## PLATEAU CASUALTY INSURANCE COMPANY

2701 North Main Street, Crossville, TN 38555 (800-752-8328)

## WATER LEAK COVERAGE INSURANCE POLICY

## **DECLARATIONS and SCHEDULE PAGE**

1. Named Insured and Address: City of Crossville, 392 N Main St, Crossville, TN 38555 Policy Number: 144692 2. When Coverage Under Policy is Effective: Policy Period: From: February 1, 2026 To: January 31, 2027 Coverage is effective at 12.01 a.m. Standard Time at the address of the Named Insured as stated herein. 3. Benefit Frequency: Water Loss 

TWO Occurrences per 12-month period 4. Loss Qualification: 3X Average Bill (Triple Average Bill) ☐ \$ Over Average Bill ☐ Qualification Does Not Apply (Any amount over average) 5. Premium shall be paid on each enrolled Customer. Total Premium shall be calculated on the total number of Customer enrollments reported each monthly billing cycle. 6. The total amount of insurance shall not exceed \$2,500.00 per occurrence for any individual Customer. 7. Limits of Insurance per Customer: Aggregate Limit of Insurance for all occurrences: \$5,000.00; and/or TWO number of occurrences within the coverage period. 8. Covered Causes of Loss: Any leak on customer side of the meter subject to policy exclusions. 9. Reporting Conditions: The policy is subject to monthly reporting and monthly adjustment. 10. Reporting Rate: RESIDENTIAL-\$1.35 per month/per customer; COMMERCIAL SINGLE-\$4.70 per month/per customer: COMMERCIAL MULTIPLE-\$9.45 per month/per customer. 11. Authorized Representative: The Undersigned is an authorized representative of the applicant. Signature Date: Address:

Notice: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Countersignature of Agent (If required):

WLC DEC TN (07/25)