

File Copy - Liability Policy
COPY Attached



Invoice

Invoice Number: 41P26696-352 Entity ID: 26696 Effective Date: 1/1/2026 Expiration Date: 12/31/2026 Invoice Date: 1/1/2026

Named Participant
Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record
Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

Coverage

Contribution

SDIS Liability Coverage	\$6,323
Less Best Practices Credit	(\$506)
<u>Less Service Group Discount</u>	<u>(\$253)</u>
Adjusted Contribution	\$5,564
Sexual Misconduct Liability	Included
Auto Liability*	\$2,502
Less Best Practices Credit	(\$200)
<u>Less Service Group Discount</u>	<u>(\$100)</u>
Adjusted Contribution	\$2,202
Non-owned and Hired Auto Liability	\$200
Auto Physical Damage	\$1,253
<u>Less Service Group Discount</u>	<u>(\$50)</u>
Adjusted Contribution	\$1,203
Hired Auto Physical Damage	\$0
Property	\$22,665
Less Best Practices Credit	(\$1,813)
<u>Less Service Group Discount</u>	<u>(\$907)</u>
Adjusted Contribution	\$19,945
Earthquake	\$0
Flood	\$3,401
Equipment Breakdown	\$0
Crime	\$903
Cyber	Included
Total	\$33,418

The listed coverages are only extended when a specific dollar amount or the word "included" is indicated in the Contribution column. Your payment evidences acceptance of this renewal. Please use the coupon on the following page to help us apply your payment.

* Includes Excess Auto and Auto Supplemental coverages.



SPECIAL DISTRICTS
INSURANCE SERVICES

Your Contribution is due on 3/1/2026

Please include the bottom portion of this sheet with your payment.

Make Checks Payable to:

Special Districts Insurance Services
PO Box 12613
Salem, OR 97309

Member: Baker County Library District

Member ID: 01-26696

Total Due: \$33,418

Check # _____ Amount \$ _____

Christine Hawes

From: Amie Hunter <ahunter@acrisure.com>
Sent: Friday, January 23, 2026 2:19 PM
To: Christine Hawes
Subject: 2026-27 Special Districts Invoice & policy documents - Baker Co Library Dist.
Attachments: 2026 auto ID card - Baker Co Library.pdf; Baker Co Library 2026 covg schedule.pdf; Baker Co Library 2026 Invoice.pdf

Attached is a copy of the invoice and coverage confirmation for the 2026-27 term. Please let me know if you have any questions or need to make any changes.

Thank you!

Amie Hunter

Sr. Account Manager
Commercial Lines Dept.
West Division

1950 Church St. Suite B
Baker City, OR. 97814
Email: ahunter@acrisure.com
Direct: 541-440-8228



Coverage may not be issued, bound, changed, modified, altered, cancelled or terminated without receiving written confirmation thereof from an authorized representative of Acrisure LLC (or an affiliate) or the applicable insurer. Please contact your Acrisure representative with any questions.

IMPORTANT NOTICE:

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SDIS Liability Coverage Declarations

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named ParticipantBaker County Library District
2400 Resort St
Baker City, OR 97814**Agent of Record**Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

SDIS Liability Coverage:	Description	Limit ⁽¹⁾	Deductible ^{(2) (3)}
	Per Occurrence Limit of Liability	\$5,000,000	None
	Per Wrongful Act Limit of Liability	\$5,000,000	None
	Annual Aggregate Limit of Liability	\$10,000,000	None

Additional Coverages: List only includes sublimited Additional Coverages. Unless indicated in Section III Additional Coverages, of the SDIS Liability Coverage Document, the following limits are not added to the above identified Limit(s) of Liability.

Coverage	Limit ⁽⁴⁾	Participant Limit ⁽⁵⁾	All Participants Limit ⁽⁶⁾	Deductible	Contribution
Ethics Complaint Defense Costs	\$25,000	\$25,000		None	Included
EEOC/BOLI Defense Costs	\$5,000,000			None	Included
Limited Pollution Coverage	\$250,000	\$250,000		None	Included
Injunctive Relief Defense Costs	\$50,000	\$50,000	Not Applicable ⁽⁷⁾	None	Included
Criminal Defense Costs	\$100,000	\$100,000	\$500,000	None	Included
Premises Medical Expense	\$5,000	\$5,000		None	Included
Fungal Pathogens (Mold) Defense Costs	\$100,000	\$100,000		None	Included
Applicators Pollution Coverage	\$50,000	\$50,000		None	Included
Lead Sublimit Defense Costs	\$50,000	\$50,000	\$200,000	None	Included
Marine Salvage Expense Reimbursement	\$250,000	\$250,000		None	Included
Communicable Disease Defense	\$50,000	\$50,000	\$2,000,000	None	<u>Included</u>
				Total Contribution:	\$5,564

Reference

- (1) Subject to a \$25,000,000 maximum limit for all SDIS Trust Participants involved in the same Occurrence or Wrongful Act.
- (2) Subject to a \$10,000 controlled burn deductible for failure to follow DPSST guidelines.
- (3) Subject to a \$25,000 Employment Practices Deductible when SDIS not contacted for legal advice prior to termination.
- (4) Named Participant's maximum limit per Occurrence or Wrongful Act.
- (5) Named Participant's maximum limit for the Coverage Period.
- (6) Maximum limit of coverage, for all SDIS Trust Participants for the Coverage Period. Does not apply to Injunctive Relief Defense Costs (7).
- (7) Maximum limit of coverage, for all SDIS Trust Participants involved in the same Occurrence or Wrongful Act, is \$200,000.

Forms applicable to Named Participant: SDIS Liability Coverage Document - 01/01/2026

This certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Liability Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Liability Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:



Date: Thursday, January 1, 2026

Authorized Representative

Property and Casualty Coverage for Education Trust



SPECIAL DISTRICTS
INSURANCE SERVICES

Sexual Misconduct Liability Coverage Endorsement

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named Participant

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

This Endorsement modifies the **Liability Coverage Document** issued under the Certificate Number indicated above, to the **Named Participant** identified above, for the **Coverage Period** indicated.

SCHEDULE

Additional Coverage 12-Liability for Bodily Injury or Personal Injury because of Sexual Misconduct-Limits of Liability (Eroding Limits):

Each Incident Limit:	\$5,000,000
Sexual Misconduct Aggregate Limit:	\$5,000,000
Sexual Misconduct Each Incident Deductible:	\$0
Contribution:	Included

Except as expressly stated in this Endorsement, the **Liability Coverage Document** to which this Endorsement is attached does not apply to or provide coverage for any **incident, occurrence, wrongful act, claim, suit, damages, Defense Costs**, or any liability or obligation of any kind, caused by, resulting from, or arising out of any actual or alleged **sexual misconduct**, including attempted or threatened **sexual misconduct**.

As consideration for the additional contribution made by or on behalf of the **Named Participant**, as indicated in the **Schedule** of this **Sexual Misconduct Liability Coverage Endorsement**, the following is added to III. Additional Coverages of the **Liability Coverage Document**:

Additional Coverage 12: Liability for Bodily Injury or Personal Injury Because of Sexual Misconduct

1. Subject to the terms, conditions, limitations, exceptions, and exclusions set forth in this **Liability Coverage Document**, the Trust will pay those sums that a covered **Participant** becomes legally obligated to pay as **damages for bodily injury or personal injury** because of **Sexual Misconduct** to which this **Additional Coverage 12** applies. The total amount that we will pay in indemnification of **damages, judgements, or settlements** under this **Additional Coverage 12** is limited as shown in the **Schedule** of the **Sexual Misconduct Liability Coverage Endorsement**.
 - a. We have the right and duty to defend a covered **Participant** against any **suit seeking damages for bodily injury or personal injury** to which this **Additional Coverage 12** applies.
 - (1) We will defend a covered **Participant** against any **suit seeking damages for bodily injury or personal injury** to which this **Additional Coverage 12** applies, even if any or all of the allegations against the covered **Participant** are groundless, false, or fraudulent.
 - (2) **Defense costs** are in addition to the Limits of Liability set forth in the **Schedule** of the **Sexual Misconduct Liability Coverage Endorsement**, and payment of **Defense Costs** by the Trust will not reduce or exhaust these Limits of Liability.
 - (3) Our right and duty to defend a covered **Participant** ends when:
 - (a) a **suit** no longer seeks recovery of **damages** from a covered **Participant**; or
 - (b) we have exhausted the limit of coverage available under **Additional Coverage 12**, as shown in the **Schedule** of the **Sexual Misconduct Liability Coverage Endorsement**, in payment of judgments or settlements.

- b. We may, at our discretion, investigate any **incident** resulting in **bodily injury** or **personal injury** to which this **Additional Coverage 12** may apply, and settle any **claim** or **suit** arising out of that **incident**.
- c. We have no duty to defend or indemnify any **Participant** against any **claim** or **suit** seeking **damages** for **bodily injury** or **personal injury** to which this **Additional Coverage 12** does not apply.

2. **Additional Coverage 12** applies to **bodily injury** and **personal injury** because of **sexual misconduct** *only if*:

- a. The **bodily injury** or **personal injury** is caused by an **incident** that takes place within the **Coverage Territory**:
- b. The **bodily injury** or **personal injury** is caused by an **incident** that first occurs or is initiated during the **Coverage Period**; and
- c. Prior to the **Coverage Period**, no **Participant** knew that the **bodily injury**, **personal injury**, or **incident** was occurring or had occurred, whether in whole or in part.
 - (1) If any **Participant** knew, prior to the **Coverage Period**, that the **bodily injury**, **personal injury**, or **incident** was occurring or had occurred, whether in whole or in part, then any continuation, change or resumption of such **bodily injury**, **personal injury**, or **incident** will be deemed to have been known prior to the **Coverage Period**.
 - (2) A **Participant** will be deemed to have known that **bodily injury**, **personal injury**, or **incident** was occurring or had occurred, whether in whole or in part, at the earliest date upon which any **Participant**:
 - (a) observes, causes, or is directly involved in the **incident** resulting in **bodily injury** or **personal injury**;
 - (b) becomes aware by any means that **bodily injury**, **personal injury**, or the **incident** is occurring or has occurred, whether in whole or in part;
 - (c) receives a written or verbal **claim** alleging that **bodily injury**, **personal injury**, or the **incident** is occurring or has occurred, whether in whole or in part; or
 - (d) reports all, or any part, of the **bodily injury**, **personal injury**, or **incident** resulting in the **bodily injury** or **personal injury**, to us, any insurance agent or broker, or any insurance company.

3. **Exclusions**

Additional Coverage 12 does not apply to or provide any coverage for:

- a. **Direct Participation**

Any **Participant** or other person who actually or allegedly committed, attempted to commit, threatened to commit, directed, encouraged, knowingly facilitated, or otherwise directly participated in the **incident**.
- b. **Criminal Acts or Conduct**

Any actual, alleged, or attempted criminal, fraudulent, or malicious act or omission committed by, at the direction of, or with the knowledge and consent of the **Participant**, regardless of whether or not the **Participant** is charged with, prosecuted, or convicted of the crime alleged.

For purposes of this exclusion, and in the application of this exclusion, any actual or alleged criminal, fraudulent, or malicious act or omission committed by, at the direction of, or with the knowledge and consent of one **Participant** will only be imputed to another **Participant** if that **Participant** directly and knowingly participated in the **incident**.
- c. **Expected Or Intended Injury**

Any actual or alleged intentional act of a **Participant** carried out with the intent to cause **bodily injury** or **personal injury** if the act results in the intended **bodily injury** or **personal injury**, or if the act results in **bodily injury** or **personal injury** that was reasonably certain to result from the intentional act.

This exclusion does not apply to **bodily injury** that occurs as a direct result of a **Participant's** use of **authorized self-defense** to protect the **Participant** or other persons from imminent physical harm.

d. **Failure Comply With Policies, Procedures, Rules, Or Statutory Mandates Or Requirements**

Any **claim, suit, damages, defense costs,** or any liability or obligation of any kind, caused by, resulting from, or arising out of any actual or alleged:

- (1) failure of the **Named Participant** to:
 - (a) adopt, implement, and enforce policies related to the investigation and reporting of abuse or sexual conduct as required by statute, administrative rule, regulation, ordinance, or other law;
 - (b) conduct a background check as required by statute, administrative rule, regulation, ordinance, or other law;
 - (c) adopt, implement, and enforce reporting and investigation requirements required by statute, administrative rule, regulation, ordinance, or other law; or
 - (d) provide training and information to its **employees, agents, contractors, and volunteers,** on the subjects of abuse or sexual conduct as required by statute, administrative rule, regulation, ordinance, or other law;
- (2) failure of any trustee, board member, director, officer, superintendent, official, supervisor or administrator of the **Named Participant** to follow any written policy, procedure, protocol, rule, or regulation addressing the investigation, prevention, or reporting of **sexual misconduct**;
- (3) failure of any other person to whom the **Named Participant** has delegated responsibility for the investigation, prevention, or reporting of **sexual misconduct** to follow any written policy, procedure, protocol, rule, or regulation addressing the investigation, prevention, or reporting of **sexual misconduct**; or
- (4) failure of any person identified in (2) or (3) above to report **sexual misconduct** when under a legal duty or obligation to do so.

e. **Incidents Occurring Or Initiated Prior To Coverage Period**

Any **claim, suit, damages, defense costs,** or any liability or obligation of any kind, caused by, resulting from, or arising out of any actual or alleged **incident** that commenced or occurred prior to the **Coverage Period** regardless of whether or not the **incident** continues, resumes, reoccurs, or involves changes in degree or type of **sexual misconduct,** during the **coverage period.**

f. **Protected Class Discrimination**

Any **claim, suit, damages, defense costs,** or any liability or obligation of any kind, for **bodily injury or personal injury** caused by, resulting from, or arising out of any actual or alleged act, pattern, or practice of discrimination based on a person's race, color, national origin, religion, disability, sex (including pregnancy), sexual orientation, gender or gender identity, age, or marital status.

g. **Contractual Liability**

Any actual or alleged breach of any **contract.** This exclusion applies regardless of whether or not the **contract** was made orally or in writing, or is legally binding or enforceable.

h. **Assumed Liability**

Any assumption of liability or any other obligation to pay **damages** or indemnify, hold harmless, or reimburse any other person or entity, under the terms of any **contract.**

i. **Workers Compensation**

Any liability or obligation of any **Participant** under any workers' compensation, disability benefits, or unemployment compensation law or similar law.

j. **Employer's Liability**

Any **claim or suit** made by or on behalf of:

- (1) any **employee** of the **Named Participant** alleging **bodily injury, personal injury,** or any liability for **damages** arising out of or in the course of employment by the **Named Participant**; or
- (2) any person as a consequence of (1) above.

This exclusion applies:

- (1) whether the **Named Participant** may be liable as an employer or in any other capacity; and
- (2) to any obligation to share **damages** with or repay anyone else who must pay **damages** because of **bodily injury, personal injury,** or any other injury.

k. **Employment-Related Practices**

Any claim or suit made by or on behalf of any person alleging **bodily injury, personal injury, or any liability for damages** arising out of any:

- (1) refusal to hire or employ that person;
- (2) termination of that person's employment; or
- (3) employment-related practice, policy, act, or omission, including coercion, demotion or failure to promote, evaluation or failure to evaluate, reassignment, discipline or failure to discipline, defamation, libel, slander, retaliation, invasion of privacy, harassment, hazing, hostile work environment, humiliation, or discrimination.

This exclusion applies:

- (1) whether the **Named Participant** may be liable as an employer or in any other capacity; and
- (2) to any obligation to share **damages** with or repay anyone else who must pay **damages** because of **bodily injury, personal injury, or any other injury**.

l. **Punitive Or Exemplary Damages**

Any sum awarded for punitive, exemplary, or multiplied **damages, taxes, or interest, arising out of or in relation to any incident.**

m. **Fines Or Penalties**

Any civil, criminal, or administrative fine or penalty arising out of or levied in relation to any **incident.**

n. **Property Damage**

Any actual or alleged liability for **damages** because of **property damage.**

o. **Liability For Damages Covered Elsewhere In This Liability Coverage Document**

Any **claim, suit, damages, defense costs, or any liability or obligation of any kind** for which coverage is provided under any other Coverage Part or Coverage Agreement set forth in this **Liability Coverage Document.**

4. **Limits Of Liability**

a. The Limits of Liability shown in the **Schedule of the Sexual Misconduct Liability Coverage Endorsement** and the rules below is the most that the Trust will pay under **Additional Coverage 12** regardless of the number of:

- (1) **Participants;**
- (2) **claims made or suits initiated;** or
- (3) **persons or organizations making claims or initiating suits.**

b. The Sexual Misconduct Aggregate Limit is the most the Trust will pay for all **claims, suits, damages, and all liability and obligations of any kind, caused by, resulting from, or arising out of any actual or alleged sexual misconduct** to which **Additional Coverage 12** applies.

c. Notwithstanding a and b above, and subject to the Each **Incident Limit** and Sexual Misconduct Aggregate Limit, if any **incident** is subject to the Oregon Tort Claims Act (OTCA), then the most the Trust will pay for all **claims, suits, or damages** arising from such **incident** under **Additional Coverage 12** is the Limitations on Awards set forth in the OTCA (ORS 30.269 through ORS 30.274). For purposes of the coverage afforded under this Endorsement, all **claims, suits, or damages** arising from a single **incident** arising from a single incident shall be deemed to "[a]rise out of a single accident or occurrence," as such phrase is used in ORS 30.272.

d. Subject to the Sexual Misconduct Aggregate Limit, the Each **Incident Limit** is the most the Trust will pay for all sums incurred, paid in settlement, and awarded as **damages** in relation to any one **incident.**

e. The Sexual Misconduct Aggregate Limit and the Each **Incident Limit** are eroding limits, which means that the amount that the Trust will pay under **Additional Coverage 12** is reduced, and may be exhausted, by all payments and **damages** made by the Trust pursuant to **Additional Coverage 12.**

5. **Deductible**

- a. The **Deductible** shown in the **Schedule** of the **Sexual Misconduct Liability Coverage Endorsement** is to be applied to each **Incident**, regardless of the number **incidents** that take place during the **Coverage Period**. If the **Trust** requests reimbursement of the **Deductible** after paying the full amount of a **Claim**, settlement, or judgement, the **Named Participant** shall reimburse the **Trust** for any **Deductible** within thirty (30) calendar days.
- b. The **Deductible** will apply only to the actual **Damages** paid to a claimant. Actual **Damages** will include all settlement amounts paid to a claimant.
- c. Payment of **Defense Costs** incurred will not be included within the **Deductible**.

ALL OTHER TERMS AND CONDITIONS OF THE LIABILITY COVERAGE DOCUMENT REMAIN UNCHANGED

This Endorsement amends Section III. Additional Coverages of the **Liability Coverage Document** only, and does not modify, amend, waive or otherwise affect any of the other terms, conditions, limitations, exceptions, or exclusions of the **Liability Coverage Document**. **This certificate is made and is mutually accepted by the Trust and the Named Participant subject to all provisions, stipulations, and agreements of the applicable SDIS Liability Coverage Document that it amends. Reference the applicable SDIS Liability Coverage Document, as amended by this and any other applicable endorsements, for complete terms and conditions.**

Countersigned by:



Date: Thursday, January 1, 2026

Authorized Representative
Special Districts Insurance Services



SPECIAL DISTRICTS
INSURANCE SERVICES

Auto Liability and Auto Physical Damage Coverage Declarations

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named Participant

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Auto Liability

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Liability	\$500,000	None	\$2,202
Non-Owned/ Hired Auto Liability	\$500,000	None	\$200

Applicable Coverage Document: SDIS Auto Liability Coverage Document January 1, 2026

Auto Physical Damage

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Physical Damage	Per Schedule	Per Schedule	\$1,203
Hired Auto Physical Damage	No Coverage	No Coverage*	No Coverage

Applicable Coverage Document: SDIS Auto Physical Damage Coverage Document January 1, 2026

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:

Date: Thursday, January 1, 2026

Authorized Representative
Special Districts Insurance Services

* If two deductibles are displayed (ie: \$100/\$200), the first applies to Comprehensive Coverage and the second Collision Coverage.



SPECIAL DISTRICTS
INSURANCE SERVICES

Auto Excess Liability Coverage Declarations

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named Participant

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Excess Auto Liability

Coverage	Limit of Liability*	Retention	Contribution
Excess Auto Liability	\$4,500,000	\$500,000	Included with Auto Liability
Excess Non-Owned/ Hired Auto Liability	\$4,500,000	\$500,000	Included with Non-Owned/ Hired Auto Liability

Applicable Coverage Document: SDIS Excess Auto Liability Coverage Document - January 1, 2026

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Excess Auto Liability Coverage Document. This Certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Excess Auto Liability Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:

Date: Thursday, January 1, 2026

Authorized Representative
Special Districts Insurance Services

* Per Accident Limit of Liability.



SPECIAL DISTRICTS
INSURANCE SERVICES

Auto Supplemental Coverage Declarations

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named Participant

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Auto Supplemental

Coverage	Limit of Liability	Deductible	Contribution
Personal Injury Protection	See Coverage Document	None	Included with Auto Liability
Uninsured/ Underinsured Motorist Bodily Injury	\$500,000 Per Accident	None	Included with Auto Liability

Applicable Coverage Document: SDIS Auto Supplemental Coverage Document - January 1, 2026

This certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Supplemental Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Supplemental Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions which they relate.

Countersigned by:

Date: Thursday, January 1, 2026

Authorized Representative

Special Districts Insurance Services



Property Coverage Declarations

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named Participant

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

Scheduled Property Values

\$5,981,832 Buildings, Other Structures and Scheduled Outdoor Property
\$3,032,178 Personal Property
\$0 Mobile Equipment, Scheduled Personal Property and Scheduled Fine Arts

Total Limit of Indemnification (Per Occurrence)

\$9,014,010 The Trust shall not pay, or be liable for more than the Total Limit of Indemnification in any single "occurrence" during the Property Coverage Period, including all related costs and expenses, all costs of investigation, adjustment and payment of claims, but excluding the salaries of your regular employees and counsel on retainer.
\$300,000,000 SDIS Per Occurrence Aggregate Loss Limit

Sublimits (Per Occurrence)

The subjects of coverage listed below are sub-limited within the above shown "Total Limit of Indemnification (Per Occurrence)". The Limits reflect the maximum amount the Trust will pay for losses involving these coverages. The titles below are provided merely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate.

Covered Property

Section VIII - Covered Property in the SDIS Property Coverage Document

\$250,000 Personal Property of Others within your Care, Custody, or Control, other than Mobile Equipment
\$100,000 Property of Employees/Volunteers (subject to a \$5,000 maximum per person)
\$100,000 Mobile Equipment of others that is within your Care, Custody or Control or Rented or Leased for up to 30 days
\$10,000 Unscheduled Fine Arts (Fine Art may be specifically scheduled for higher limits)

Additional Coverages

Section X - Additional Coverages in the SDIS Property Coverage Document

\$5,000,000 Debris Removal
Sublimit is \$5,000,000 or 25% of the covered portion of the loss, whichever is less.
\$50,000 Pollutant Clean-up and Removal from Land or Water
Sublimit is \$50,000 or 20% of the scheduled location(s) value, whichever is less.
\$10,000 Fungus as a Result of a "Covered Cause of Loss"
Sublimit is \$10,000 or 10% of the covered portion of the loss, whichever is less
\$10,000 Preservation of Undamaged Covered Property
Sublimit is \$10,000 or 10% of the covered portion of the loss, whichever is less.

\$250,000	Professional Services <i>Sublimit is \$250,000 or 10% of the covered portion of the loss, whichever is less.</i>
\$25,000	Fire Department Service Charge
\$10,000	Recharging of Fire Extinguishing Equipment
\$10,000	Arson Reward
\$5,000,000	Increased Cost of Construction - Enforcement of Ordinance or Law <i>Sublimit is \$5,000,000 or 25% of the covered portion of the loss, whichever is less.</i>
\$500,000	Increased Cost of Construction - Cost Resulting from Unforeseen Delay <i>Sublimit is \$500,000 or 25% of the covered portion of the loss, whichever is less.</i>
\$500,000	Expenses for Restoration or Modification of Landscaping, Roadways, Paved Surfaces and Underground Utilities <i>Sublimit is \$500,000 or 25% of the covered portion of the loss, whichever is less.</i>

Additional Coverages - Business Income and Extra Expense

Section XI - Additional Coverages - Business Income and Extra Expense in the SDIS Property Coverage Document

\$1,000,000	Business Income
\$1,000,000	Extra Expense
\$25,000	Enforcement of Order by Government Agency or Authority
\$25,000	Business Income from Dependent Property
\$100,000	Interruption of Utility Services
\$25,000	Inability to Discharge Outgoing Sewage

Coverage Extensions

Section XII - Coverage Extensions in the SDIS Property Coverage Document

\$2,000,000	Property in the Course of Construction <i>If you have not complied with all of the notification requirements set forth in Section XII.A. within 90 days, the most the Trust will pay for property in the Course of Construction is \$500,000. If after 90 days you have not complied with all the notification requirements set forth in Section XII.A. then no coverage will be provided for property in the Course of Construction.</i>
\$500,000	Newly Acquired or Constructed Property <i>No coverage will be provided for newly acquired or constructed property unless you notify the Trust in writing no later than 90 days after the dates specified in section XII.A.</i>
\$25,000	Unscheduled Outdoor Property
\$250,000	Malicious Mischief or Vandalism to Tracks and Artificial Turf Fields
\$250,000	Property in Transit
\$250,000	Accounts Receivable
\$50,000	Property Damaged by Overflow of Sewers or Drains
\$100,000	Covered Leashold Interest <i>Sublimit is lesser of amount listed here or an amount prorated based on time between the Loss and the earlier of: Lease Expiration, Re-occupancy of leased property, or lease of new property.</i>
\$250,000	Valuable Papers and Records <i>Sublimit is lesser of: Cost to research, restore and replace the lost information; Actual Cash Value in its blank state of the damaged or destroyed paper, tape or other media if records are not actually researched, restored or replaced; or the amount of the sublimit listed here.</i>
\$25,000	Data Storage Media
\$250,000	Miscellaneous Property Damaged by Specified Cause of Loss or Theft <i>Sublimit lesser of: Appraised Value, Fair Market Value, or Sublimit listed here.</i>
\$9,014,010	Property Damaged by an Act of Terrorism or Sabotage <i>The most the Trust will pay for Property Damaged by an Act of Terrorism or Sabotage is described in Section XII.K.9.</i>

Additional Sublimits

Sublimits showing below, if any, are in addition to the sublimits shown above.

Locations Covered

Locations that are specifically listed on the Named Participant's Property Schedule.

Perils Covered

Risks of Direct Physical Loss subject to the terms, conditions and exclusions of the current SDIS Property Coverage Document.

Deductibles

As indicated on the Schedule of Property Values on file with the Trust.

Contribution

\$19,945

Applicable Coverage Document: SDIS Property Coverage Document - January 1, 2026

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the applicable SDIS Property Coverage Document. This Certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Property Coverage Document. Reference the current SDIS Property Coverage Document for complete terms and conditions.

Countersigned by:



Date: Thursday, January 1, 2026

Authorized Representative
Special Districts Insurance Services

Flood Endorsement

Certificate Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named Participant

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

PLEASE CAREFULLY REVIEW THE ENDORSEMENT AS IT WILL MODIFY AND AMEND THE PROPERTY COVERAGE DOCUMENT.

As consideration for an additional contribution paid by the **Named Participant**, in the amount of **\$3,401**, the **Property Coverage Document** is amended by adding the following to Section XII. **COVERAGE EXTENSIONS**:

M. Extension of Coverage for Property Damaged by Flood

Subject to the additional conditions and limitations set forth below, we will indemnify you for direct physical loss or damage to **Covered Property** caused by or resulting from **flood**, including **collapse** directly caused by **flood**, that occurs on premises listed on the Schedule of Property Values on file with the Trust.

1. This **Coverage Extension** is subject to per-occurrence deductibles as follows:

- a. If the damaged **Covered Property** is not a **waterway structure** and is located, either partially or wholly, within a federally designated 100-year or greater Special Flood Hazard Area ("SFHA"), as defined by the Federal Emergency Management Agency ("FEMA"), at the time of the **occurrence**, then the deductible shall be:
 - (1) \$500,000 per occurrence for damage to each covered **building, other structure, outdoor property and scheduled outdoor property** listed on the Schedule of Property Values on file with the Trust;
 - (2) \$500,000 per occurrence for damage to covered **personal property, scheduled personal property, fine arts and scheduled fine arts** located within each covered **building, other structure, outdoor property and scheduled outdoor property** listed on the Schedule of Property Values on file with the Trust; and
 - (3) \$500,000 per occurrence for damage to covered **mobile equipment and scheduled mobile equipment** listed on the Schedule of Property Values on file with the Trust.
- b. If the damaged **Covered Property** is not a **waterway structure** and is located wholly outside of a federally designated 100-year or greater Special Flood Hazard Area ("SFHA"), as defined by the Federal Emergency Management Agency ("FEMA"), at the time of the **occurrence**, then the deductible shall be:
 - (1) no less than the greater of:
 - (a) \$5,000;
 - (b) two percent (2%) of the **actual cash value** of the **Covered Property** damaged by **flood** in a single **occurrence** on the premises listed on the Schedule of Property Values on file with the Trust; or
 - (c) the Deductible stated in the Declarations; and
 - (2) no more than the greater of:
 - (a) \$50,000; or
 - (b) the Deductible stated in the Declarations.
- c. If the damaged **Covered Property** is a **waterway structure** then the deductible shall be:
 - (1) \$100,000 per occurrence for damage to each **waterway structure** listed on the Schedule of Property Values on file with the Trust; and
 - (2) \$100,000 per occurrence for damage to covered **personal property, scheduled personal property, fine arts and scheduled fine arts** located within, on or attached to, each covered **waterway structure** listed on the Schedule of Property Values on file with the Trust.

2. All **Flood** including **collapse** directly caused by **flood**, that occurs within a 72-hour period will constitute a single **occurrence**.
3. Whether or not damaged **Covered Property** is located, either partially or wholly, within a federally designated 100-year or greater SFHA, as defined by FEMA, at the time of **occurrence**, will be determined solely by reference to FEMA Flood Maps and the FEMA Flood Map Service Center, regardless of any previous information, estimate, or designation provided the **Named Participant** or appearing in the Declarations.
4. This **Coverage Extension** does not apply, and we will not indemnify you for any damage or loss caused by or resulting from **flood**, including **collapse** directly caused by **flood**, unless the damaged **Covered Property** is expressly identified on the Schedule of Property Values on file with the Trust as having coverage for **flood**.
5. This **Coverage Extension** does not apply, and we will not indemnify you for any damage or loss caused by or resulting from **flood**, including **collapse** directly caused by **flood**, unless the damage or loss occurs during the **Property Coverage Period**, and is discovered and reported to the Trust by you during the **Property Coverage Period**.
6. This **Coverage Extension** does not apply, and we will not indemnify you for any damage or loss caused by or resulting from **flood**, including **collapse** directly caused by **flood**, unless you notify us as soon as reasonably possible after the **flood** occurs and allow us to inspect the damaged **Covered Property** prior to making any repairs or replacing the damaged or destroyed **Covered Property** .
7. This **Coverage Extension** does not apply, and we will not indemnify you or anyone else for, any damage or loss to **waterway structures** located within five miles of the Oregon Coast, whether or not expressly identified as **Covered Property**, caused by, exacerbated by, or arising out of **flood** unless damage or loss by **flood** is caused by a **storm surge** which occurs over a period of less than 72 hours.
 - a. For the purposes of this **Coverage Extension** only, **waterway structures** are defined as boardwalks, bridges, bulkheads, dams, dikes, docks, levees, piers, pilings, seawalls, wharves, breakwater and similar structures located on, in, or over **water**, and their corresponding appurtenances and accessories.
 - b. **Storm Surge** is defined as an abnormal rise of water generated by a storm, over and above the predicted astronomical tide as determined by the National Oceanic and Atmospheric Administration (NOAA).
8. Indemnification under this **Coverage Extension** is subject to the following limits:
 - a. The most we will pay under this **Coverage Extension** for all damage or loss sustained by the **Named Participant** in any single **occurrence** is \$9,014,010;
 - b. The most we will pay under this **Coverage Extension** for all damage or loss sustained by the **Named Participant** during the **Coverage Period**, is an **Annual Aggregate Loss Limit** of \$9,014,010;
 - c. The **SDIS Per-Occurrence Aggregate Loss Limit**; ;
 - d. An **SDIS Annual Aggregate Loss Limit** of \$50,000,000 for all damage or loss to **Coverage Property** located, either partially or wholly, within a federally designated 100-year or greater SFHA as defined by FEMA.
 - e. An **SDIS Annual Aggregate Loss Limit** of \$300,000,000 for all damage or loss caused by, resulting from, or arising out of **earth movement, flood**, or both.
9. Any amounts paid under this **Coverage Extension** are included in, subject to, and not in any event in addition to, the **Total Limit of Indemnification** stated in the Declarations.

This Endorsement amends Section XII. **Coverage Extensions** of the **Property Coverage Document** only, and does not modify, amend, waive or otherwise affect any of the other terms, conditions, limitations, exceptions, or exclusions of the **Property Coverage Document**.

This certificate is made and is mutually accepted by the Trust and the **Named Participant** subject to all provisions, stipulations, and agreements of the applicable **SDIS Property Coverage Document** that it amends. Reference the applicable **SDIS Property Coverage Document**, as amended by this and any other applicable endorsements, for complete terms and conditions.

Countersigned by:



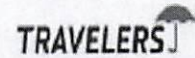
Date: Thursday, January 1, 2026

Authorized Representative
Special Districts Insurance Services



SPECIAL DISTRICTS
INSURANCE SERVICES

Special Districts Insurance Services
Comprehensive Crime Coverage Summary



Travelers Casualty and Surety Company of America

Certificate Number:

41P26696-352

Named District Member:

Baker County Library District
2400 Resort St
Baker City, OR 97814

Agent of Record:

Acrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600

This Certificate of Insurance is a coverage description intended to provide important information about the protection available to the referenced Insured under the Crime Master Policy (the "Master Policy"). Keep this coverage description for your records. This coverage description is not an insurance policy and does not amend, extend or alter coverage afforded by the Master Policy described herein. The insurance afforded by the Master Policy as described herein is subject to all terms, exclusions and conditions of such Master Policy. The period is specified in the Master Policy.

The Master Policy has been issued to: Special Districts Insurance Services Trust via Special Districts Association of Oregon on behalf of Member entities of the Special Districts Insurance Services Trust as more fully set forth in a "Schedule of Insured Entities – SDIS-SDAO" with the name, limit and retention for each special district. Address: 727 Center Street NE, Salem, Oregon, 97301. Policy Number: 105870359 Underwritten by: Travelers Casualty and Surety Company of America, Hartford CT 06183 ("Travelers") to provide insurance to an Insured for as described in this Certificate.

	For any one loss:	Limit	Retention
A1.	Employee Theft - Per Loss - includes endorsements CRI-7126 (Faithful Performance of Duty, same limit as A1, Non-Compensated Officers, Directors-includes Volunteer Workers as employees, Deletion of Bonded Employee and Treasurer/ Tax Collectors Exclusion) and CRI-10082 (any Sponsored Plan not subject to ERISA, same limit as A1)	\$250,000	\$1,000
A3.	Employee Theft of Client Property A1	N/A	N/A
B.	Forgery or Alteration - same limit as A1	\$250,000	\$1,000
C.	On Premises - same limit as A1	\$250,000	\$1,000
D.	In Transit - same limit as A1	\$250,000	\$1,000
E.	Money Order Counterfeit Currency - same limit as A1	\$250,000	\$1,000
F1.	Computer Fraud - same limit as A1	\$250,000	\$1,000
F2.	Computer Restoration - same limit as A1 or maximum limit of \$100,000	\$100,000	\$1,000
G.	Funds Transfer Fraud - same limit as A1	\$250,000	\$1,000
H1.	Personal Accounts Forgery or Alteration - same limit as A.1	\$250,000	\$1,000
H2.	Identity Fraud Expense Reimbursement - same limit as A1 or maximum of \$25,000	\$25,000	\$0
I.	Claims Expense	\$5,000	\$0
	Telecommunications Fraud - same limit as A-1 or maximum of \$100,000 (see schedule endorsement CRI-19115)	\$100,000	\$1,000
	Sub-limited Social Engineering Fraud Coverage is included via endorsement CRI-19085 (see "SCHEDULE FOR SINGLE LOSS LIMIT AND RETENTION FOR SOCIAL ENGINEERING FRAUD INSURING AGREEMENT ENDORSEMENT CRI-19085").		

Filing a Claim:

To file a claim under the Master Policy, please contact:
Travelers Casualty and Surety Company of America
Travelers Bond & Specialty Insurance Claim
Attn: Devon Morris, Claim Counsel
BSIclaims@travelers.com
Phone (720) 200-8135

General Information:

Should you have any questions regarding the Master Policy or wish to view a complete copy of the Master Policy, please call the Special Districts Association of Oregon for general information at 1-800-285-5461

SDIS Cyber Coverage Declarations

Policy Number: 41P26696-352

Coverage Period: 1/1/2026 through 12/31/2026

Named ParticipantBaker County Library District
2400 Resort St
Baker City, OR 97814Agent of RecordAcrisure Northwest Partners Insurance Services, LL
19401 40th Ave W
Lynnwood, WA 98036-5600**Cyber Total Aggregate Limit of Liability** \$150,000**First Party Coverage's Sublimit of Liability** \$50,000**First Party Coverage Includes:**Network Interruption
Event Management
Cyber Extortion
Data Restoration
Computer and Legal Experts
Public Relations
Business Income**Third Party Liability Coverage's Sublimit of Liability** \$100,000**Third Party Coverage Includes:**Security Failure or Privacy Event
Media Content
Regulatory Action**Deductible** \$1,000**SDIS Trust Cyber Annual Aggregate Limit of Liability** \$2,000,000**SDIS Member Contribution** Included

Applicable Coverage Document: SDIS Cyber Coverage Document, effective January 1, 2026

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Cyber Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Cyber Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:



Date: Thursday, January 1, 2026

Authorized Representative
Special Districts Insurance Services



SPECIAL DISTRICTS
INSURANCE SERVICES

Baker County Library District

Policy Year: 01/01/26 to 12/31/26

Agent: Acisure Northwest Partners Insurance Services, LL

Automobile Schedule

Auto Liability Per Occurrence Deductible: \$0.00

Auto Code	Year	Make	Description	Vehicle Identification #	Collision	Comp	Deductible Collision Comp	Value	AL Contribution	APD Contribution
	1986	Ford	Pickup	1FTEF14YXGPA03046	No	No	\$500 \$100	\$0.00	\$390.59	\$0.00
Weight Class:		Lgt Truck	Valuation:	No APD	Term:		01/01/2026 to 12/31/2026			
	2003	Ford	Windstar Mini Van	2FMZA51432BB48868	No	No	\$500 \$100		\$568.13	\$0.00
Weight Class:		Priv. Pass	Valuation:	No APD	Term:		01/01/2026 to 12/31/2026			
	2003	Thomas	Book Mobile	4UZ3CFAA6XCA66426	Yes	Yes	\$500 \$100	\$130,000.00	\$816.69	\$1,057.05
Weight Class:		Hvy Truck	Valuation:	Functional	Term:		01/01/2026 to 12/31/2026			
	2012	GMC	Denali	1GKKVTE5CJ260355	Yes	Yes	\$500 \$100	\$18,000.00	\$426.09	\$146.36
Weight Class:		Priv. Pass	Valuation:	Functional	Term:		01/01/2026 to 12/31/2026			
Total:								\$148,000.00	\$2,201.50	\$1,203.41

Weight Class

- Priv. Pass = (0 - 10,000 LBS)
- Lgt Truck = (0 - 10,000 LBS)
- Med Truck = (10,001 - 20,000 LBS)
- Hvy Truck = (20,001 - 45,000 LBS)
- XHvy Truck = (OVER 45,000 LBS)

Valuation Codes

- Replacement = Replacement Cost Valuation
- Functional = Functional Replacement Cost



SPECIAL DISTRICTS
INSURANCE SERVICES

Baker County Library District

Policy Year: 01/01/26 to 12/31/26

Agent: Acrisure Northwest Partners Insurance Services, LL

Schedule of Property Values - Section 1
Building, Other Structures and Scheduled Outdoor Property

Premises: Cole Street Library

Covered Property: Library		Unique ID: 26696P6250		Address: 818 Cole Street Haines OR, 97814				Coverage Class: Building					
Loc Code		% Sprinkler	0	Appraiser	CBIZ	Year Built	2003	Equip Brk Cov	No	Flood Zone*	B	Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	Yes	App Date	8/18/2021	Sq Footage	2692	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$624,747.94
Protect Class	2	Security Alarm	No	App Code	03-01	# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$164,756.80
Const Class	FRAME	Comments						Remodel	No	Contribution	\$1,817	Total Value	\$789,504.74
Premises Total:										Contribution	\$1,817	Total Value	\$789,504.74

Premises: Main Building

Covered Property: Main Building		Unique ID: 26696P7092		Address: 55 East Jefferson Street Huntington OR, 97814				Coverage Class: Building					
Loc Code		% Sprinkler	0	Appraiser	CBIZ	Year Built	2005	Equip Brk Cov	No	Flood Zone*	B	Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	Yes	App Date	8/17/2021	Sq Footage	1364	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$322,412.45
Protect Class	5	Security Alarm	No	App Code	02-01	# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$164,756.80
Const Class	FRAME	Comments						Remodel	No	Contribution	\$1,215	Total Value	\$487,169.25
Premises Total:										Contribution	\$1,215	Total Value	\$487,169.25

Premises: Main Facility

Covered Property: Gover & Church Library		Unique ID: 26696P5865		Address: 260 Gover Lane Halfway OR, 97834				Coverage Class: Building					
Loc Code		% Sprinkler	0	Appraiser	CBIZ	Year Built	1942	Equip Brk Cov	No	Flood Zone*	B	Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	Yes	App Date	8/17/2021	Sq Footage	2304	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$458,227.22
Protect Class	5	Security Alarm	No	App Code	04-01	# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$164,756.80
Const Class	JOISTED MASONR	Comments						Remodel	No	Contribution	\$1,531	Total Value	\$622,984.02
Premises Total:										Contribution	\$1,531	Total Value	\$622,984.02

Premises: Resort Street Library

Covered Property: Library		Unique ID: 26696P1105	Address: 2400 Resort Street Baker City OR, 97814				Coverage Class: Building						
Loc Code		% Sprinkler	0	Appraiser	CBIZ	Year Built	1971	Equip Brk Cov	No	Flood Zone*	A	Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	Yes	App Date	8/18/2021	Sq Footage	18238	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$4,515,000.00
Protect Class	2	Security Alarm	Yes	App Code	01-01	# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$2,430,293.84
Const Class	JOISTED MASONR	Comments						Remodel	No	Contribution	\$14,946	Total Value	\$6,945,293.84

Covered Property: Storage Shed 8 x 12		Unique ID: 26696P46270W	Address: 2400 Resort Street Baker City OR, 97814				Coverage Class: Other Structure						
Loc Code	N of Library-	% Sprinkler	0	Appraiser		Year Built	2017	Equip Brk Cov	No	Flood Zone*		Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	No	App Date		Sq Footage	96	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$2,720.47
Protect Class	2	Security Alarm	No	App Code		# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$1,359.79
Const Class	FRAME	Comments						Remodel	No	Contribution	\$10	Total Value	\$4,080.26

Premises Total: Contribution \$14,956 Total Value \$6,949,374.10

Premises: Richland Elementary School

Covered Property: Improvements & Betterments		Unique ID: 26696P5866	Address: 42008 Moody Road Richland OR, 97870				Coverage Class: Tenant's Improv/Betterments						
Loc Code		% Sprinkler	0	Appraiser		Year Built		Equip Brk Cov	No	Flood Zone*		Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	No	App Date		Sq Footage	892	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$58,724.30
Protect Class	5	Security Alarm	No	App Code		# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$78,129.07
Const Class	JOISTED MASONR	Comments						Remodel	No	Contribution	\$354	Total Value	\$136,853.37

Premises Total: Contribution \$354 Total Value \$136,853.37

Premises: Sumpter/Mill Library - Leased Space

Covered Property: Tenant Improv/Betterments		Unique ID: 26696P8675W	Address: 245 S. MILL ST Sumpter OR, 97877				Coverage Class: Building						
Loc Code		% Sprinkler	0	Appraiser		Year Built		Equip Brk Cov	No	Flood Zone*		Valuation	Replacement
Vacant (Y/N)	No	Fire Alarm	No	App Date		Sq Footage	750	Flood Cov	Yes	Eff Date	1/1/2026	Structure Value	\$0.00
Protect Class	5	Security Alarm	No	App Code		# of Stories	1	Earthquake Cov	No	Deductible	\$1,000	Pers Prop Value	\$28,124.61
Const Class	JOISTED MASONR	Comments						Remodel	No	Contribution	\$73	Total Value	\$28,124.61

Premises Total: Contribution \$73 Total Value \$28,124.61

* Flood Zones shown on the Schedule of Property Values are an estimate, either provided by the member, the insurance agent, or an independent appraiser. It is not a guarantee that the location is or is not in federally designated Special Flood Hazard Area (SFHA). In the event of a covered claim under this Supplemental Coverage, a determination on the flood zone will be made based on a review of Federal Emergency Management Agency flood maps, not by the estimated flood zone indicated on this Schedule of Property Values. If there is any question that a location is in a Special Flood Hazard Area, then make sure you obtain NFIP coverage for the location.

Total Structure Value	\$5,981,832.38
Total Personal Property Value	\$3,032,177.71
Total Value	\$9,014,010.09

Construction Class Options
Fire Resistant
Modified Fire Resistant
Masonry Noncombustible
Noncombustible
Joisted Masonry
Frame

Valuation Options
Actual Cash Value
Replacement
Stated Amount

Protection Class Description
Fire Protection Class is determined by the level of fire protection in your area. Your local fire department should be able to tell you which Protection Class your property is in.

Total Contribution \$10,945



Baker County Library District

Policy Year: 01/01/2026 to 12/31/2026

Agent: Acriure Northwest Partners Insurance Services, LL

General Liability Schedule

Code	Description	Unit	Amount	Effective Date	Expiration Date	Contribution
260150	2025-2026 Budgeted Personal Services *	Dollars	\$1,156,086	1/1/2026	12/31/2026	\$2,253
260160	2025-2026 Budgeted Materials and Supplies *	Dollars	\$483,500	1/1/2026	12/31/2026	\$2,034
260170	2025-2026 Budgeted Contingencies *	Dollars	\$15,559	1/1/2026	12/31/2026	\$0
260180	Number of Employees	Each	39	1/1/2026	12/31/2026	\$0
260190	Number of Volunteers	Each	87	1/1/2026	12/31/2026	\$0
260192	Number of Board Members	Each	5	1/1/2026	12/31/2026	\$0
260200	District Size	Sq Miles	3,089	1/1/2026	12/31/2026	\$0
260210	Population Served	Each	16,700	1/1/2026	12/31/2026	\$0
26100	Number of Drones (UAVs) Owned or Operated	Each	1	1/1/2026	12/31/2026	\$0
26215	Buildings & Premises - Occupied by District	Sqf	27,147	1/1/2026	12/31/2026	\$0
26900	Dollars Paid For Services	Dollars	\$0	1/1/2026	12/31/2026	\$0
26997	Events/Fundraisers - No Alcohol Served	Days	0	1/1/2026	12/31/2026	\$0
26998	Events/Fundraisers - Alcohol Served	Days	0	1/1/2026	12/31/2026	\$0
Total Contribution						\$4,287

Statement of Member Benefits

Baker County Library District receives specific services and grants from SDIS. This report displays what SDIS would charge a non-member for equivalent benefits.

Date	Service Provided	Department	Activity	Dollar Benefit
10/17/2025	Best practices and grant deadline	Risk Management	Email/Phone Question	\$18.75
7/3/2025	Risk Management Review	Risk Management	VRMC	\$0.00
11/26/2024	2024-2025 Safety Grant	Risk Management	Safety Grant	\$2,500.00
10/27/2024	Best Practices	Risk Management	Toolkit Consultation	\$13.75
6/4/2024	Bio Med Testing Services	Risk Management	Criminal Background Check	\$29.00
7/6/2023	Risk Management Review	Risk Management	VRMC	\$165.00
6/29/2023	Waiver	SDIS Pre-Loss Legal	Pre-Loss Legal	\$202.50
8/22/2022	Weapons	SDIS Pre-Loss Legal	Pre-Loss Legal	\$247.50
3/1/2022	Contract Issue	SDIS Pre-Loss Legal	Contract Review	\$67.50
6/8/2021	Public Records Request Inquiry	Technical Assistance	Record Request and Retent	\$36.00
5/25/2021	COVID-19 Vaccination and Exemptions	Risk Management	Email/Phone Question	\$165.00
5/12/2020	COVID-19 Facility Reopening	Risk Management	Email/Phone Question	\$55.00
3/13/2020	COVID-19	Risk Management	Email/Phone Question	\$27.50
12/17/2019	Online Drone Training	Risk Management	Training	\$175.00
12/1/2019	Bio Med Testing Services	Risk Management	Criminal Background Check	\$29.00
11/12/2019	Bio Med Testing Services	Risk Management	Criminal Background Check	\$29.00
7/3/2019	Employment	SDIS Pre-Loss Legal	Pre-Loss Legal	\$157.50
4/16/2019	Building Inspection	Risk Management	VRMC	\$82.50
6/14/2018	2018 Security & Safety Grant	Risk Management	Safety Grant	\$5,000.00
3/26/2018	LCP Toolkit	Risk Management	Toolkit Consultation	\$18.15
3/26/2018	LCP Annual Evaluation	Risk Management	Loss Control Program	\$18.15
3/26/2018	Risk Management Review	Risk Management	VRMC	\$18.15
10/23/2017	Drone Training - James White	Risk Management	Training	\$1,500.00
9/20/2017	Professional Services Agreement	Technical Assistance	Technical Assistance	\$45.00
7/6/2017	Voluntary Risk Management Consultation	Risk Management	VRMC	\$55.00
8/11/2016	Preloss Legal - Remote Work Policy	SDIS Pre-Loss Legal	Pre-Loss Legal	\$92.50
5/7/2015	Field Visit	Risk Management	VRMC	\$67.50

Date	Service Provided	Department	Activity	Dollar Benefit
4/29/2014	Bio-Med Testing Services	Risk Management	Criminal Background Check	\$29.00
12/12/2012	Bio-Med Testing Services	Risk Management	Criminal Background Check	\$29.00
8/15/2011	SDAO Safety Grant 2011	Risk Management	Safety Grant	\$2,493.00
4/29/2011	Community Service Volunteer Policy	Technical Assistance	Technical Assistance	\$90.00
4/21/2011	Personnel - Employee Retirement Benefits	Technical Assistance	Technical Assistance	\$90.00
1/13/2011	Garnishment Issue	SDIS Pre-Loss Legal	Pre-Loss Legal	\$90.00
8/19/2010	Meeting Room Reservation Form	Technical Assistance	Technical Assistance	\$90.00
8/12/2010	Field Visit	Risk Management	VRMC	\$45.00
3/12/2010	Public Contracting Rules	Technical Assistance	Technical Assistance	\$90.00
1/14/2010	Bookmobile Driver Qualifications	Technical Assistance	Technical Assistance	\$90.00
11/10/2009	SDAO Safety Grant 08-09	Risk Management	Safety Grant	\$3,000.00
1/14/2009	Personnel Issue	Technical Assistance	Technical Assistance	\$90.00
10/24/2008	EOLA Safety Committee Training	Risk Management	Training	\$90.00
9/23/2008	Safety Committee Training	Risk Management	Training	\$90.00
9/16/2008	CPR/First Aid Training	Risk Management	Training	\$270.00
7/23/2008	Field Visit	Risk Management	VRMC	\$90.00
7/23/2008	Building Condition Report	Risk Management	VRMC	\$45.00
			Total Dollar Benefit	\$17,625.95

This statement is provided for your information. It is not a bill.



SPECIAL DISTRICTS
INSURANCE SERVICES

Baker County Library District

2025 - 2026 Policy Year Comparison Report

Agent: Acisure Northwest Partners Insurance Services, LL

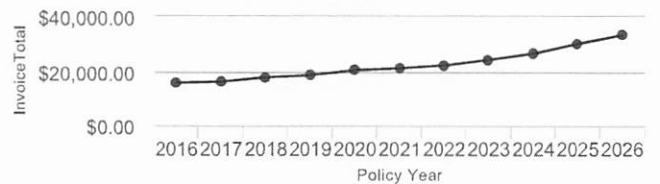
Report displays contribution difference (changes) between 2025 and the 2026 renewal in an effort to provide a general idea of rating components that influence contributions.

Coverage	2025 contribution	Change in exposures	2026 contribution	Total contribution change	Total % contribution change
General Liability	\$4,798	See Below	\$5,564	\$766	15.96%
Auto Liability	\$1,912	0	\$2,202	\$290	15.20%
Non-Owned Auto Liability	\$195		\$200	\$5	2.56%
Auto Physical Damage	\$1,074	\$0	\$1,203	\$129	11.96%
Non-Owned APD	\$0		\$0	\$0	
Property	\$18,944	\$429,239	\$19,945	\$1,001	5.29%
Earthquake	\$0	\$429,239	\$0	\$0	
Flood	\$3,239	\$429,239	\$3,401	\$162	5.00%
Equipment Breakdown	\$0	\$429,239	\$0	\$0	
Crime	\$0		\$903	\$903	
Cyber	\$0		\$0	\$0	
Total All Lines	\$30,162		\$33,418	\$3,256	10.80%

General Liability Exposure Comparison

Description	Last Year	This Year	Difference
2025-2026 Budgeted Materials and Supplies *	\$481,950	\$483,500	\$1,550
2025-2026 Budgeted Personal Services *	\$1,104,884	\$1,156,086	\$51,202
Events/Fundraisers - Alcohol Served	\$0	\$0	\$0

Annual Contribution History



2020-2024 Net Loss Ratio = 0.37%

Best Practices	Year	% Credit
	2025	10%
	2026	8%

* Auto Liability Exposure = Number of Autos. Auto Physical Damage = Total Insured Auto Values. Excess Liability = Materials and Supplies + Personal Services. Property and Boiler and Machinery = Total Insured Property Values.

Claims Schedule

Auto Physical Damage

2022

Claim Number	VAAP2022070630	Coverage	Auto Physical D...	Cause	Glass Breakage	Financial Information	Type	Paid	Reserve	Collection	Incurred
Claimant	Baker County Library District	Claim Type	AP	Litigation Type			COMP	\$369	\$0	\$0	\$369
Adjuster	Parker, Amanda	Event Date	7/25/2022	Litigation Status			Totals:	\$369	\$0	\$0	\$369
Service Code	SDAO	Open Date	7/27/2022	Defense Counsel							
Status	Closed	Close Date	7/28/2022	Plaintiff Attorney							
Description	Windshield damage.										

General Liability

2024

Claim Number	GCGL2024074158	Coverage	General Liability	Cause	Library services	Financial Information	Type	Paid	Reserve	Collection	Incurred
Claimant	Lewis, Annie	Claim Type	GL	Litigation Type			BI/PI	\$0	\$0	\$0	\$0
Adjuster	Stang, Toby	Event Date	6/2/2024	Litigation Status			Totals:	\$0	\$0	\$0	\$0
Service Code	SDAO	Open Date	6/3/2024	Defense Counsel							
Status	Closed	Close Date	6/25/2024	Plaintiff Attorney							
Description	A patron's foot was caught by a step, resulting in injury.										

	Policy Year	Claims	Paid	Reserve	Collection	Incurred
Financial Summary	2022	1	\$369.00	\$0.00	\$0.00	\$369.00
	2024	1	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	2	\$369.00	\$0.00	\$0.00	\$369.00

Oregon Auto Liability Coverage Identification Cards

Baker County Library District

Separate cards by cutting along horizontal lines. Fold along the vertical line to create a front and back.

<p>Oregon Auto Liability Coverage Identification Card</p>  <p>Member: Baker County Library District Year/Make/Model: 1986 Ford Pickup Code: N/A VIN: 1FTEF14YXGPA03046 Agent: Acrisure Northwest Partners Insur Effective: 1/1/2026 Policy Number: 41P26696-352 Expires: 12/31/2026</p> <p>Up-to-date card should be carried in vehicle as evidence of coverage</p>	<p>In the Event of Accident or Loss</p> <ul style="list-style-type: none">• Get medical attention if needed.• Notify the police immediately.• Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.• Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.• Contact your agent as soon as possible• If you are unable to contact your agent contact SDIS at 800-305-1736 (phone) or 503-620-9817 (fax).
<p>Oregon Auto Liability Coverage Identification Card</p>  <p>Member: Baker County Library District Year/Make/Model: 2003 Ford Van Code: N/A VIN: 2FMZA51432BB48868 Agent: Acrisure Northwest Partners Insur Effective: 1/1/2026 Policy Number: 41P26696-352 Expires: 12/31/2026</p> <p>Up-to-date card should be carried in vehicle as evidence of coverage</p>	<p>In the Event of Accident or Loss</p> <ul style="list-style-type: none">• Get medical attention if needed.• Notify the police immediately.• Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.• Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.• Contact your agent as soon as possible• If you are unable to contact your agent contact SDIS at 800-305-1736 (phone) or 503-620-9817 (fax).
<p>Oregon Auto Liability Coverage Identification Card</p>  <p>Member: Baker County Library District Year/Make/Model: 2003 Thomas Transit Code: N/A VIN: 4UZ3CFAA6XCA66426 Agent: Acrisure Northwest Partners Insur Effective: 1/1/2026 Policy Number: 41P26696-352 Expires: 12/31/2026</p> <p>Up-to-date card should be carried in vehicle as evidence of coverage</p>	<p>In the Event of Accident or Loss</p> <ul style="list-style-type: none">• Get medical attention if needed.• Notify the police immediately.• Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.• Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.• Contact your agent as soon as possible• If you are unable to contact your agent contact SDIS at 800-305-1736 (phone) or 503-620-9817 (fax).

Oregon Auto Liability Coverage Identification Card



Member: **Baker County Library District**

Year/Make/Model: **2012 GMC SUV**

Code: **N/A**

VIN: **1GKKVTE5CJ260355**

Agent: **Acrisure Northwest Partners Insur**

Effective: **1/1/2026**

Policy Number: **41P26696-352**

Expires: **12/31/2026**

Up-to-date card should be carried in vehicle as evidence of coverage

In the Event of Accident or Loss

- Get medical attention if needed.
- Notify the police immediately.
- Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.
- Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.
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