

**EXHIBIT A**

Request for Services, Ambulance Services Document in its entirety  
Contractors Response to RFS including  
Signed Certificate of Non-collusion, Certificate of Authorization and Tax Compliance forms  
Performance Bond  
Certificate of Insurance

# REPORT

Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Immunization and Control  
1600 Clifton Road, NE  
Atlanta, Georgia 30333

## ***Portfolio of Coverage***

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### ***Especially Designed For:***

WEST BROOKFIELD RESCUE SQUAD, INC  
PO BOX 540  
WEST BROOKFIELD, MA 01585-0000



***Underwritten by***  
**National Union Fire Insurance Company of Pittsburgh, PA.**

Policy Number  
VFNU-TR-0018824-04/000

**SCHEDULE OF FORMS AND ENDORSEMENTS**

Named Insured WEST BROOKFIELD RESCUE SQUAD, INC

Effective Date: 08-01-24

12:01 A.M., Standard Time

Agency Name VFIS

**COMMON POLICY FORMS AND ENDORSEMENTS**

89644	06-13	ECONOMIC SANCTIONS ENDORSEMENT
VCO300	01-20	COMMON POLICY CONDITIONS
125595	03-20	FEDERAL SHARE OF COMPENSATION UNDER TRIA
965560	03-20	POLICYHOLDER DISCLOSURE NOTICE OF TERROR
CG 21 70	01-15	CAP ON LOSSES FROM CERTIFIED ACTS OF TER
IL 09 52	01-15	CAP ON LOSSES FROM CERT ACTS/TERRORISM
VCOMA2	01-21	MASSACHUSETTS CHANGES - INTENTIONAL LOSS

**PROPERTY FORMS AND ENDORSEMENTS**

VPR101	11-23	EMERGENCY SERVICE ORGANIZATION PROPERTY
VPR315	11-23	MISCELLANEOUS CHANGES - MECHANIC'S TOOLS
VPR319	01-20	CRISIS INCIDENT RESPONSE COVERAGE
VPRMA1	01-20	MASSACHUSETTS CHANGES

**CRIME FORMS AND ENDORSEMENTS**

VCR105	01-20	EMPLOYEE DISHONESTY COVERAGE FORM (COVER
VCR300	01-20	CRIME GENERAL PROVISIONS
VCR109	01-20	ADDITIONAL COVERAGES COMPUTER AND FUNDS
VCR110	01-20	IDENTITY FRAUD EXPENSE COVERAGE FORM

**PORTABLE EQUIPMENT FORMS AND ENDORSEMENTS**

CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
PE1001	11-23	EMERGENCY SERVICE ORGANIZATION PORTABLE

**GENERAL LIABILITY FORMS AND ENDORSEMENTS**

VGL101	11-23	EMERGENCY SERVICE ORGANIZATION GENERAL L
VGL212	01-20	EXCLUSION ELECTRONIC INFORMATION SECURIT
VGL312	01-20	AMENDMENT - LIMITS OF INSURANCE
VGL317	01-20	LINE OF DUTY ACCIDENTAL DEATH BENEFITS
VGLMA1	11-23	MASSACHUSETTS CHANGES
GGL330	01-20	MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICL

**MANAGEMENT LIABILITY FORMS AND ENDORSEMENTS**

VML101	11-23	EMERGENCY SERVICE ORGANIZATION MANAGEMEN
VML304	01-20	AMENDMENT - LIMITS OF INSURANCE
VML306	01-20	CYBER LIABILITY AND PRIVACY CRISIS MANAG
VML310	11-23	AMENDATORY ENDORSEMENT MANAGEMENT LIABIL
VMLMA1	01-20	MASSACHUSETTS CHANGES

**EXCESS FORMS AND ENDORSEMENTS**

CX0001	04-13	COMMERCIAL EXCESS LIABILITY COVRG FORM
CX2101	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDO
CX2113	04-13	EXCLUSION - FUNGI OR BACTERIA
CXE0112	01-20	PER LOCATION AGGREGATE LIMIT OF INSURANC
CXE0172	01-20	FIREWORKS OR PYROTECHNICS EXCLUSION
CXE0279	01-20	SUBLIMITED COVERAGES ENDORSEMENT
CXE0286	01-20	ERISA EXCLUSION
CXE0323	01-20	SPECIFIED SUBLIMITED COVERAGE
CXE0328	01-20	PRODUCTS-COMPLETED OPERATIONS AGGREGATE
CXEG0287	01-20	EMERGENCY SERVICE ORGANIZATION AMENDATOR
CXEG0297	01-20	OTHER VALID AND COLLECTIBLE INSURANCE AM
CXEG0324	01-20	CYBER LIABILITY COVERAGE SUBLIMIT



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CXEG0329	01-20	UNMANNED AIRCRAFT LIABILITY COVERAGE SUB CAP ON LOSSES FROM CERTFD ACTS OF TERROR
CX2130	01-15	

**POLICYHOLDER NOTICES**

118477	03-15	POLICYHOLDER NOTICE - TAXES, ASSESSMENTS POLICYHOLDER NOTICE AIG PRIVACY NOTICE
91222	09-16	
AGLC105774	01-22	

Named Insured: WEST BROOKFIELD RESCUE SQUAD, INC  
Policy Number: VFNU-TR-0018824-04/000  
Policy Period: From 08/01/2024 To 08/01/2025

## PROPERTY COVERAGE PART DECLARATIONS

### Property Schedule Summary

Premises Number	Item Number	Address	Occupancy	Real Property Limit	Personal Property Limit
001	001	18 W MAIN ST WEST BROOKFIELD MA 01585	AMBULANCE/RESCUE BUILDING	Not Covered	\$11,393
001	002	18 W MAIN ST WEST BROOKFIELD MA 01585	STORAGE	Not Covered	\$28,466

Estimated Coverage Part Premium: \$	200.00
Taxes, Fees and Surcharges \$	
Total Premium: \$	200.00

Named Insured: WEST BROOKFIELD RESCUE SQUAD, INC  
 Policy Number: VFNU-TR-0018824-04/000  
 Policy Period: From 08/01/2024 To 08/01/2025

## PROPERTY COVERAGE PART DECLARATIONS

### Schedule of Property Coverage

Premises #: 1      Item #: 1

Address:  
 18 W MAIN ST  
 WEST BROOKFIELD, MA 01585

Occupancy:  
 AMBULANCE/RESCUE BUILDING

Coverages	Limit of Insurance	Inflation Guard
A. Real Property	Not Covered	
B. Personal Property	\$11,393	
C. Loss of Income	24 Months Actual Loss Sustained	4%
D. Extra Expense	24 Months Actual Loss Sustained	
Mine Subsidence	Not Covered	

Coverage Details	Valuation Method	Coinsurance
Real Property		
Personal Property	RC Replacement Cost	N/A

Deductible Details		
Policy Deductible	250	Per Occurrence
Earthquake Deductible	570	Per Item
Flood Deductible	1,000	Per Premises
Mine Subsidence Deductible		Per Premises

Named Insured: WEST BROOKFIELD RESCUE SQUAD, INC  
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 Policy Period: From 08/01/2024 To 08/01/2025

## PROPERTY COVERAGE PART DECLARATIONS

### Schedule of Property Coverage

Premises #: 1      Item #: 2

Address:  
 18 W MAIN ST  
 WEST BROOKFIELD, MA 01585

Occupancy:  
 STORAGE

<u>Coverages</u>	<u>Limit of Insurance</u>	<u>Inflation Guard</u>
A. Real Property	Not Covered	
B. Personal Property	\$28,466	4%
C. Loss of Income	24 Months Actual Loss Sustained	
D. Extra Expense	24 Months Actual Loss Sustained	
Mine Subsidence	Not Covered	
 <u>Coverage Details</u>	 <u>Valuation Method</u>	 <u>Coinsurance</u>
Real Property		
Personal Property	RC Replacement Cost	N/A
 <u>Deductible Details</u>		
Policy Deductible	250	Per Occurrence
Earthquake Deductible	1,423	Per Item
Flood Deductible	1,000	Per Premises
Mine Subsidence Deductible		Per Premises



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CRISIS INCIDENT RESPONSE COVERAGE

This endorsement modifies insurance provided under the following:

### PROPERTY COVERAGE PART

#### SCHEDULE

Crisis Incident Limit of Insurance: \$ 25,000 Any One Crisis Incident

#### A. Crisis Response Management Expense

We will pay "crisis response management expense" incurred by you as a result of a covered "crisis incident".

#### B. Post-Crisis Counseling Services

We will pay expenses incurred by you for "post-crisis counseling services" provided to your "member(s)" following a covered "crisis incident".

#### C. Loss Payment

The most we will pay in any one "crisis incident" is the lesser of:

1. The actual cost you incur for all "crisis response management expense" and "post-crisis counseling services"; or
2. The Crisis Incident Limit of Insurance shown in the Schedule above.

The "crisis response management expense" and the cost for "post-crisis counseling services" must be incurred and submitted within 12 months of the first published news media report. The expiration of this policy will not reduce the 12 month period.

#### D. Deductible

No deductible applies to this coverage.

#### E. Definitions

1. "Crisis incident" means any of the following acts that result in significant "news media coverage" of the named insured:
  - a. An actual, attempted, or threatened violent act occurring at a "premises" committed with malicious intent to cause "serious bodily injury" or death to a person or person(s); the abduction or kidnapping of a person from a "premises"; or a sexual assault at a "premises".
  - b. A criminal act which is alleged to have been committed by a "member" of your organization, including but not limited to arson, theft, or sexual assault.
  - c. The performance of your "operations" in response to an "emergency situation".All related acts committed by one or more individual(s) shall be considered one "crisis incident."

Named Insured:  
WEST BROOKFIELD RESCUE SQUAD,  
INC

Policy Number: VFNU-TR-0018824-04/000  
Policy Period: From 08-01-2024  
To 08-01-2025

### CRIME COVERAGE PART DECLARATIONS

Estimated Coverage Part Premium: \$ 126.00

Taxes, Fees and Surcharges:

Total Premium: \$ 126.00

### Crime Forms

See Schedule of Forms and Endorsements.



**Named Insured:**WEST BROOKFIELD RESCUE SQUAD,  
INC

Policy Number: VFNU-TR-0018824-04/000

Policy Period: From 08-01-2024

To 08-01-2025

**CRIME COVERAGE PART DECLARATIONS****Employee Dishonesty – Blanket****Covered Entity:**

WEST BROOKFIELD RESCUE SQUAD, INC

**Limit of Insurance**

\$ 10,000

**Deductible**

None

**Faithful Performance**

No

**SPECIFIC EXCESS LIMIT OF INSURANCE – NAME SCHEDULE**Names of Covered "Employees"Excess Limit of  
Insurance Each  
"Employee"Faithful  
Performance**SPECIFIC EXCESS LIMIT OF INSURANCE – POSITION SCHEDULE**Titles of Positions /  
Name of Covered EntitiesNumber of  
"Employees" in  
Each PositionExcess Limit of  
Insurance Each  
"Employee"Faithful  
Performance

**Named Insured:**  
WEST BROOKFIELD RESCUE SQUAD,  
INC

**Policy Number:** VFNU-TR-0018824-04/000  
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To 08-01-2025

**CRIME COVERAGE PART DECLARATIONS**

**Computer Fraud**

**Covered Entity:**  
WEST BROOKFIELD RESCUE SQUAD, INC

Limit of Insurance		Deductible
\$	10,000	None

**Named Insured:**  
WEST BROOKFIELD RESCUE SQUAD, INC

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To 08-01-2025

### CRIME COVERAGE PART DECLARATIONS

#### Fraudulent Impersonation Coverage

**Covered Entity:**

WEST BROOKFIELD RESCUE SQUAD, INC

**Limit of Insurance**

\$10,000

**Deductible**

None



**Named Insured:**  
WEST BROOKFIELD RESCUE SQUAD,  
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## CRIME COVERAGE PART DECLARATIONS

### Identity Fraud Expense

**Covered Entity:**  
WEST BROOKFIELD RESCUE SQUAD, INC

**Limit of Insurance**

**Deductible**

\$ 10,000

None

### Persons Not Covered

Named Insured:

WEST BROOKFIELD RESCUE SQUAD, INC

Policy Number: VFNU-TR-0018824-04/000

Policy Period: From 08-01-2024

To 08-01-2025

## PORTABLE EQUIPMENT COVERAGE PART DECLARATIONS

### Schedule of Portable Equipment Coverage

Coverage	Limit of Insurance	Deductible
Coverage A Blanket	Guaranteed Replacement Cost	\$ 250
Coverage B Scheduled	NONE	NONE

Estimated Coverage Part Premium: \$ 423.00

Taxes, Fees and Surcharges:

Total Premium: \$ 423.00

### Portable Equipment Forms

See Schedule of Forms and Endorsements



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To 08-01-2025

## GENERAL LIABILITY COVERAGE PART DECLARATIONS

### Limits of Insurance

Each Occurrence or Medical Incident	\$ 1,000,000	
Medical Expense	\$ 5,000	Any One Person
Personal & Advertising Injury	\$ 1,000,000	
General Aggregate	\$ 10,000,000	
Products - Completed Operations Aggregate	\$ 10,000,000	
Products - Completed Operations are subject to the General Aggregate limit unless indicated otherwise		
Employers' Liability	NOT COVERED	
Bodily Injury by Accident	\$	Each Accident
Bodily Injury by Disease	\$	Policy Limit
Bodily Injury by Disease	\$	Each Employee or Volunteer

Estimated Coverage Part Premium: \$ 1,698.00

Taxes, Fees and Surcharges:

Total Premium: \$ 1,698.00

### General Liability Forms

See Schedule of Forms and Endorsements.



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## MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

THIS IS CLAIMS MADE COVERAGE. PLEASE READ THE POLICY CAREFULLY.

### Limits of Insurance

Aggregate Limit	\$ 10,000,000	Coverage A and B Combined
Coverage A	\$ 1,000,000	Each Wrongful Act or Offense
Coverage B	\$ 100,000	Each Action for Injunctive Relief
Deductible (Coverage A only)	\$ 0	Each Wrongful Act or Offense

Estimated Coverage Part Premium: \$ 1,887.00

Taxes, Fees and Surcharges:

Total Premium: \$ 1,887.00

### Management Liability Forms

See Schedule of Forms and Endorsements

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## **CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE**

**COVERAGE C AND COVERAGE D ARE FOR EVENTS DISCOVERED DURING THE POLICY PERIOD  
PLEASE READ THE ENTIRE FORM CAREFULLY**

This endorsement modifies insurance provided under the following:

MANAGEMENT LIABILITY COVERAGE PART

### **Schedule**

#### **Coverage C Cyber Liability**

Cyber Liability Each Event Limit: \$1,000,000 each "electronic information security event"

Cyber Liability Retroactive Date: NONE

#### **Coverage D Privacy Crisis Management Expense**

Privacy Crisis Management Expense Each Event Limit: \$50,000 each "privacy event"

Privacy Crisis Management Expense Retroactive Date: NONE

Deductible for Coverage D Privacy Crisis Management Expense: \$0 each "privacy event"

#### **Coverage E Cyber Extortion Expense**

Cyber Extortion Expense Each Event Limit: \$20,000 each "cyber extortion threat"

Deductible for Coverage E Cyber Extortion Expense: \$0 each "cyber extortion threat"

#### **Coverage D and Coverage E Aggregate Limit of Insurance**

Privacy Crisis Management Expense and Cyber Extortion Expense Aggregate Limit: \$50,000 aggregate

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AMENDATORY ENDORSEMENT MANAGEMENT LIABILITY**

This endorsement modifies insurance provided under the following:

**EMERGENCY SERVICE ORGANIZATION MANAGEMENT LIABILITY COVERAGE FORM**

### **1. HIPAA Fines and Penalties**

#### **HIPAA Fines and Penalties Schedule**

##### **Limit of Insurance**

\$100,000

\$100,000

Each HIPAA Claim

Aggregate

The exclusion for **Fines** in **Section II. Exclusions** is replaced by the following:

##### **Fines**

Fines, penalties and taxes, including those imposed by the Internal Revenue Service code or any similar state or local code.

Except for violations due to willful neglect as defined by the Health Insurance Portability and Accountability Act (HIPAA), this exclusion does not apply to the payment of fines and penalties assessed for HIPAA violations up to the limit of insurance shown in the above HIPAA Fines and Penalties Schedule for the coverage provided under Coverage A. The Each HIPAA Claim Limit of Insurance is part of and not in addition to the Each Wrongful Act Limit shown on the Declarations. The Aggregate Limit of Insurance is part of and not in addition to the Aggregate Limit shown in the Declarations.

### **2. FLSA Defense Expense Insurance**

#### **FLSA Defense Expense Schedule**

##### **Limit of Insurance**

\$100,000

\$100,000

Each FLSA Claim

Aggregate

The exclusion for **Wage and Hour Laws** in **Section II. Exclusions** is replaced by the following:

##### **Wage and Hour Laws**

Back wages, overtime or similar damages if specified by the Fair Labor Standards Act (FLSA) of 1938, as amended, or any other wage or hour laws.

However, we will reimburse Your "defense expense" as a result of a "suit" for such back wages, overtime or similar damages,

Our duty to reimburse Your "defense expense" ends upon payment of the FLSA Claim Limit of Insurance shown in the **Defense Expense Schedule**. The Aggregate Limit of Insurance is the most we will pay for Your "defense expense" arising out of all "suits" in any one policy period.



Named Insured:

WEST BROOKFIELD RESCUE SQUAD, INC

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Policy Period: From 08-01-2024

To 08-01-2025

## COMMERCIAL EXCESS LIABILITY COVERAGE PART DECLARATIONS

**THIS COVERAGE PART CONTAINS CLAIMS MADE COVERAGE.  
PLEASE READ IT CAREFULLY.**

### Limits of Insurance

Each Occurrence Limit \$ 2,000,000

Products - Completed Operations Aggregate Limit \$ 4,000,000  
(where applicable)

Aggregate Limit \$ 4,000,000

Retroactive Date  
(applicable to Claims Made coverages)

See Schedule of Controlling  
Underlying Insurance

Estimated Coverage Part Premium: \$ 4,383.00

Taxes, Fees and Surcharges:

Total Premium: \$ 4,383.00

### Commercial Excess Liability Forms

See Schedule of Forms and Endorsements.

This coverage part consists of these declarations, the schedule of controlling underlying insurance, the schedule of forms and endorsements, and any forms and endorsements we may later attach to reflect changes.

Named Insured:  
WEST BROOKFIELD RESCUE SQUAD, INC

Policy Number: VFNU-TR-0018824-04/000  
Policy Period: From 08-01-2024  
To 08-01-2025

## SCHEDULE OF CONTROLLING UNDERLYING INSURANCE

### Controlling Underlying Insurer

### Type of Coverage

### Limits of Insurance

#### Automobile Liability

Name:  
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA.

Policy Number:  
VFNUCM0018823-04

Policy Period:  
08/01/2024 to 08/01/2025

Bodily Injury Liability – Each Person  
Bodily Injury Liability – Each Accident

Property Damage Liability – Each Accident

or

\$1,000,000 Combined Single Limit

#### General Liability

Name:  
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA.

Policy Number:  
VFNUTR0018824-04

Policy Period:  
08/01/2024 to 08/01/2025

\$1,000,000 Each Occurrence  
\$1,000,000 Personal & Advertising Injury

\$10,000,000 General Aggregate  
\$10,000,000 Products–Completed Operations Aggregate

☒ Occurrence  
☐ Claims Made

#### Management Liability

Name:  
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA.

Policy Number:  
VFNUTR0018824-04

Policy Period:  
08/01/2024 to 08/01/2025

\$1,000,000 Each Wrongful Act or Offense

\$10,000,000 Aggregate

NONE Retroactive Date

☐ Occurrence  
☒ Claims Made

**Named Insured:**  
WEST BROOKFIELD RESCUE SQUAD, INC

**Policy Number:** VFNU-TR-0018824-04/000  
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To 08-01-2025

## SCHEDULE OF CONTROLLING UNDERLYING INSURANCE

**Controlling Underlying Insurer**

**Type of Coverage**

**Limits of Insurance**

### Employer's Liability

**Name:**  
SEE CONTROLLING UNDERLYING INSURANCE

\$100,000 Bodily Injury by Accident – Each Accident

**Policy Number:**

\$500,000 Bodily Injury by Disease – Policy Limit

**Policy Period:**  
to

\$100,000 Bodily Injury by Disease – Each Employee



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SPECIFIED SUBLIMITED COVERAGE**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL EXCESS LIABILITY COVERAGE PART**

#### **SCHEDULE A**

This policy applies to the following coverage contained in the "controlling underlying insurance", subject to the provisions of this endorsement:

**ALL COVERAGE, NOT OTHERWISE EXCLUDED IN THE 'CONTROLLING UNDERLYING INSURANCE',  
FOR 'BODILY INJURY' ARISING OUT OF 'SEXUAL ABUSE'**

#### **SCHEDULE B**

Each Occurrence Limit of Insurance:

**\$2,000,000**

Aggregate Limit of Insurance:

**\$2,000,000**

- A. This insurance applies to the "controlling underlying insurance" coverage listed in Schedule A above, only to the extent that valid "controlling underlying insurance" for such exposure exists or would have existed for the full limits shown under the Schedule of "controlling underlying insurance" but for the exhaustion of underlying limits.
- B. For the purposes of this endorsement, the following is added to **Section II – Limits Of Insurance**:
- (1) The Aggregate Limit of Insurance stated in Schedule B above, is the most we will pay for the sum of all "injury or damage" for the coverage listed in Schedule A above.
  - (2) Subject to Paragraph (1) above, the Each Occurrence Limit of Insurance stated in Schedule B above is the most we will pay for the sum of all "injury or damage", arising out of any one "event", for the coverage listed in Schedule A above.

The above described limits of insurance in paragraphs (1) and (2) are subject to, and not in addition to, the applicable Aggregate Limit or Products-Completed Operations Aggregate Limit shown in the Declarations page of this policy. Any payments under these limits of insurance will reduce the applicable Aggregate Limit or Products-Completed Operations Aggregate Limit.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CYBER LIABILITY COVERAGE SUBLIMIT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL EXCESS LIABILITY COVERAGE PART**

#### **SCHEDULE**

<b>Cyber Liability Each Occurrence Limit Of Insurance:</b>	<b>\$1,000,000</b>
<b>Cyber Liability Aggregate Limit Of Insurance:</b>	<b>\$2,000,000</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. This insurance applies to "injury or damage" attributable to cyber liability only to the extent that valid "controlling underlying insurance" for such cyber liability exists or would have existed but for the exhaustion of underlying limits. Coverage provided will follow the provisions and exclusions of the applicable "controlling underlying insurance" unless otherwise directed by this insurance.
- B. The following is added to **Section II – Limits Of Insurance:**
- (1) The Cyber Liability Aggregate Limit of Insurance shown in the Schedule of this endorsement is the most we will pay for the sum of all "ultimate net loss" for all "injury or damage" attributable to cyber liability covered under this Coverage Part.
  - (2) Subject to Paragraph B.(1) above, the Cyber Liability Each Occurrence Limit of Insurance shown in the Schedule of this endorsement is the most we will pay for the sum of all "ultimate net loss" under this insurance because of all "injury or damage" arising out of any one "electronic information security event" covered under this Coverage Part.

The above described limits of insurance in Paragraphs B.(1) and B.(2) are subject to, and not in addition to, the Aggregate Limit or Products-Completed Operations Aggregate Limit shown in the Declarations page of this policy. Any payments under the Cyber Liability Aggregate Limit of Insurance and Cyber Liability Each Occurrence Limit of Insurance will erode the Aggregate Limit or Products-Completed Operations Aggregate Limit.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **UNMANNED AIRCRAFT LIABILITY COVERAGE SUBLIMIT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL EXCESS LIABILITY COVERAGE PART**

#### **SCHEDULE**

<b>Unmanned Aircraft Liability Each Occurrence Limit Of Insurance:</b>	<b>\$1,000,000</b>
<b>Unmanned Aircraft Liability Aggregate Limit Of Insurance:</b>	<b>\$1,000,000</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. This insurance applies to "injury or damage" attributable to "unmanned aircraft" only to the extent that valid "controlling underlying insurance" for such "unmanned aircraft" exists or would have existed but for the exhaustion of underlying limits. Coverage provided will follow the provisions and exclusions of the applicable "controlling underlying insurance" unless otherwise directed by this insurance.

B. The following is added to **Section II – Limits Of Insurance**:

(1) The Unmanned Aircraft Liability Aggregate Limit of Insurance shown in the Schedule of this endorsement is the most we will pay for the sum of all "ultimate net loss" for all "injury or damage" attributable to "unmanned aircraft" covered under this Coverage Part.

(2) Subject to Paragraph B.(1) above, the Unmanned Aircraft Liability Each Occurrence Limit of Insurance shown in the Schedule of this endorsement is the most we will pay for the sum of all "ultimate net loss" under this insurance because of all "injury or damage" arising out of any one "event" attributable to "unmanned aircraft" covered under this Coverage Part.

The above described limits of insurance in paragraphs B.(1) and B.(2) are subject to, and not in addition to, the Aggregate Limit or Products-Completed Operations Aggregate Limit shown in the Declarations page of this policy. Any payments under the Unmanned Aircraft Liability Aggregate Limit of Insurance and Unmanned Aircraft Liability Each Occurrence Limit of Insurance will erode the Aggregate Limit or Products-Completed Operations Aggregate Limit.

C. The following definition is added to the **Section IV - Definitions**:

"Unmanned aircraft" means an aircraft weighing 15 pounds or less that is not:

1. Designed;
2. Manufactured; or
3. Modified after manufacture;

to be controlled directly by a person from within or on the aircraft.

"Unmanned aircraft" includes equipment used with such "unmanned aircraft", provided such equipment is attached to or essential for its operation.



# ***Commercial Auto Policy***

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## ***Especially Designed For:***

WEST BROOKFIELD RESCUE SQUAD, INC  
PO BOX 540  
WEST BROOKFIELD, MA 01585-0000



*Underwritten by*  
**National Union Fire Insurance Company of Pittsburgh, Pa.**



Policy Number  
VFNU-CM-0018823-04/000

**SCHEDULE OF FORMS AND ENDORSEMENTS**

Named Insured WEST BROOKFIELD RESCUE SQUAD, INC

Effective Date: 08-01-24  
12:01 A.M., Standard Time

Agency Name VFIS

**COMMON POLICY FORMS AND ENDORSEMENTS**

89644	06-13	ECONOMIC SANCTIONS ENDORSEMENT
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT

**AUTOMOBILE FORMS AND ENDORSEMENTS**

AU1002	11-23	AGREED VALUE ENDORSEMENT
AU1005	01-20	WAIVER OF GOVERNMENTAL OR CHARITABLE IMM
AU1007	01-20	COMMANDEERED AUTO DEFINITION ENDORSEMENT
AU1009	01-20	INCIDENTAL GARAGE OPERATIONS
AU1023	01-20	AUTO LIABILITY EXTENSION ENDORSEMENT EME
AU1034	11-23	CLAIM-FREE DEDUCTIBLE WAIVER - AUTO PHYS
AUMA04	01-20	MASSACHUSETTS CARE, CUSTODY OR CONTROL E
AUMA10	01-24	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
AUMA01	11-23	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME
MM 99 11	10-13	MA MAND.ENDT-BUS.AUTO AND MOT.CARRIER
MM 99 28	10-13	UNINSURED MOTORISTS COVG - MA
MM 99 54	10-13	UNDERINSURED MOTORISTS COV - MA
MM 99 35	04-11	PIP COVG - MASS
CA 20 02	10-13	SOUND RECEIVING EQUIP COVG -FIRE, POLICE
CA 20 18	10-13	PROFESSIONAL SERVICES NOT COVERED
CA 28 03	03-23	ABUSE OR MOLESTATION EXCLUSION FOR COVER
MM 99 17	10-13	WAIVER OF DEDUCTIBLE - MA
MM 99 55	10-13	POLLUTION LIAB-BROAD COVG FOR COVD AUTOS

**POLICYHOLDER NOTICES**

118477	03-15	POLICYHOLDER NOTICE - TAXES, ASSESSMENTS
91222	09-16	POLICYHOLDER NOTICE
AGLC105774	01-22	AIG PRIVACY NOTICE



Named Insured:  
WEST BROOKFIELD RESCUE SQUAD, INC

Policy Number: VFNU-CM-0018823-04/000  
Policy Period: From 08-01-2024  
To 08-01-2025

## AUTO COVERAGE PART DECLARATIONS

ITEM ONE: Named Insured - Refer to the Common or Auto Policy Declarations

ITEM TWO: Coverage and Covered Autos

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Covered Autos Liability (combined single limit)	1	\$1,000,000 each accident	\$10,844
Personal Injury Protection (PIP) (or equivalent no-fault coverage)	5	Refer to ITEM THREE and each PIP or added PIP endorsement	\$84
Added Personal Injury Protection (or equivalent added no-fault coverage)	N/A	Separately stated in each added PIP endorsement	
Property Protection Insurance (Michigan Only)	N/A	Separately stated in the P.P.I. endorsement minus Ded. for each accident	
Auto Medical Payments	N/A	Each Insured	
Medical Expense and Income Loss Benefits (Virginia only)	N/A	Separately stated in each Medical Expense and Income Loss Benefits endorsement	
Uninsured Motorists (UM)	2	Refer to ITEM THREE and the Uninsured Motorists endorsement	\$36
Underinsured Motorists (UIM) (when not included in UM coverage)	2	Refer to ITEM THREE and the Underinsured Motorists endorsement	\$1,036
Physical Damage – Comprehensive	7,8	Refer to ITEM THREE and ITEM FOUR (if applicable)	\$2,183
Physical Damage – Specified Causes of Loss	N/A		
Physical Damage – Collision	7,8		\$13,965
Physical Damage – Towing and Labor	N/A	Refer to ITEM THREE	
Other Auto Coverages			
Estimated Coverage Part Premium:			\$28,148.00
Taxes, Fees and Surcharges:			
Total Premium:			\$28,148.00

Named Insured:  
WEST BROOKFIELD RESCUE SQUAD, INC

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ITEM THREE: Schedule of Your Auto Coverage

**Auto Schedule Summary**

Veh. Year Num.	Make	Model	PE Code	V.I.N.	Value
1 1999	FORD	AMB BLS	BLS	1FDXE40F4XHB89528	\$100,000
2 2010	FORD	AMB BLS	BLS	1FDXE4FP2ADA16590	\$300,000
3 2018	JOHN DEERE	GATOR ATV	OTH	1M0615EACJM010211	ACV
4 2016	FORD	AMB ALS	ALS	1FDWE3FS0GDC57342	\$300,000



Named Insured:  
WEST BROOKFIELD RESCUE SQUAD, INC

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Vehicle # 1

Insured's #:  
Insured Entity:

Year: 1999

Make: FORD

Model: AMB BLS

V.I.N.: 1FDXE40F4XHB89528

Valuation: Agreed Value

Use:

Class Code: 791300

State: MA

Territory: 012

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Covered Autos Liability (combined single limit)	\$1,000,000		\$3,147
Personal Injury Protection (PIP)	See Endorsement		\$24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss			
Benefits (VA only)			
Uninsured Motorists (UM)	\$500,000/500,000		\$9
Underinsured Motorists (UIM)	\$500,000/500,000		\$259
Physical Damage - Comprehensive	\$100,000	\$500	\$210
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$100,000	\$500	\$1,001
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$4,650

Vehicle # 2

Insured's #:  
Insured Entity:

Year: 2010

Make: FORD

Model: AMB BLS

V.I.N.: 1FDXE4FP2ADA16590

Valuation: Agreed Value

Use:

Class Code: 791300

State: MA

Territory: 012

Coverages:

	<u>Limit of Insurance</u>	<u>Deductible</u>	<u>Premium</u>
Covered Autos Liability (combined single limit)	\$1,000,000		\$3,147
Personal Injury Protection (PIP)	See Endorsement		\$24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss			
Benefits (VA only)			
Uninsured Motorists (UM)	\$500,000/500,000		\$9
Underinsured Motorists (UIM)	\$500,000/500,000		\$259
Physical Damage - Comprehensive	\$300,000	\$500	\$932
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$300,000	\$500	\$6,376
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$10,747



Named Insured:  
WEST BROOKFIELD RESCUE SQUAD, INC

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Vehicle # 3

Insured's #:  
Insured Entity:

Year: 2018  
Make: JOHN DEERE  
Model: GATOR ATV  
V.I.N.: 1M0615EACJM010211  
Valuation: Actual Cash Value

Use:  
Class Code: 796500  
State: MA  
Territory: 012

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$1,000,000		\$1,163
Personal Injury Protection (PIP)	See Endorsement		\$12
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss			
Benefits (VA only)			
Uninsured Motorists (UM)	\$500,000/500,000		\$9
Underinsured Motorists (UIM)	\$500,000/500,000		\$259
Physical Damage – Comprehensive	ACV	\$500	\$84
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	ACV	\$500	\$187
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$1,714

Vehicle # 4

Insured's #:  
Insured Entity:

Year: 2016  
Make: FORD  
Model: AMB ALS  
V.I.N.: 1FDWE3FS0GDC57342  
Valuation: Agreed Value

Use:  
Class Code: 791300  
State: MA  
Territory: 012

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$1,000,000		\$3,147
Personal Injury Protection (PIP)	See Endorsement		\$24
Added Personal Injury Protection			
Property Protection Insurance (MI only)			
Auto Medical Payments			
Medical Exp. And Income Loss			
Benefits (VA only)			
Uninsured Motorists (UM)	\$500,000/500,000		\$9
Underinsured Motorists (UIM)	\$500,000/500,000		\$259
Physical Damage – Comprehensive	\$300,000	\$500	\$932
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	\$300,000	\$500	\$6,376
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			\$10,747

Named Insured:  
WEST BROOKFIELD RESCUE SQUAD, INC

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ITEM FOUR: Hired, Borrowed, and Commandeered Coverage (if applicable)

### Covered Autos Liability Coverage

Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liability Coverage is Primary)	Premium
MA	IF ANY	\$ .934		\$71
TOTAL HIRED AUTO PREMIUM:				\$71

### Covered Autos Liability Coverage

Rating Basis, Number of Days-  
(For Mobile or Farm Equipment – Rental Period Basis)

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium
TOTAL HIRED AUTO PREMIUM:				

State: MA

### Physical Damage

Coverage	Valuation and Deductible	Estimated Cost of Hire	Premium
Comprehensive	Actual cash value or the cost of repair, whichever is less, minus a \$50 deductible for each covered auto	IF ANY	\$25
Collision	Actual cash value or the cost of repair, whichever is less, minus a \$100 deductible for each covered auto	IF ANY	\$25

Such insurance as is afforded by hired auto physical damage coverage also applies to autos you Commandeer.



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**ITEM FIVE: Non-Ownership Liability**

Named Insured's Business	Rating Basis	Number	Premium
EMERGENCY SERVICE ORGANIZATION	Number of volunteers/employees	18	\$169
Extended coverage			INCL

**Auto Forms**

See Schedule of Forms and Endorsements