

**ALLIANT DEADLY WEAPON RESPONSE PROGRAM (ADWRP)**

**ATTACHING TO AND FORMING PART OF POLICY NO.: PJ1900050**

Issued by **Underwriters** and subject to the Policy Wording, **ALLIANT DEADLY WEAPON RESPONSE PROGRAM** as agreed by Beazley which is taken and read as forming an integral part of this insurance.

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**Policy Number: PJ1900050**

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**Item:**

**1. Named Insured: Bay Cities Joint Powers Insurance Authority (BCJPIA)**

If the Named Insured is a Joint Powers Authority, Insurance Trust or other form of risk sharing pool, the Named Insured includes those members of the Named Insured entity that participate in the program.

**2. Mailing Address of Named Insured: 1750 Creekside Oak Dr., 200 Sacramento, CA 95833**

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**3. Policy Period: From: 1<sup>st</sup> July 2019  
To: 1<sup>st</sup> July 2020**

Both days at 12.01 a.m. Local Standard Time

**4. Retroactive Date: 01 July 2018**

**5. Locations:** As stated within the **Named Insured's** Schedule of Values on file with Alliant Insurance Services, Inc. Automatic Coverage for new locations valued below USD25,000,000 that come on risk during the policy year. 90 days reporting for locations in excess of USD25,000,000..

**6. Limits of Liability:** USD500,000 (for 100%) each and every Deadly Weapon event including Claim Expense, and USD2,500,000 in the annual aggregate.

**7. Sub-Limits of Liability:** The following Sub-Limits of Expense costs are included within, not in addition, to the Limit of Liability and Aggregate expressed in Section 6 above:

**(i) Counselling Services**  
USD 250,000 each and every **Deadly Weapon Event**.

**(ii) Funeral Expenses**  
USD 250,000 each and every **Deadly Weapon Event**.

**(iii) 1<sup>st</sup> Party Property Damage**  
USD 250,000 each and every **Deadly Weapon Event**.

**(iv) Business Interruption**  
USD 250,000 each and every **Deadly Weapon Event**

**(v) Demolition, Clearance, Memorialisation**  
USD 250,000 each and every **Deadly Weapon Event**

**(vi) Extra Expense**  
USD 250,000 each and every **Deadly Weapon Event**

**(vii) Threat**  
USD 250,000 each and every **Deadly Weapon Event**

**(viii) Medical Expenses**  
USD 25,000 per person and **USD500,000** in the annual aggregate

**(ix) Accidental Death and Dismemberment**  
USD 50,000 per person and **USD500,000** in the annual aggregate

8. **Deductible(s):** USD10,000 (for 100%) each and every Deadly Weapon event including Claim Expenses.
9. **Premium:** USD 11,372.00
- Taxes** USD 341.16
- Fees** USD 22.74
- Total Cost:** USD 11,735.90
10. **Dated in London:** 14 August 2019

All other Terms, Clauses and Conditions Remain Unaltered

**Schedule of Insurer(s)**

The Coverages under this Policy are provided based on information, including but not limited to insured locations and values, as provided to the INSURER(S).

We the INSURER(S) in consideration of the payment to us by or on behalf of the Insured of the premium specified herein, do hereby agree to indemnify the Insured or the Insured's Executors and Administrators against loss, damage or liability to the extent and in the manner set forth herein.

The INSURER(S) hereby bind themselves severally and not jointly, each for his own part and not one for another, and therefore each of the INSURER(S) (and his Executors and Administrators) shall be liable only for his own share of his company's proportion of any such loss and of any such expenses.

If the Insured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this policy shall become void and all claim hereunder shall be forfeited.

In Witness whereof the INSURER(S), through their representative(s) duly authorized by them for this purpose have executed and signed this policy.

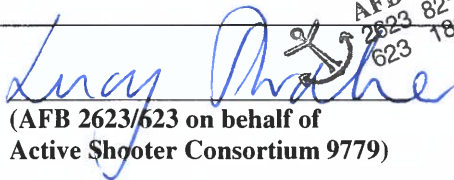
Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

**Several Liability Notice – LSW 1001**

The subscribing Insurer's obligations under contracts of Insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Insurers are not responsible for the subscription of any co-subscribing Insurer who for any reason does not satisfy all or part of its obligations.

**Master Policy Number: PJ1900050**

<b>Syndicate</b>	<b>Written Participation</b>
Active Shooter Consortium 9779	100.0000%
which is made up of:	
Lloyd's Syndicate AFB 2623	27.3400%
Lloyd's Syndicate AFB 623	6.0000%
Lloyd's Syndicate TAL 1183	33.3300%
Lloyd's Syndicate LIB 4472	33.3300%

Signed to Order 100%:   
(AFB 2623/623 on behalf of  
Active Shooter Consortium 9779)

AFB 2623 82%  
623 18%

**NOTICE:**

**1. THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**

**2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**

**3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**

**4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357 OR INTERNET WEB SITE WWW.INSURANCE.CA.GOV. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT WWW.NAIC.ORG.**

**5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**

**6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC’S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF**

**APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR “SURPLUS LINE” BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**

**7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: [WWW.INSURANCE.CA.GOV](http://WWW.INSURANCE.CA.GOV).**

**8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**