverage Endorsement

The exclusion in Paragraph **B.** does not apply to the Cyber Suite Coverage Endorsement when attached to your policy.

D. Vandalism

The following is added to Vandalism:

Vandalism does not include a cyber incident as described in Paragraph B.

E. The terms of this exclusion or the inapplicability of this exclusion to a particular loss, do not serve to create coverage for any loss that would otherwise be excluded under this Businessowners Policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PFC/PFAS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II – Liability is amended as follows:

A. B. Exclusions is amended by added the following:
Perfluorinated Compounds Or Per- And Polyfluoroalkyl

Substances This insurance does not apply to:

- **a.** "Bodily injury", "property damage", or "personal and advertising injury" arising out of the actual, alleged, threatened or suspected inhalation of, ingestion of, contact with, exposure to, existence of, or presence of "PFC/PFAS"; or
- **b.** Any loss, cost, or expense arising out of any:
 - (1) Request, demand, order, or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify, neutralize, remediate, dispose of, or in any way respond to or assess the effects of "PFC/PFAS" by any insured or on behalf of any person, entity, or governmental authority.
 - (2) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, remediating, disposing of, or in any way assessing the effects of "PFC/PFAS".

This exclusion applies whether the substances listed above are alone or combined with any other substances or factors, whether included as a component part of a product or otherwise.

This exclusion applies regardless whether such exposure occurs within or outside a building.

B. The following definition is added to F. Liability And Medical Expenses Definitions:

"PFC/PFAS" means Perfluorinated compounds (PFC) or per- and polyfluoroalkyl substances (PFAS) including, but not limited to, perfluorooctanoic acid (PFOA), perfluorooctane sulfonic acid (PFOS), perfluorononanoic acid (PFNA), perfluorobutyric acid (PFBA), perfluorobutane sulfonic acid (PFBS), perfluoropentanoic acid (PFPeA), perfluorohexane sulfonic acid (PFHxS), GenX, C8 (perfluorinated carboxylic acid), ADONA, perfluorohexanoic acid (PFHxA), perfluoroheptanoic acid (PFHpA), perfluoroctane sulfonamide (PFSOA), perfluorodecanoic acid, (PFDA), perfluorodecanoic acid (PFDOA), perfluorotridecanoic acid (PFTDA), perfluorotetradecanoic acid (PFTDA), or 6:2 fluorotelomer sulfonate (6:2 FTS) or any associated salts, acids, alcohols, precursor chemicals or related higher homologue chemicals.

The addition of this endorsement does not imply that other policy provisions, including but not limited to any pollution exclusion, do not exclude coverage for PFC-related or PFAS-related damages, expense, loss, demand, claim, liability or legal obligation.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – BIOMETRIC INFORMATION PRIVACY CLAIM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II – Liability is amended as follows:

A. The following exclusion is added to Paragraph **B. Exclusions**:

Biometric Information Privacy Claim

This insurance does not apply to:

"Bodily injury", "property damage", or "personal advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate any federal, state, local, province, Native American tribe or tribal nation law, or other governmental division or subdivision law that regulates or restricts the collection, storage, use, conversion, retention, sharing and/or publication in any manner, and/or disposal of "biometric information", including, but not limited to, violations of any notifications, disclosures, sale, or authorizations related to such "biometric information".

B. The following definition is added to Paragraph **F. Liability And Medical Expenses Definitions**:

"Biometric information" means any:

- 1. Biometric identifier including, but not limited to, a retina or iris scan, fingerprint, handprint, voiceprint, scan of hand, finger, ear, or face geometry, eye or finger vein verification, handwriting or signature, deoxyribonucleic acid (DNA), or any other personally identifiable measurable biological, physiological, behavioral, or immutable characteristic of an individual or individuals; or
- **2.** Biometric information, including any information, regardless of how captured, converted, stored or shared, which is based on biometric identifiers used to identify an individual.