

File ID: 2026-01097

6/9/2026

[Contract Supplement] Funding Agreement for Powerhouse Science Center

File ID: 2026-01097

Location: Powerhouse Science Center, 400 Jibboom Street, District 4

Recommendation: Pass a **Motion** authorizing the City Manager or designee to execute the Supplemental Agreement No. 1 to City Agreement No. 2021-0601 for the Powerhouse Science Center for a not-to-exceed amount of \$145,337 per year for up to five years through June 30, 2031 for a total not-to-exceed amount of \$756,685 to support the operation and management of the Powerhouse Science Center.

Contact: Dustin Hollingsworth, Assistant Director, (916) 808-5538, djhollingsworth@cityofsacramento.org; Megan Van Voorhis, Director, (916) 808-5979, mvanvoorhis@cityofsacramento.org; Department of Convention and Cultural Services

Presenter: None

Attachments:

1-Description/Analysis

2-2021-0601-1 Funding Agreement for Powerhouse Science Center

Description/Analysis

Issue Detail: The City and Powerhouse Science Center (PSC) had a funding Agreement for the facility at 3615 Auburn Boulevard from 2008 through 2021 (City Agreement No. 2008-0676) for the annual contribution of funds for the operations, operating expenses, and academic programs and events provided by PSC at the Auburn Boulevard facility. In 2021, PSC completed their relocation to the Museum of Science and Curiosity (MOSAC) at 400 Jibboom Street. The City and PSC executed Agreement 2021-0601 reflecting the City's continued contribution to help support PSC's operations at its new facility through June 30, 2026. The City would like to continue to contribute operational funding to PSC through a new five-year Agreement.

The proposed supplement to City Agreement 2021-0601 reflects the City's desire to continue to contribute funding to help support PSC's operations at MOSAC for the next five years through June 30, 2031. Consistent with past practice and the terms of Agreement 2021-0601, PSC shall request operating funds from the City to be approved by City Council during the City's annual budget

process. City funding shall be used first to offset any expenses incurred by the City in support of the facility at 400 Jibboom Street, with the remainder distributed to PSC for operations.

The fiscal year (FY) 2026/27 Proposed Budget, pending Council approval, includes \$145,337 for PSC. Funding in future fiscal years is subject to availability of funding in the adopted budgets of the respective fiscal years.

PSC is currently recruiting for its next executive director. In addition to annual appropriations, the City proposes a one-time cost-sharing contribution of up to 50%, not to exceed \$30,000, toward management consulting services associated with the executive recruitment process.

Policy Considerations: The proposed amendment supports the City's 2040 General Plan Goal YPRO-4.1 to provide a diversity of arts, culture, and learning opportunities, facilities and programs for people of all ages to improve knowledge of Sacramento's history, enhance quality of life, and enrich community culture, and policies that encourage partnerships with organizations to support cultural educational activities and programming, children's programming, and reinvestment in City facilities.

Economic Impacts: In FY2024/25, MOSAC welcomed approximately 168,800 visitors and served more than 32,840 youth through camps, school programs, and educational activities. As a visitor-serving educational and cultural institution located within Sacramento's riverfront destination area, MOSAC contributes to family visitation, regional tourism activity, educational programming, and local visitor spending associated with museum attendance and related activities.

Environmental Considerations: The report concerns administrative activities that will not have a significant effect on the environment and is exempt from the Environmental Quality Act (CEQA) review [CEQA Guidelines Sections 15061(b)(3); 15378(b)(2)].

Sustainability: Not applicable.

Commission/Committee Action: Not applicable.

Rationale for Recommendation: In 1974, the City leased the property at 3615 Auburn Boulevard to the nonprofit Sacramento Science Center and Junior Museum and began contributing funding for operations and programs. Later, the nonprofit became the Sacramento Museum of History, Science and Technology (dba Discovery Museum, Inc), which included both the Sacramento History Museum in Old Sacramento and the Science and Space Center on Auburn Boulevard. In 2008 the nonprofit split and Discovery Museum, Inc. continued to lease and operate the Science and Space Center; then, in 2013, became Powerhouse, Inc., in anticipation of relocating to the 400 Jibboom Street site.

MOSAC is now located at the historic Jibboom Street site and is owned by the City and leased to the (PSC) under the Ground Lease (City Agreement Number 2017-1522) and various amendments.

Obligations regarding PSC's use of the premises, maintenance obligations, ownership, and improvement requirements are separately set forth in the Ground Lease Agreement (City Agreement Number 2017-1522).

MOSAC has emerged as a significant visitor-serving educational and cultural institution within Sacramento's riverfront destination area, serving regional audiences through exhibitions, educational programming, camps, school partnerships, and community engagement activities. In Fiscal Year 2024/25, MOSAC welcomed approximately 168,800 visitors and served more than 32,000 youth through educational programming and related activities. The City has made substantial long-term investments in the facility and its ongoing success contributes to Sacramento's broader educational, cultural, and visitor economy goals.

PSC is currently undergoing an executive leadership transition that represents an important opportunity for the organization's next phase of growth and development. The proposed one-time contribution toward executive recruitment consulting services reflects the City's interest in supporting a thoughtful leadership transition that positions MOSAC and PSC for continued organizational effectiveness, educational impact, public engagement, fundraising capacity, and long-term institutional sustainability.

Financial Considerations: The FY2026/27 Proposed Convention and Cultural Services Budget, pending Council approval, includes \$145,337 for PSC from the Community Center Fund (Fund 6010). Funding in future fiscal years is subject to availability of funding in the adopted budgets of the respective fiscal years.

In addition to the annual appropriations, the City proposes a one-time cost-sharing contribution of up to 50%, not to exceed \$30,000, toward management consulting services associated with the recruitment of a new executive director for PSC.

Local Business Enterprise (LBE): Not applicable.

Contract Routing Sheet

Payment / Performance Bond Only

General Routing Information

Department: Convention and Cultural Services Department

Contract Coordinator: Rebecca Bitter Email: rbitter@cityofsacramento.org

Effective Date: _____ Expiration Date: 06/30/2031

Grant/Project Name: Funding Agreement for Powerhouse Science Center

Other Party: Powerhouse Science Center

Original Not to Exceed Amount: 725000

Assessor's Parcel Number(s): _____

Project Number: _____ Bid/RFQ/RFP#: _____

Supplements/Addendums/Change Orders

Adjusted Amount of this Change (+/-): 756685 New Not to Exceed Amount: 1481685

Change In Scope: No

Original Contract Number: 2021-0601 Supplement Number: 1

Council Approval

Original Meeting Date: _____ Council File ID: _____

Supplement Meeting Date: _____ Council File ID: _____

Processing Information

Clerk's Office to Mail for Recording	Return to Dept for Recording
Return to Dept for Other Party Signature	Construction Related
Real Estate	Additional Originals Attached – Return to Dept.

Add notes/instructions, including any other contract or council file ID numbers related to this agreement:

Signing Authority - Department Directors up to \$100K; \$100K -\$250K City Manager or Assistant City Manager; \$250K+ Council Approval & Council Appointee or designee.

Department Review and Routing

AB 339 Review Confirmation (if needed) _____

Sign _____

Sign _____

Sign _____

Sign _____

Sign _____

**FIRST AMENDMENT TO CITY AGREEMENT NUMBER 2021-0601
WITH POWERHOUSE SCIENCE CENTER**

This first amendment ("Amendment") to City Agreement 2021-0601 (the "Agreement") is made as of _____, 2026, by and between the City of Sacramento, a California municipal corporation ("City") and the Powerhouse Science Center, a California non-profit corporation ("PSC").

The City and PSC agree to amend the Agreement as follows:

1. Section 2 is replaced in its entirety to read as follows:

The term of the Agreement shall commence on June 1, 2021, and end on June 30, 2031, unless terminated sooner as set forth in this Agreement.

2. There shall be a new subsection 1.A, which shall read as follows:

- a. The City shall disburse to PSC a total sum not to exceed 50% of the cost, or \$30,000, whichever is less, for the one-time funding of management consulting services related to the recruitment of a new executive director for PSC. The City's funding shall not be used for incidental fees or charges, such as meals, lodging, or travel related expenditures. The City shall disburse the funds as a reimbursement for actual expenses incurred, subject to approval by the City upon the review of documents demonstrating the cost of services. In no instance will the City be liable for any payment or costs in excess of this amount, or for unauthorized or ineligible costs, or for costs incurred after June 30, 2027.

3. Except as specifically revised herein, all other terms and conditions of the Agreement shall remain in full force and effect.

CITY OF SACRAMENTO
A municipal corporation

POWERHOUSE SCIENCE CENTER
A California nonprofit corporation


Leyne Milstein
Assistant City Manager
For: Maraskeshia Smith
City Manager

Daniela Calvitti

Name: Daniela Calvitti

APPROVED AS TO FORM:

ATTEST:



[Ryan Meyerhoff \(May 19, 2026 14:23:13 PDT\)](#)
Deputy City Attorney

City Clerk



ADDITIONAL REMARKS SCHEDULE

AGENCY Irvine - Alliant Insurance Services, Inc.		License # 0C36861	NAMED INSURED Powerhouse Science Center 400 Jibboom Street Sacramento, CA 95811
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

RE: All Agreements

City of Sacramento and all others where required by written contract are included as additional insured per the attached endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SPECIAL LIABILITY POLICY FOR PUBLIC ENTITIES AND NON-PROFIT CORPORATIONS

Name of Person or Organization:
Any person or entity that the "Named Insured" has entered into a written agreement, prior to a loss, to provide defense, indemnity or additional insured protection.

The following is added to Section **V. PERSONS OR ENTITIES INSURED:**

Any person(s) or organization(s) listed in the Schedule above is an Additional Insured, but only as respects "Personal Injury" (including "Bodily Injury") and "Property Damage" arising, in whole or in part, out of the operations of the Named Insured. The inclusion of such Additional Insured shall not serve to increase the "Company's" Limit of Liability as specified in the Declaration Page of this Policy:

However, additional insured coverage provided by this insurance will not be broader than coverage required in the written agreement.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

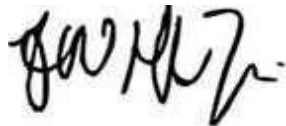
Philadelphia Indemnity Insurance Company
A Stock Company (Nonparticipating)

**Commercial
Lines
Policy**

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless signed by our authorized representative.

A handwritten signature in black ink, appearing to be 'J. M. Z.', written in a cursive style.

President and CEO

A handwritten signature in black ink, appearing to be 'Ed. S.', written in a cursive style.

Secretary

CALIFORNIA PREMIUM REFUND DISCLOSURE NOTICE

In accordance with CAL. INS. CODE § 481.(c), we are notifying you that in the event that the first Named Insured cancels the insurance policy, we shall retain 10% of the unearned premium. The premium refunded to you will therefore be calculated as 90% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 90% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

If you have an Equipment Breakdown policy or your policy contains an Equipment Breakdown Coverage Part, then the following premium refund calculation applies instead of that provided in the preceding paragraph. For the Equipment Breakdown policy premium or for the premium attributable to the Equipment Breakdown Coverage Part, we shall retain 25% of the unearned premium. The premium refunded to you will therefore be calculated as 75% of the pro rata unearned premium. But if cancellation takes place during the first year of a multiyear prepaid policy, we will return 75% of the pro rata unearned premium for the first year and the full annual premium for the subsequent years.

However, the penalties set forth in the preceding paragraphs will not apply under the following circumstances, even if the first Named Insured cancels the policy:

1. The Insured(s) no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
2. Cancellation takes place after the first year for a prepaid policy written for a term of more than one year; or
3. The policy is rewritten in the same insuring company or company group.

**NOTICE
LATE FEE
NON-SUFFICIENT FUNDS FEE
REINSTATEMENT FEE**

Late Fee

Please be advised that if your payment is late (payment is not received within five days of the payment due date indicated on the invoice), you will be charged a late fee of \$25* (where permitted).

Non-Sufficient Funds Fee

Please be advised that if your payment is returned for non-sufficient funds, you will be charged a fee of \$25** (where permitted).

Reinstatement Fee

Please be advised that if your policy is cancelled due to non-payment of the premium and we agree to reinstate your policy, you will be charged a reinstatement fee of \$50*** (where permitted).

These fees are in addition to any premium owed on the policy and each fee can apply more than once during the policy term.

*\$10 in Florida, Maryland, South Carolina

**\$15 in Florida and \$20 in New York

***\$25 in Delaware, Georgia, New Hampshire and New Mexico; and \$15 in Kansas and Nebraska

ALL COMMERCIAL LINES

PRIVACY NOTICE FOR COMMERCIAL LINES

This notice is provided on behalf of Philadelphia Indemnity Insurance Company

PURPOSE OF THIS NOTICE

When you apply for or become an insured under, the insurance policies we issue, we gather certain non-public information or “NPI” about your business and its employees. We are committed to safeguarding the NPI you entrust to us. The purpose of this notice is, therefore, to let you know how we collect, use, share and protect the NPI you provide to us in those contexts.

That means this notice applies only to your business interactions with us involving your application for a quote or as a policy holder. NPI we may collect from you in connection with other interactions, such as when you or your employees visit one of our general interest, publicly accessible websites, is governed by the separate notices and policies we publish on those relevant sites or otherwise provide to you.

When we refer in this notice to your “NPI”, we mean non-public information as that term is generally defined and applied under the New York Department of Financial Services’ Cybersecurity Regulation, the Gramm-Leach-Bliley Act and the National Association of Insurance Commissioners’ Data Security Model Law which includes non-public information about your business, such as financial information, account numbers, loss history, personal non-public information of your employees including social security number, address or medical information and any proprietary information we obtain about your business or your customers.

Due to a variety of factors, including certain explicit exemptions they contain, this notice and the NPI we collect from you in connection with the above-described business interactions ***is not*** governed by the EU General Data Protection Regulation, its related EU and Swiss Privacy Shield or the California Consumer Privacy Act.

COLLECTING YOUR NPI

In the course of, or as part of a business interaction, we collect your NPI both directly from you, or from the agents, brokers or other intermediaries acting on your or our behalf, as well as from a variety of additional sources including:

- the applications or other forms you provide to us (these forms may contain your name, address, social security number, marital status, date of birth, gender, length of employment, prior insurance information, home ownership, residency history, vehicle type, vehicle use, or driving history)
- your transactions with us, our other affiliates of the Tokio Marine Group as well as third parties (this information would include, for example, premium payment and claims history)
- consumer or independent reporting agencies (for example your motor vehicle report, property inspection report, accident report or claim report)

USING YOUR NPI

We use your NPI in a variety of ways such as creating and issuing a quote, underwriting or otherwise processing and servicing your insurance policy, handling claims you may have and offering you additional products and services that we think may be of interest to you as well as for related research and analytics purposes.

SHARING YOUR NPI

We do not disclose or share any NPI about our customers or former customers outside of the Tokio Marine Group, except as permitted by law. We do not sell or disclose or share your NPI for third party marketing purposes. We do, however, share your NPI with third parties that we use to service your account or process your insurance policy or your claim, or administer related transactions. These third parties may include:

- your agent, broker or producer
- independent claims adjusters, investigators, data processors or attorneys
- persons or organizations that conduct scientific research, including actuarial or underwriting studies
- an insurance support organization or another insurer, to prevent or prosecute fraud or to properly underwrite the risk
- another insurer, if you are involved in an accident with their insured
- State insurance departments or other governmental or law enforcement authorities, if required by law, to protect our legal interests or in cases of suspected fraud or illegal activities
- a court of law

We also are required to disclose your NPI if we receive a subpoena, search warrant or other court order.

RETAINING YOUR NPI

The NPI we collect is kept in your policy and/or claim files for as long as needed in connection with your business interactions with you and, if longer, as required by law.

HOW WE PROTECT YOUR NPI

We have adopted and implemented a security and privacy program that includes technical, organizational, administrative, and other measures designed to protect, as required by applicable law and in accordance with industry standards, against reasonably anticipated or actual threats to the security of your NPI. Our security program was created by reference to widely recognized standards such as those published by the International Standards Organization and National Institute of Standards and Technology. It includes, among many other things, procedures for assessing the need for, and as appropriate, either employing encryption and multi-factor authentication or using equivalent compensating controls. As part of our security program, we have specific incident response and management procedures that are activated whenever we become aware that your NPI was likely to have been compromised.

CHANGES TO THIS NOTICE

We may amend this notice from time to time and will inform you of these changes as required by law.

QUESTIONS AND CONTACT INFORMATION

If you have any questions about this notice or how we collect, use, share and protect your NPI, please contact the Chief Privacy Officer of TMNA Services, LLC, who acts as the privacy and data security administrator for most of the Tokio Marine Group in North America. The Chief Privacy Officer's contact information is:

Attn: Privacy Office
TMNA Services, LLC
3 Bala Plaza East, Suite 400
Bala Cynwyd, Pennsylvania 19004
610-227-1300



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company
A Stock Company (Nonparticipating)
COMMON POLICY DECLARATIONS

Policy Number: PHPK2691830-001

Named Insured and Mailing Address:

Powerhouse Science Center
DbA: Museum Of Science And Curiosity
400 Jibboom St
Sacramento, CA 95811-0114

Producer: 3493

USI Insurance Services LLC
201 Mission St Fl 11
San Francisco, CA 94105

Policy Period From: 07/01/2025 **To:** 07/01/2026

(628)201-9001

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Museums Package

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	10,099.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	3,732.52
Businessowners	
Workers Compensation	
UltimateCover Property Coverage Part	41,055.00
Sexual/Physical Abuse	411.00
Total	\$ 55,297.52
Total Includes Fees and Surcharges (See Schedule Attached)	3.52
Total Includes Federal Terrorism Risk Insurance Act Coverage	40.00

CPD-PIIC-CW (02/21)

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations



Secretary



President and CEO

Philadelphia Indemnity Insurance Company
Form Schedule – Policy

Policy Number: PHPK2691830-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
BJP-190-1	0221	Commercial Lines Policy Jacket
IL N 177	0912	California Premium Refund Disclosure Notice
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PP2020	0220	Privacy Notice For Commercial Lines
CPD-PIIC-CW	0221	Common Policy Declarations
PI-LOC-SCH	0820	Location Schedule
PI-MORT-SCH	0820	Mortgagee Schedule
PI-LOSSPAY-SCH	0820	Loss Payee Schedule
PI-FEE-SCH	0820	Fees and Surcharge Schedule
PI-BELL-1	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement
IL0102	0220	California Changes - Actual Cash Value
IL0103	0699	California Changes - Actual Cash Value
IL0104	0720	California Changes
IL0270	0720	California Changes - Cancellation And Nonrenewal
PI-ACL-001	1218	Absolute Cyber Liability And Electronic Exclusion
PI-SAM-018	0519	Absolute Abuse or Molestation Exclusion
PI-TER-DN1	0121	Disclosure Notice Of Terrorism Ins Coverage Rejection

Philadelphia Indemnity Insurance Company

Locations Schedule

Policy Number: PHPK2691830-001

Premis. Bldg.

No. No. Address

0001	0001	400 Jibboom St Sacramento, CA 95811-0114
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Philadelphia Indemnity Insurance Company
Mortgagee Schedule

Policy Number: PHPK2691830-001

Mortgagee

Premier Valley Bank, a division of HTLF
Bank
PO Box 7091
Troy, MI 48007

CA - Loc #1 - Bld #1 - BUILDING (MUSEUMS)
LOAN # 511409508

Philadelphia Indemnity Insurance Company
Loss Payee Schedule

Policy Number: PHPK2691830-001

Loss Payee

City of Sacramento
700 H St Ste 7650
Sacramento, CA 95814-1280

CA - Loc #1 - Bld #1 - BUSINESS PERSONAL PROPERTY (MUSEUMS)

Lenders Loss Payable

Premier Valley Bank, a division of HTLF
Bank
PO Box 7091
Troy, MI 48007

CA - Loc #1 - Bld #1 - BUILDING (MUSEUMS)
LOAN # 511409508

Philadelphia Indemnity Insurance Company
Fees and Surcharge Schedule

Policy Number: PHPK2691830-001

California Consumer Service Functions Related to Auto Insurance	\$.52
California Automobile Fraud Interdiction Program	\$	1.00
California Investigation and Prosecution of Auto Insurance Fraud	\$	2.00

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2691830-001

Agent # 3493

See Supplemental Schedule

LIMITS OF INSURANCE

\$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: LLC

Business Description: Museums Package

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 9,831.00	\$ 268.00

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

Form Schedule – General Liability

Policy Number: PHPK2691830-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
Gen Liab Dec	1004	Commercial General Liability Coverage Part Declaration
Gen Liab Schedule	0100	General Liability Schedule
CG0001	0413	Commercial General Liability Coverage Form
CG2132	0509	Communicable Disease Exclusion
CG2147	1207	Employment-Related Practices Exclusion
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
CG2239	0413	Exclusion - Camps Or Campgrounds
CG2402	1204	Binding Arbitration
CG2416	1207	Canoes Or Rowboats
CG3234	0105	California Changes
PI-GL-001	0917	Exclusion - Lead Liability
PI-GL-002 CA	0208	Exclusion - Asbestos Liability
PI-GL-042	0422	Total Exclusion - PFC/PFAS
PI-SAM-006	0117	Abuse Or Molestation Exclusion
PI-SE-001	0720	Special Events Endorsement

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2691830-001

Agent # 3493

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
CA PREM NO. 001 MUSEUM-FP PROD/COMP OP SUBJ TO GEN AGG LIMIT	46426	48,940 AREA	73.014	INCL	3,587	INCL
CA PREM NO. 001 GIFT SHOP-FP	13506	350,000 GROSS SALES	2.432	0.762	854	268
CA PREM NO. 001 CAMP-PROFIT PROD/COMP OP SUBJ TO GEN AGG LIMIT	41421	3,600 CAMPER DAY	1.494	INCL	5,400	INCL
CA COMMUNICABLE DISEASE EXCLUSION CREDIT	44444				-10	

CALIFORNIA AUTO BODY REPAIR CONSUMER BILL OF RIGHTS

(This form was developed by the California Department of Insurance.)

A CONSUMER IS ENTITLED TO:

1. SELECT THE AUTO BODY REPAIR SHOP TO REPAIR AUTO BODY DAMAGE COVERED BY THE INSURANCE COMPANY. AN INSURANCE COMPANY SHALL NOT REQUIRE THE REPAIRS TO BE DONE AT A SPECIFIC AUTO BODY REPAIR SHOP.
2. AN ITEMIZED WRITTEN ESTIMATE FOR AUTO BODY REPAIRS AND, UPON COMPLETION OF REPAIRS, A DETAILED INVOICE. THE ESTIMATE AND THE INVOICE MUST INCLUDE AN ITEMIZED LIST OF PARTS AND LABOR ALONG WITH THE TOTAL PRICE FOR THE WORK PERFORMED. THE ESTIMATE AND INVOICE MUST ALSO IDENTIFY ALL PARTS AS NEW, USED, AFTERMARKET, RECONDITIONED, OR REBUILT.
3. BE INFORMED ABOUT COVERAGE FOR TOWING AND STORAGE SERVICES.
4. BE INFORMED ABOUT THE EXTENT OF COVERAGE, IF ANY, FOR A REPLACEMENT RENTAL VEHICLE WHILE A DAMAGED VEHICLE IS BEING REPAIRED.
5. BE INFORMED OF WHERE TO REPORT SUSPECTED FRAUD OR OTHER COMPLAINTS AND CONCERNS ABOUT AUTO BODY REPAIRS.
6. SEEK AND OBTAIN AN INDEPENDENT REPAIR ESTIMATE DIRECTLY FROM A REGISTERED AUTO BODY REPAIR SHOP FOR REPAIR OF A DAMAGED VEHICLE, EVEN WHEN PURSUING AN INSURANCE CLAIM FOR REPAIR OF THE VEHICLE.

COMPLAINTS WITHIN THE JURISDICTION OF THE BUREAU OF AUTOMOTIVE REPAIR

Complaints concerning the repair of a vehicle by an auto body repair shop should be directed to:

Toll Free (866) 799-3811

Bureau of Automotive Repair
10949 North Mather Blvd.
Rancho Cordova, CA 95670

The Bureau of Automotive Repair can also accept complaints over its web site at: www.autorepair.ca.gov.

COMPLAINTS WITHIN THE JURISDICTION OF THE CALIFORNIA INSURANCE COMMISSIONER

Any concerns regarding how an auto insurance claim is being handled should be submitted to the California Department of Insurance at:

(800) 927-4357 or (213) 897-8921

California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

The California Department of Insurance can also accept complaints over its web site at: www.insurance.ca.gov.

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2691830-001

COMMERCIAL AUTO
CA DS 03 03 10

BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address: Powerhouse Science Center Dba: Museum Of Science And Curiosity 400 Jibboom St Sacramento, CA 95811-0114	
Policy Period	
From: 07/01/2025	
To: 07/01/2026	At 12:01 A.M. Standard Time at your mailing address.
Previous Policy Number: PHPK2691830-000	

Form Of Business: LLC

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$ included
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
See Schedule Attached

Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Note

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

ITEM TWO
Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability	01	\$ 1,000,000 CSL	\$ 2,374.00
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	01	\$ 1,000,000 CSL	\$ 418.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	01	\$ 1,000,000 CSL	\$ INCL

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	\$ 149.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	07	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$ 788.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 0.00
Premium For Endorsements			\$ 3.52
Estimated Total Premium*			\$ 3,732.52
*This policy may be subject to final audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:					
Town And State Where The Covered Auto Will Be Principally Garaged: SEE SCHEDULE ATTACHED					
Covered Auto Description					
Year:	Model:	Trade Name:			
Body Type:			Serial Number (S):		
Vehicle Identification Number (VIN):					
Purchased					
Original Cost New:		\$			
Actual Cost New Or Used:		\$		<input type="checkbox"/> New	<input type="checkbox"/> Used
Classification					
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
	SEE SCHEDULE ATTACHED				
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: SEE SCHEDULE(S)					

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)		
Coverages	Limit	Premium
Liability	\$ SEE SCHEDULE ATTACHED	\$
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible	\$
Auto Medical Payments	\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)	Stated In The Medical Expense And Income Loss Benefits Endorsement For Each Person	\$
Comprehensive	Stated In Item Two Minus \$ Deductible	\$
Specified Causes Of Loss	Stated In Item Two Minus \$ 25 Deductible	\$
Collision	Stated In Item Two Minus \$ Deductible	\$
Towing And Labor	\$ Per Disablement	\$

	Total Premiums	SEE SCHEDULE ATTACHED
Liability		\$
Personal Injury Protection		\$
Added Personal Injury Protection		\$
Property Protection Insurance (Michigan Only)		\$
Auto Medical Payments		\$
Medical Expense And Income Loss Benefits (Virginia Only)		\$
Comprehensive		\$
Specified Causes Of Loss		\$
Collision		\$
Towing And Labor		\$

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Liability Coverage – Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)		
Liability Coverage	Estimated Annual Cost Of Hire For All States	Premium
Primary Coverage	\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Excess Coverage	\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Total Premium		\$

For "autos" used in your motor carrier operations, cost of hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
- (c) The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

Liability Coverage – Cost of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
Liability Coverage	State	Estimated Annual Cost Of Hire For Each State	Premium
Primary Coverage		\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Excess Coverage		\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Total Premium			\$

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Other Than Physical Damage Coverages					
Coverage	State	Estimated Annual Cost Of Hire For Each State		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Liability – Primary Coverage		\$ SEE SCHEDULE, IF APPLICABLE	\$	\$	\$
Liability – Excess Coverage		\$	\$	\$	\$
Personal Injury Protection		\$	\$	\$	\$
Medical Expense Benefits (Virginia Only)		\$	\$	\$	\$
Income Loss Benefits (Virginia Only)		\$	\$	\$	\$
Auto Medical Payments		\$	\$	\$	\$
Total Premiums				\$	\$
<p>Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>					

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Physical Damage Coverages						
Coverage	State	Limit Of Insurance	Estimated Annual Cost Of Hire For Each State (Excluding Autos Hired With A Driver)		Premium	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Comprehensive		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$ SEE SCHEDULE, IF APPLICABLE	\$	\$	\$
Specified Causes Of Loss		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto For Loss Caused By Mischief Or Vandalism	\$	\$	\$	\$
Collision		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Ded. For Each Covered Auto	\$	\$	\$	\$
Total Premiums					\$	\$
<p>For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.</p>						

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Rental Period Rating Basis For Mobile Or Farm Equipment					
Coverage	Town and State Where The Job Site Is Located	Estimated Number Of Days Equipment Will Be Rented		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Liability – Primary Coverage				\$	\$
Liability – Excess Coverage				\$	\$
Personal Injury Protection				\$	\$
Medical Expense Benefits (Virginia Only)				\$	\$
Income Loss Benefits (Virginia Only)				\$	\$
Auto Medical Payments				\$	\$
Total Premiums				\$	\$

ITEM FIVE

Schedule For Non-ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners (Active and Inactive)		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
	Number Of Partners (Active and Inactive)		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		\$
	Number Of Partners (Active and Inactive)		\$
Total Premium			\$

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis

Address Of Business Headquarters Location:	
Type Of Risk (Check one):	<input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns
Rating Basis (Check one):	<input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)
Estimated Yearly (Gross Receipts Or Mileage):	
Premiums	
Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

ITEM SIX

Schedule For Gross Receipts Or Mileage Basis (Cont'd)

Address Of Business Headquarters Location:	
Type Of Risk (Check one): <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns	
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)	
Estimated Yearly (Gross Receipts Or Mileage):	
Premiums	
Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

Address Of Business Headquarters Location:	
Type Of Risk (Check one): <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing Or Rental Concerns	
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)	
Estimated Yearly (Gross Receipts Or Mileage):	
Premiums	
Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

- A. Amounts paid to air, sea or land carriers operating under their own permits.
- B. Advertising revenue.
- C. Taxes collected as a separate item and paid directly to the government.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

Philadelphia Indemnity Insurance Company

Form Schedule – Commercial Auto

Policy Number: PHPK2691830-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
IL N 119	1015	California Auto Body Repair Consumer Bill Of Rights
CADS03	0310	Business Auto Declarations
Auto Schedule	0100	Business Auto Schedule
CA0001	0310	Business Auto Coverage Form
CA0143	0507	California Changes
PI-AUT-001	0116	Cap On Losses From Certified Acts Of Terrorism
PI-CA-032 CA	0521	California Uninsured Motorists Coverage-Bodily Injury

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2691830-001

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)								Town or City & Zip where the Covered Auto will be principally garaged		
1	2017 FORD TRANSIT, 1FBZX2YM1HKA63151								035 Sacramento, CA 95811		
2	2017 FORD TRANSIT CONNECT, NM0LS7E73H1338100								035 Sacramento, CA 95811		
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Uses = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1				9	1.000	1.000			7391	38,165	
2				9	1.000	1.000			7391	24,010	
Total Premium											
Covered Auto No.	LIABILITY		AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)						
	Limit (in thousands)	Premium	Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person		Premium				
1	1,000	1,187.00	NONE								
2	1,000	1,187.00	NONE								
Total Premium		2,374.00									
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1					1,000	209.00	X	X			
2					1,000	209.00	X	X			
Total Premium						418.00					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2691830-001

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	Deductible	Premium	Premium	Deductible	Premium
1	1,000	80.00		1,000	404.00
2	1,000	69.00		1,000	384.00
Total Premium		149.00			788.00
Covered Auto No.	TOWING & LABOR			TOWING & STORAGE	
	Limit per disablement	Premium		Limit	Premium
1					
2					
Total Premium					
Covered Auto No.				Except for towing all physical damage loss is payable to you and the loss payee named as interests may appear at the time of the loss: See Schedule(s)	TOTAL
					Premium
1					1,880.00
2					1,849.00
Total Premium					3,729.00

ADVISORY NOTICE TO POLICYHOLDERS

This is a summary of changes in your policy. No coverage is provided by this summary nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this summary, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

The major areas within the policy that broaden or reduce coverage, and other changes, are highlighted below. This notice does not reference every editorial change made in your policy.

The material in this notice makes reference to endorsement numbers; however, not all forms are included in a particular policy. You should review your Declarations to see which form(s) apply to your policy.

Your policy is being renewed with the following endorsements:

PI-ULT-260 (07/24) – MISMATCH EXCLUSION
PI-ULT-260 OH (07/24) – MISMATCH EXCLUSION – OHIO
PI-ULT-261 (07/24) – EXISTING DAMAGE EXCLUSION
PI-ULT-261 CT (11/24) – EXISTING DAMAGE EXCLUSION – CONNECTICUT
PI-ULT-261 GA (08/24) – EXISTING DAMAGE EXCLUSION – GEORGIA
PI-ULT-261 TX (08/24) – PRE-EXISTING DAMAGE EXCLUSION – TEXAS

The Mismatch Exclusion adds an exclusion for mismatch of color or materials between undamaged roof or siding material and new roof or siding material used to repair or replace damaged roof or siding material.

The Existing Damage Exclusion or Pre-Existing Damage Exclusion adds an exclusion for damages occurring prior to the inception date of the policy.

ULTIMATECOVER PROPERTY COVERAGE PART DECLARATIONS

Policy Number PHPK2691830-001

Effective Date: 07/01/2025

Expiration Date: 07/01/2026
12:01 a.m., Standard Time

Extension of Declarations is attached

Business Description

Museums Package

Description of Premises

Prem. No.	Bldg. No.	Location, Construction and Occupancy	
0001	0001	400 Jibboom St Sacramento, CA 95811-0114 MUSEUMS	MASONRY NON-COMBUSTIBLE

Limits of Insurance

Insurance applies only for coverage for which a Limit of Insurance is shown.

Property at Specified Premises

Prem. No.	Bldg. No.	Your Business Personal Property	Personal Property of Others	Buildings
0001	0001	\$ 7,500,000		\$ 23,924,153

Personal Property at Location not Specifically Identified: \$100,000, unless a higher limit is shown on the Additional Coverage Summary Declarations.

Personal Property in Transit: \$50,000, unless a higher limit is shown on the Additional Coverage Summary Declarations.

These declarations are part of the policy declarations containing the Name of the Insured and the policy period.

Applications of Limits

- Specific
 Blanket - See Form PI-ULTD-006
 Exceptions:

Deductibles

Building \$ 10,000 Business Personal Property \$ 10,000 Transit \$

Coinsurance

- 80% 90% 100% Agreed Value

Mortgage Holders

Prem. No. Bldg. No. Mortgage Holder Name and Address

SEE SCHEDULE ATTACHED

Forms and Endorsement

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:
See Schedule of Forms and Endorsements attached.

Premium

Premium for this Coverage Part \$ 41,055.00

ADDITIONAL COVERAGE SUMMARY DECLARATIONS

Policy Number PHPK2691830-001

As per the Property Coverage Part Declarations this Coverage Part provides the following Additional Coverages and Coverage Extensions, subject to the Limits of Insurance shown below.

	Limits of Insurance
Brands and Labels	Included in Policy Limits
Claim Expenses	\$ 10,000
Contract Penalty Clause	\$ 25,000
Computer Property	Included in Personal Property Limits
Excavation and Landscaping	\$ 25,000
Fine Arts	\$ 25,000
Fines for False Alarms	\$ 5,000
Fire Department Service Charge	\$ 50,000
Fire, Sprinkler or Burglar Alarm Upgrade	\$ 50,000
Fish in Aquariums	\$ 1,000
Glass	Included in Policy Limits, except when PI-ULT-030 applies
Guard Dogs	\$ 1,000
Lost Key Replacement	\$ 2,500
Newly Acquired Property	\$1,000,000 Blanket Limit Real and Personal
Property	
New Construction	\$ 500,000
Ordinance or Law – Undamaged Portion	Included in Building Limit
Ordinance or Law – Demolition	\$ 250,000
Ordinance or Law – Increased Cost of Construction	\$ 250,000
Personal Effects – Portable Electronic Equipment – Away from Premises	\$ 1,000
Personal Effects - Premises	\$ 25,000
Personal Effects – Spouses	\$ 500
Personal Effects – Worldwide	\$ 1,000
Pollutant Cleanup and Removal	\$ 25,000
Precious Metals	\$ 2,500
Signs	Included in Personal Property Limits
Theft Damage to Building	Included in Personal Property Limits
Utility Service	\$ 10,000
Voluntary Parting	\$ 10,000

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance.

	Limits of Insurance	Superseding Limits
Accounts Receivable	\$ 250,000	\$ _____
Arson Reward	\$ 25,000	\$ _____
Computer Virus Extraction Expense	\$ 2,500	\$ _____
Consequential Damage	\$ 25,000	\$ _____
Debris Removal	\$ 250,000	\$ _____
Personal Property in Transit	\$ 50,000	\$ _____
Personal Property at Locations not Specifically Identified	\$ 100,000	\$ _____
Valuable Papers and Records – Cost of Research	\$ 250,000	\$ _____

Philadelphia Indemnity Insurance Company

Form Schedule – UltimateCover

Policy Number: PHPK2691830-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-ULTD-002	1198	Property Coverage Part Declarations
PI-ULTD-005	0513	Additional Coverage Summary Declarations
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
CP0299	1185	Cancellation Changes
PI-CP-114	0717	Addl Property Not Covered - Inflatable Structures
PI-ULT-007	1198	Property Coverage Form
PI-ULT-008	1198	Causes of Loss Form
PI-ULT-009	1198	Crime Coverage Form
PI-ULT-010	1198	Business Income with Extra Expense Coverage Form
PI-ULT-015	1198	Agreed Value Endorsement
PI-ULT-016	1198	Loss Payable Provisions
PI-ULT-072	0321	Limitations On Fungus,Wet Rot, Dry Rot And Bacteria
PI-ULT-83	0401	Loss of Income due to Workplace Violence
PI-ULT-085	0516	Cap On Losses From Certified Acts Of Terrorism
PI-ULT-088	0419	Changes - Electronic Data
PI-ULT-142	0813	Collapse - Exclusion And Additional Coverage Re-Stated
PI-ULT-189	0717	Elite Property Enhancement: Museums/Cultural Inst Plus
PI-ULT-238	0119	Continuous Or Repeated Water Damage Exclusion
PI-ULT-257	0322	Flood Redefined
PI-ULT-258	0322	Dischge From Sewer/Drain/Sump Excl(Not Flood Related)
PI-ULT-261	0724	Existing Damage Exclusion

ABUSIVE CONDUCT LIABILITY COVERAGE FORM POLICY DECLARATIONS

PLEASE READ THIS POLICY CAREFULLY.

Policy Number: PHPK2691830-001 Effective date: 07/01/2025
12:01 A.M. Standard Time

LIMITS OF INSURANCE:	
AGGREGATE LIMIT	\$ <u>1,000,000</u>
EACH ABUSIVE CONDUCT LIMIT	\$ <u>1,000,000</u>
DEDUCTIBLE:	\$ <u>NONE</u>
BUSINESS DESCRIPTION:	
Form of Business: LLC	
Business Description: Museums Package	
PREMIUM: \$ 411.00	
FORMS AND ENDORSEMENTS (Other than Applicable Forms and Endorsements Shown Elsewhere in the Policy) Forms and Endorsements Applying to this Coverage Part and Made Part of this Policy at Time of Issue:	
SEE SCHEDULE ATTACHED	

Philadelphia Indemnity Insurance Company
Form Schedule – Abusive Conduct Liability

Policy Number: PHPK2691830-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-SAM-008D	0117	Abusive Conduct Liability Coverage Policy Dec
PI-ARB-1	0403	Binding Arbitration
PI-SAM-008	0519	Abusive Conduct Liability Coverage Form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BELL ENDORSEMENT**

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Unless otherwise stated herein, the terms, conditions, exclusions and other limitations set forth in this endorsement are solely applicable to coverage afforded by this endorsement, and the policy is amended as follows:

I. SCHEDULE OF ADDITIONAL COVERAGES AND LIMITS

The following is a summary of Limits of Liability or Limits of Insurance and/or additional coverages provided by this endorsement. This endorsement is subject to the provisions of the policy to which it is attached.

COVERAGE	LIMITS OF INSURANCE
Business Travel Accident Benefit	\$50,000
Conference Cancellation	\$25,000
Donation Assurance	\$50,000
Emergency Real Estate Consulting Fee	\$50,000
Fundraising Event Blackout	\$25,000
Identity Theft Expense	\$50,000
Image Restoration and Counseling	\$50,000
Key Individual Replacement Expenses	\$50,000
Kidnap Expense	\$50,000
Political Unrest	\$5,000 per employee: \$25,000 policy limit
Temporary Meeting Space Reimbursement	\$25,000
Terrorism Travel Reimbursement	\$50,000
Travel Delay Reimbursement	\$1,500
Workplace Violence Counseling	\$50,000