

**WORK ORDER**

PURSUANT TO A MASTER AGREEMENT BETWEEN  
THE CITY OF FORT COLLINS  
AND  
ALL COPY PRODUCTS, INC.

**WORK ORDER NUMBER:** 1  
**PROJECT TITLE:** Water, Wastewater and Stormwater Capital Project As-Built Mylars  
**ORIGINAL BID/RFP NUMBER & NAME:** 8775 Scanning Services  
**MASTER AGREEMENT EFFECTIVE DATE:** September 28, 2018  
**OWNER'S REPRESENTATIVE:** Matt Fater  
**WORK ORDER COMMENCEMENT DATE:** June 3, 2019  
**WORK ORDER COMPLETION DATE:** October 31, 2019  
**MAXIMUM FEE:** (time and reimbursable direct costs): See Exhibit B, Compensation  
**PROJECT DESCRIPTION/SCOPE OF SERVICES:** See Exhibit A, Scope of Services

Service Provider agrees to perform the services identified above and on the attached forms in accordance with the terms and conditions contained herein and in the Master Agreement between the parties. In the event of a conflict between or ambiguity in the terms of the Master Agreement and this Work Order (including the attached forms) the Master Agreement shall control.

The attached forms consisting of three (3) pages are hereby accepted and incorporated herein, by this reference, and Notice to Proceed is hereby given after all parties have signed this document.

**SERVICE PROVIDER: All Copy Products, Inc.**

By:  Date: July 2, 2019  
Name: Ray Bailton Title: Managed Services Director

**OWNER'S ACCEPTANCE & EXECUTION:**

This Work Order and the attached Contract Documents are hereby accepted and incorporated herein by this reference.

ACCEPTANCE: DocuSigned by:  
*Matt Fater* Date: June 13, 2019  
0A5283E9071E...  
Matt Fater, Director, Civil Engineering

REVIEWED: DocuSigned by:  
*Marisa Donegan* Date: June 13, 2019  
69261636A29E...  
Marisa Donegan, Buyer

ACCEPTANCE: DocuSigned by:  
*Theresa Connor* Date: July 2, 2019  
228E302074...  
Theresa Connor, Deputy Director, Water Engineering & Field Services

ACCEPTANCE: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT A  
WORK ORDER SCOPE OF SERVICES**

**I. SPECIFICATIONS**

1. Utilities has plans for an immediate project that contains an estimated 13,000 documents to be scanned. The final amount will be determined by the Utilities Project Manager.
2. Physical characteristics of records to be scanned include:
  - a. Size of records: 24" x 36"
  - b. Records contain black-and-white images.
  - c. Records contain one-sided records.
  - d. Service Provider will not scan blank pages.
3. Service Provider shall provide transport to pick up and return records to be scanned from Utilities Service Center at 700 Wood Street in Fort Collins, Colorado, 80521 for no additional fee.
4. Service Provider is responsible for the safekeeping of Utilities' files against theft, loss and/or damage and must keep them in a secure, dry location and take care in handling fragile originals including during transport.
5. Service Provider shall not subcontract any services.
6. Service Provider will be responsible for preparing all records for scanning including checking originals for tears, folded corners and other features that would impact a quality scan of the paper original. Any necessary repairs are the responsibility of the Service Provider once the files are in their possession including repairing all tears with archival tape( to be provided by the City), straightening all folded plans and otherwise make all records ready for processing.
7. Service Provider shall perform routine quality checks on all scanned images. The quality checks should include image clarity, orientation and accuracy.
8. Service Provider will scan in black and white, at 300 DPI, as multi-page PDF files.
9. Documents will be indexed with 4 fields of capture:

Cabinet	<i>Where it was initially housed</i>
Project Name	<i>Unique Identifier</i>
Design Firm	<i>Complete name (Do not abbreviate)</i>
Date	<i>Year, Month (yyyymm)</i>
10. All document output will be configured for proper ingestion into Laserfiche database.
11. Service Provider will return the files in the same order received from the Utilities Project Manager.

## II. TURNAROUND TIME

Service Provider will complete each batch of scanning and return documents back to the City within two weeks. Service Provider will allow Utilities access to all records during regular business hours. If Utilities needs access to records during the scanning process, records will be available within a two-hour window.

## III. SCANNING FACILITY INFRASTRUCTURE

1. Records will be locked in Service Provider's secure 4,000 square foot facility with badge access and second level key access. All scanning and conversion work shall be conducted at Service Provider's facility located at 1635 W. 13th Avenue, Denver, CO 80204. The Utilities Project Manager is invited to tour the scanning facility and meet the team members that will be scanning/handling the files prior to the scanning being performed.

2. Equipment used will be performed by state-of-the-art document scanning equipment including:

- a. (9) Canon DRG1130 high volume production scanners
- b. (1) KIP 7100 wide format scanner, Canon Image Prograf iPF8400 wide format scanner
- c. (1) Triumph 5255 de-spine machine; Kofax scanning software

## IV. METHOD

1. Service Provider will supply necessary boxes to transport the records at no additional fee, and will assist in filling the boxes with files, label boxes for internal tracking, and load boxes on secure truck/van for transport to the Service Provider's scanning facility.

2. Records will be transported and a registration of the number of boxes will be given for certificate or transfer for audit trail. If Utilities would like a spreadsheet of the box number, description of box, and pick-up date, Service Provider will provide this in Excel format.

3. An intake form containing all necessary information will be given by the Service Provider's Project Manager to the team performing the scanning. Work will be performed by certified inhouse scanning service technicians, who have experience in quality control, indexing and verification.

4. Service Provider will conduct a pilot on several files for Utilities to review and approve. If any changes are required, Service Provider will re-run the pilot scans until the Utilities Project Manager is satisfied with the quality. A PDF document containing the indexing methods will be sent to the Utilities Project Manager.

5. Service Provider will review contents of files for duplicates or unneeded records and notify the Utilities Project Manager if any are found. If such files are found, Service Provider will prepare the records for scanning, repair torn or ripped pages, scan records, quality check all images for best quality, orientation and 100% capture, index fields required, and reassemble files.

**ATTACHMENT B  
WORK ORDER COST DETAIL**

Document Processing: \$1.48 per document

The City's payment terms are Net 30.

Pricing is based on the following assumptions:

- Documents are similar in size to Arch D (24" x 36")
- Documents are in good enough shape to pass through scanning rollers

**ATTACHMENT C  
CERTIFICATE OF INSURANCE**



CONTRACTOR shall submit Certificate of Insurance in compliance with the Contract Documents.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2020

12/21/2018

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Lockton Companies 8110 E Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> <span style="float: right;"><b>FAX (A/C. No):</b></span> <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> The Hanover Insurance Company</td> <td style="text-align: center;">22292</td> </tr> <tr> <td><b>INSURER B:</b> Allmerica Financial Benefit Insurance Co</td> <td style="text-align: center;">41840</td> </tr> <tr> <td><b>INSURER C:</b> The Hanover American Insurance Company</td> <td style="text-align: center;">36064</td> </tr> <tr> <td><b>INSURER D:</b> Hiscox Insurance Company, Inc.</td> <td style="text-align: center;">10200</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> The Hanover Insurance Company	22292	<b>INSURER B:</b> Allmerica Financial Benefit Insurance Co	41840	<b>INSURER C:</b> The Hanover American Insurance Company	36064	<b>INSURER D:</b> Hiscox Insurance Company, Inc.	10200	<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															
<b>INSURED</b> 1435649 All Copy Products, Inc. 4141 Colorado Boulevard Denver, CO 80216															

**COVERAGES** **CERTIFICATE NUMBER:** 15666542 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	ZH4D127655	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	AW4D127686	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	UH4D127658	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 Prod-Comp Agg \$ 15,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WZ4D127737	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional/Cyber Liability	N	N	MPL1840482	1/1/2019	1/1/2020	\$5,000,000 Each claim/Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION** See Attachments

15666542 City of Fort Collins 700 Wood Street Fort Collins, CO 80521	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SUMMARY OF COVERAGES

1,	Additional Insured by Contract, Agreement or Permit	Included
2.	<b>Additional Insured — Primary and Non-Contributory</b>	<b>Included</b>
3.	Blanket Waiver of Subrogation	<b>Included</b>
4.	<b>Bodily Injury Redefined</b>	<b>Included</b>
5.	Broad Form Property Damage — Borrowed Equipment, Customers Goods & Use of Elevators	Included
6.	<b>Knowledge of Occurrence</b>	<b>Included</b>
7.	Liberalization Clause	Included
8.	<b>Medical Payments — Extended Reporting Period</b>	<b>Included</b>
9.	Newly Acquired or Formed Organizations - Covered until end of policy period	Included
10,	<b>Non-owned Watercraft</b>	<b>51 ft.</b>
11.	<b>Supplementary Payments Increased Limits</b>	
	- <b>Bail Bonds</b>	<b>\$2,500</b>
	- <b>Loss of Earnings</b>	<b>\$1000</b>
12.	<b>Unintentional Failure to Disclose Hazards</b>	<b>Included</b>
13.	Unintentional Failure to Notify	Included

This endorsement amends coverages provided under the Commercial General Liability Coverage Part through new coverages, higher limits and broader coverage grants.

#### 1. Additional Insured by Contract, Agreement or Permit

The following is added to SECTION II — WHO IS AN INSURED:

**Additional Insured by Contract, Agreement or Permit**

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf, but only with respect to:

**"Your work" for the additional insured(s) designated in the contract, agreement or permit;**

(1) Premises you own, rent, lease or occupy;  
Or

(2) Your maintenance, operation or use of equipment leased to you.

- b. The insurance afforded to such additional insured described above:

(1) Only applies to the extent permitted by law; and

(2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured:



- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.
- (4) Will not be broader than coverage provided to any other insured.
- (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.

**c.** This provision does not apply:

- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
- (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
- (3) To any lessor of equipment:
  - (a) After the equipment lease expires; or
  - (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
- (4) To any:
  - (a) Owners or other interests from. whom land has been leased which takes place after the lease for the land expires; or
  - (b) Managers or lessors of premises if:
    - (i) The occurrence takes place after you cease to be a tenant in that premises; or
    - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
- (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and

advertising injury" involved the rendering of or failure to render any professional services by or for you.

**d.** With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III — LIMITS OF INSURANCE:**

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

- 1. Required by the contract, agreement or permit described in Paragraph a.; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**2. Additional Insured — Primary and Non-Contributory**

The following is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 4. **Other insurance: Additional Insured — Primary and Non-Contributory**

If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II — WHO IS AN INSURED**, is primary and non-contributory, the following applies: If other valid and collectible insurance is available to the Additional Insured for a loss covered under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

**a.** Primary Insurance

This insurance is primary to other insurance that is available to the Additional Insured which covers the Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:

- (1) For the sole negligence of the Additional Insured;
- (2) When the Additional Insured is an Additional Insured under another primary liability policy; or
- (3) when b. below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below.

ZH4 D127655

b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
  - (c) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property damage" to premises rented to the Additional Insured or temporarily occupied by the Additional with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I - COVERAGE A — BODILY INJURY AND PROPERTY DAMAGE LIABILITY.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other Insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each

- a. worked on; or
- b. used in your manufacturing process.

insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers

3. Blanket Waiver of Subrogation

The following is added to SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damage under this coverage form. The damage must arise out of your activities under a written contract with that person or organization. This waiver applies only to the extent that subrogation is waived under a written contract executed prior to the "occurrence" or offense giving rise to such payments.

4. Bodily Injury Redefined

SECTION V — DEFINITIONS, Definition 3. "bodily injury" is replaced by the following:

- 3. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

5. Broad Form Property Damage — Borrowed Equipment, Customers Goods, Use of Elevators

- a. SECTION I — COVERAGES, COVERAGE A — BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions subparagraph j. is amended as follows:

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.

- b. The following is added to SECTION V — DEFINITIONS:

24. "Customers goods" means property of your customer on your premises for the purpose of being:

**10. Non-Owned Watercraft  
SECTION I — COVERAGES, COVERAGE A**

- c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent

**6. Knowledge of Occurrence**

The following is added to SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2. Duties in the Event of Occurrence, Offense, Claim or Suit:

e. Notice of an "occurrence", offense, claim or "suit" will be considered knowledge of the insured if reported to an individual named insured, partner, executive officer or an "employee" designated by you to give us such a notice.

**7. Liberalization Clause**

The following is added to SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS:

**Liberalization Clause**

If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.

**8. Medical Payments — Extended Reporting Period**

- a. SECTION I — COVERAGES, COVERAGE C - MEDICAL PAYMENTS, Paragraph 1. Insuring Agreement, subparagraph a.(3)(b) is replaced by the following:
- (b) The expenses are incurred and reported to us within three years of the date of the accident; and
- b. This coverage does not apply if COVERAGE C — MEDICAL PAYMENTS is excluded either by the provisions of the Coverage Part or by endorsement.

**9. Newly Acquired Or Formed Organizations SECTION II — WHO IS AN INSURED, Paragraph 3.a. is replaced by the following:**

- a. Coverage under this provision is afforded until the end of the policy period.

**BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions, subparagraph g.(2) is replaced by the following:**

**g. Aircraft, Auto Or Watercraft**

(2) A watercraft you do not own that is:

- a. Less than 51 feet long; and
- b. Not being used to carry persons or property for a charge;
- This provision applies to any person who, with your consent, either uses or is responsible for the use of a watercraft.

**11. Supplementary Payments Increased Limits**

SECTION I — SUPPLEMENTARY PAYMENTS COVERAGES A AND B, Paragraphs 1.b. and 1.d. are replaced by the following:

1.b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

1.d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1000 a day because of time off from work.

**12. Unintentional Failure to Disclose Hazards**

The following is added to SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 6. Representations: We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

**13. Unintentional Failure to Notify**

The following is added to SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2. Duties in the Event of Occurrence, Offense, Claim or Suit: Your rights afforded under this policy shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury" or "property damage" is not covered under this policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.

**The Hanover Insurance Group**  
**WZ4D127737                      2301004**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**ONLY WHERE REQUIRED BY CONTRACT**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

**WC 00 03 13**

(Ed. 4-84)

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