

Policy No. MAC E216987 00 00
Renewal Of

POLICY COMMON DECLARATIONS

NAMED INSURED Biocorridor Property Owners AND ADDRESS: 2100 Traditions Blvd Bryan, TX 77807	
IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.	AGENT'S NAME AND ADDRESS: Anco Insurance Services PO Box 3889 Bryan, TX 77805
Insurance is afforded by the Company named below, a Capital Stock Corporation: Great American Insurance Company of New York	
POLICY PERIOD: From 03/24/2017 To 03/24/2018 12:01 A.M. Standard Time at the address of the Named Insured	

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

	Premium
Commercial Property	\$ 3,121.00
Commercial General Liability	
Commercial Crime and Fidelity	
Commercial Inland Marine	
Commercial Equipment Breakdown	
Commercial Auto	
Commercial Umbrella	
Total	\$ 3,121.00

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).	POLICY ALTERNATE MAILING ADDRESS:
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FORMS AND ENDORSEMENTS SCHEDULE

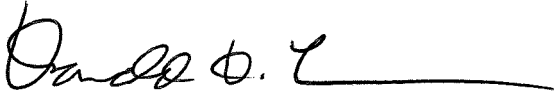
It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edition		Date Added * or Date Deleted	Form Description
1.	IL7001	10-07		BusinessPRO Policy Common Declarations
2.	IL0017	11-98		Common Policy Conditions
3.	IL0275	11-13		Texas Changes - Cancellation and Nonrenewal Provisions for Casualty Lines and Commercial Package Policies
4.	IL0952	01-15		Cap On Losses From Certified Acts Of Terrorism
5.	IL7268	09-09		In Witness Clause
6.	IL7283	08-08		Texas - Loss Prevention Services
7.	IL7324	08-12		Economic And Trade Sanctions Clause
8.	IL7368	04-15		Disclosure Pursuant To Terrorism Risk Insurance Act

* If not at inception

IN WITNESS CLAUSE

In Witness Whereof, we have caused this Policy to be executed and attested, and, if required by state law, this Policy shall not be valid unless countersigned by our authorized representative.



PRESIDENT



SECRETARY

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Schedule

Schedule - Part I	
Terrorism Premium (Certified Acts) \$ 0.00	
This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies): MAC E216987 00 00	
Additional information, if any, concerning the terrorism premium:	
Schedule - Part II	
Federal share of terrorism losses	85% Year: 2015
(Refer to Paragraph B. in this endorsement.)	84% Year: 2016
	83% Year: 2017
	82% Year: 2018
	81% Year: 2019
	80% Year: 2020
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap on Insurer Participation in Payment of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case

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insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SELECT BUSINESS POLICY MULTIPLE DEDUCTIBLE FORM
(FIXED DOLLAR DEDUCTIBLES)**

This endorsement modifies insurance provided under the following:

SELECT BUSINESS POLICY BUILDING AND PERSONAL PROPERTY COVERAGE FORM

Schedule*

The Deductibles applicable to any one occurrence are shown below:

Location No.	Building No.	Deductible	Covered Causes of Loss**
All	All	\$ 1,000	(2) All Covered Causes of Loss except Windstorm or Hail
All	All	\$ 10,000	(5) Windstorm or Hail

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

**For each deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss **except** Windstorm or Hail
- (3) All Covered Causes of Loss **except** Theft
- (4) All Covered Causes of Loss **except** Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the **DEDUCTIBLE** Section:

- A.** In the event that loss or damage occurs to Covered Property at more than one building location as a result of one occurrence, the largest applicable deductible for that Covered Cause of Loss, shown in the Schedule above or in the Declarations, will apply.
- B.** The terms of this endorsement do not apply to any Earthquake Deductible or to any Windstorm or Hail Percentage Deductible provided elsewhere in this Policy.

Policy No. MAC E216987 00 00

SELECT BUSINESS POLICY

NAMED INSURED: Biocorridor Property Owners	POLICY PERIOD: 03/24/2017 to 03/24/2018
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TOTAL PROPERTY PREMIUM:	\$ 3,121.00
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DEDUCTIBLE AMOUNTS:

\$	1,000	In transit
\$	1,000	All other

NOT AT A DESCRIBED LOCATION:

Insurance is provided only for those coverages for which a Limit of Insurance has been inserted:

	Newly Acquired or Constructed Locations	At any other location	In transit, in or on any one conveyance unit
Building	\$ 500,000	\$ 50,000	NOT COVERED
Business Personal Property	\$ 250,000	\$ 50,000	\$ 5,000
Business Income	\$ 100,000	\$ 20,000	NOT COVERED
Extra Expense	\$ 10,000	\$ 10,000	NOT COVERED

DESCRIBED LOCATION(S):

At the locations specified below, insurance is provided for those coverages for which a Limit of Insurance has been inserted:

Location:	Building:	Address:
	See SB8118	

BUILDING:	Limit \$	Valuation
BUSINESS PERSONAL PROPERTY:	Limit \$	Valuation
BUSINESS INCOME INCLUDING EXTRA EXPENSE:	Limit \$	

MORTGAGEHOLDER:

SUPPLEMENTARY DECLARATIONS

A. The coverages below apply per location. If you purchase additional limits for any of these coverages at a specific location, the Limits of Insurance shown at that location will reflect your total limits, including the Limits of Insurance shown below. If there is no separate deductible indicated, the Property Deductible will apply.

\$	5,000	Brands and Labels Expense
\$	5,000	Claims Data Preparation Expense
\$	2,500	Consequential Loss
\$	10,000	Debris Removal
\$	5,000	Fire Department Service Charge
\$	2,500	Fire Protection Device Recharge
\$	5,000	Personal Effects
\$	10,000	Pollutant Clean Up and Removal
\$	5,000	Reward Payment

B. When a Limit of Insurance is shown in the Declarations for Business Income Coverage, the following coverages apply at each described location:

4 Weeks	Civil Authority
90 Days	Extended Business Income

FORMS AND ENDORSEMENTS applicable to this Coverage Part and made a part of this Policy at the time of issue are listed on the attached Forms and Endorsements Schedule, SB 88 01.

**SELECT BUSINESS POLICY
SCHEDULE OF ADDITIONAL PROPERTY LOCATIONS**

Described Locations: At the locations specified below, insurance is provided only for those coverages for which a Limit of Insurance has been inserted.

Schedule of Locations

Loc No.	Bldg. No.	Address	C	V	Coin/BI Opt	Limit of Insurance
1	1	4101 Lake Atlas Dr, Bryan, TX 77807 Tower	BLDG	RC	80%	\$ 700,000
2	1	4107 Lake Atlas Dr, Bryan, TX 77807 Pavilion	BLDG	RC	NONE	\$ 500,000

For additional locations, if any, see the Select Business Policy Schedule of Additional Property Locations attached to this Coverage Part.

All other terms and conditions of this Policy remain unchanged.

SELECT BUSINESS POLICY FORMS AND ENDORSEMENTS EXTENSION SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edition	Date Added * or Date Deleted	Form Description
1.	SB8209 05-16		Select Business Policy Multiple Deductible Form
2.	SB8690 11-15		Select Business Policy
3.	SB8118 05-16		Select Business Policy Schedule of Additional Property Locations
4.	SB8139 02-16		Select Business Policy Declarations Page And Location Schedule Abbreviations Key
5.	SB8601 02-15		Select Business Policy Conditions
6.	SB8602 02-15		Select Business Policy Building and Personal Property Coverage Form
7.	SB8607 02-15		Select Business Policy Extra Expense Coverage Form
8.	SB8114 11-15		Select Business Policy - Business Income Changes - Time Period
9.	SB8172 06-13		Select Business Policy - Exclusion Of Loss Due To Virus Or Bacteria
10.	SB8657 02-15		Texas Amendatory Endorsement
11.	SB8723 11-15		Select Business Policy - Coinsurance

* If not at inception

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SELECT BUSINESS POLICY
BUSINESS INCOME CHANGES - TIME PERIOD**

This endorsement modifies insurance provided under the following:

SELECT BUSINESS POLICY BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FORM

The **Select Business Policy Business Income and Extra Expense Coverage Form** is amended as follows:

- A.** Under section **E. Additional Coverages**, item **1. Civil Authority**, the second paragraph is deleted in its entirety and replaced with the following:

The Civil Authority Coverage for Business Income will begin 72 Hours hours after the time of the first action of civil authority and will apply for a period of up to four consecutive weeks from the date on which such coverage began.

- B.** Under section **H. Optional Coverages**, item **1. Dependent Property Business Income**, paragraph **d.**, **(2)**, **(a)** is deleted in its entirety and replaced with the following:

(a) begins 72 Hours hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the location of the "dependent property"; and

- C.** Under section **H. Optional Coverages**, item **2. Ordinance or Law - Increased Period of Restoration**, paragraph **c.**, **3.**, **a.** is deleted in its entirety and replaced with the following:

a. begins 72 Hours hours after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the described location; and

- D.** Under section **I. Definitions**, item **3. "Period of Restoration"**, paragraph **a.** is deleted in its entirety and replaced with the following:

a. begins 72 Hours hours after the time of direct physical loss or damage for Business Income or Extra Expense Coverage caused by or resulting from any Covered Cause of Loss at the described location; and