

ATTORNEYS AND ADJUSTERS
DAVID F. HART
STEPHEN L. GUICE

ADJUSTERS
REID J. COTTLE
VERNAL L. MILBURN

HART & LARSON

ATTORNEYS AND ADJUSTERS

TELEPHONE 3-6489

1103 IDAHO STREET

BOISE, IDAHO

April 9, 1956

Caldwell Housing Authority
Caldwell,
Idaho

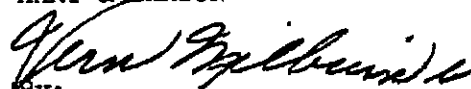
Gentlemen:

Enclosed find draft number 23762 to your order in the amount of \$75.55 on Northwestern Mutual Insurance Company. Proceeds of this draft represent settlement of claim arising out of accident occurring January 5, 1956 involving vehicle driven by H. E. Hunt and occurring at 5th and Cleveland, Caldwell, Idaho.

Very truly yours,

HART & LARSON

By:



VM:gb
enc.

W. MAX LEWELLEN AGENCY

DATE October 20, 1955

All Forms of Insurance

To

Harmon Building

Telephone 9-3681

CALDWELL, IDAHO

Housing Authority of the City of
Caldwell, Idaho
Box 21
Caldwell, Idaho

MORTGAGEE:

RENEWAL DATE	POLICY NUMBER	COMPANY	PROPERTY AND COVERAGE	AMOUNT	PREMIUM
9-21-56	6L-6240389	Travelers	Comprehensive Liability	BI \$50/100,000	\$295.88
			(Auto) FD \$5,000		34.54
			(Misc) PL \$25,000		53.12
					<u>\$383.54</u>
					223.89
					<u>159.65</u>

~~Form Labor Camp share of premium \$225.89~~

Bl - 7

*paid
✓ OK #4309
Nov. 7, 1965*

Memo

From
EDDIE G. COLE

To

File in safe

H.A. Insurance

CALDWELL CHAMBER OF COMMERCE
P. O. Box 772
CALDWELL, IDAHO

PHA-1865
3-10-49

(700)

PUBLIC HOUSING ADMINISTRATION
HOUSING AND HOME FINANCE AGENCY WASHINGTON 25, D. C.

In reply please refer to
Insurance: KMS:LC-36

Housing Authority of the
City of Caldwell
Post Office Box 772
Caldwell, Idaho

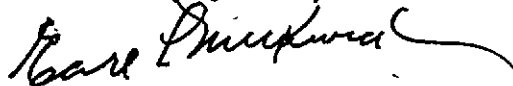
Gentlemen:

This will acknowledge receipt of:

Burglary and Robbery Policy No. OB-644176, issued by
the Travelers Insurance Company.

Evidence of approval is enclosed.

Sincerely yours,



EARL L. MILKWICK
Director
Insurance Branch

Enclosure

PHA-1865
3-10-49

HOUSING AND HOME FINANCE AGENCY
PUBLIC HOUSING ADMINISTRATION

~~NATIONAL HOUSING AGENCY~~

~~FEDERAL PUBLIC HOUSING ADMINISTRATION~~

WASHINGTON

In reply please refer to
Insurance: KMS:LC-36

Housing Authority of the
City of Caldwell
Post Office Box 772
Caldwell, Idaho

Gentlemen:

This will acknowledge receipt of:

Burglary and Robbery Policy No. OB-644176, issued by
the Travelers Insurance Company.

Evidence of approval is enclosed.

Sincerely yours,

EARL L. MILKWICK
Director
Insurance Branch

Enclosure



The Travelers
Indemnity Company
Hartford, Connecticut

DECLARATIONS

Office Burglary and Robbery Policy Number OB 644176

Item 1. Name of insured 1 HOUSING AUTHORITY OF THE CITY OF
CALDWELL, BOX 21,
Address CALDWELL, CANYON COUNTY, IDAHO
(No. street, town, county, state)
The building containing the premises is located at
the above address, unless otherwise stated herein: 4 1/2 N.W. CALDWELL, CANYON COUNTY, IDAHO
The business conducted in the premises by the
insured is FARM SUPPLIES
Item 2. Policy Period: From JAN. 1, 1952 to JAN. 1, 1955 12 noon,
standard time at the address of the insured as stated herein.

Item 3.	Insuring Agreements	Limit of Liability	Premium
I. Robbery Inside Premises II. Robbery Outside Premises III. Kidnaping IV. Safe Burglary V. Burglary From Night Depository or Residence VI. Burglary, Robbery, Theft or Larceny Within Premises VII. Damage to Property	\$ 500.00 each Insuring Agreement	\$78.75	
Symbol numbers of endorsements forming a part of the policy on its effective date: <u>1962</u>		Total Premium	\$78.75
If Policy Period more than one year, premium is payable:		\$ 26.25 On effective date of policy	\$ 26.25 On 1st Anniversary \$ 26.25 On 2d Anniversary

Item 4. (a) Not more than two messengers outside the premises will have custody of property covered by Insuring Agreements II and V hereof;
(b) The insured has no other burglary, robbery or theft insurance;
(c) During the last five years: (1) the insured has not sustained or received indemnity for any loss or damage by burglary, robbery or theft; (2) no insurer has canceled any burglary, robbery or theft insurance issued to the insured, or declined to issue such insurance: *Exception, if any, to (a), (b), (c)(1) or (c)(2):***

Date of Issue 11-21-51 bw

**Absence of an entry in this item
means "No Exceptions."

LEWELLEN AGENCY

Countersigned by M. W. Lewellen

Page 1

OFFICE BURGLARY AND ROBBERY POLICY

EXPIRES

JAN. 1, 1955

ISSUED TO

HOUSING AUTHORITY OF THE CITY OF CALDWELL

NUMBER

OB 644176

The Travelers Indemnity Company
Hartford, Connecticut

LEWELLEN AGENCY

LIFE - CASUALTY - FIRE

HARMON BUILDING PHONE 1-400
CALDWELL, IDAHO

*Thank You
For This
Business*

AND THE PLEASURE OF HAVING
YOU AS ONE OF OUR POLICY
HOLDERS.

PLEASE KNOW THAT WE ARE
ALWAYS AVAILABLE FOR IN-
FORMATION AND SERVICE
ON ALL INSURANCE
MATTERS.

*Please
Call Us*
D 957

The Travelers Indemnity Company

Hartford, Connecticut

(A Stock Insurance Company, Herein Called the Company)

Agrees with the insured named in the declarations made a part hereof, in consideration of the payment of the premium and in reliance upon the statements in the declarations and subject to the limits of liability, exclusions, conditions and other terms of this policy:

Insuring Agreements

I. Robbery Inside Premises

To Indemnify the insured for all loss not exceeding the amount stated in Item 3 of the declarations, of money, securities and other property, occasioned by robbery from a custodian within the premises;

II. Robbery Outside Premises

To Indemnify the insured for all loss not exceeding the amount stated in Item 3 of the declarations, of money, securities and other property, occasioned by robbery from a messenger while conveying such property outside the premises but within any of the States of the United States of America, the District of Columbia, Alaska, Puerto Rico, Hawaii, the Virgin Islands, Canada or Newfoundland;

III. Kidnaping

To Indemnify the insured for all loss not exceeding the amount stated in Item 3 of the declarations, of money, securities and other property, occasioned by the stealing of such property from within the premises by means of compelling a custodian or messenger by violence or threat of violence while outside the premises to admit a person thereinto or to furnish him with means of ingress into the premises, provided such loss shall occur before the premises are next opened for business;

IV. Safe Burglary

To Indemnify the insured for all loss not exceeding the amount stated in Item 3 of the declarations, of money, securities and other property, occasioned by safe burglary which shall mean the felonious abstraction of such property from within a safe or vault in the premises, or while located elsewhere after removal therefrom by burglars, by any person or persons making felonious entry into the safe and also into the vault, if any, containing the safe, when all doors of the safe and vault are duly closed and locked by at least one combination or time lock thereon; provided that such entry shall be made by actual force and violence of which there shall be visible marks made by tools, explosives, electricity, gas or other chemicals, upon the exterior of (a) all of said doors of the safe and of the vault, if any, containing the safe, if entry is made through such doors, or (b) the top, bottom or walls of the safe and of the vault, through which entry is made, if not made through such doors;

V. Burglary From Night Depository or Residence

To Indemnify the insured for all loss not exceeding the amount stated in Item 3 of the declarations, of money and

securities occasioned by burglary which shall mean the felonious abstraction of such property from within any night depository in a bank, or from within the house or apartment occupied as a residence by a custodian or messenger, by any person or persons making felonious entry therein by actual force and violence, of which there shall be visible marks made upon the exterior of such night depository, house or apartment at the place of such entry by tools, explosives, electricity, gas or other chemicals;

VI. Burglary, Robbery, Theft or Larceny Within Premises

To Indemnify the insured for all loss not exceeding the amount stated in Item 3 of the declarations, of office furniture, fixtures, equipment, instruments, supplies, rugs, pictures, paintings, trophies and draperies, occasioned by burglary, robbery, theft or larceny of such property from within the premises. The insurance under this Insuring Agreement VI shall not apply to gold, platinum or other precious metals, jewelry, precious or semiprecious stones, merchandise, articles held for sale or in course of trade, samples, or material or other property in course of manufacture or held for cleaning, repairing, processing, storage or distribution. From the amount of each claim under this Insuring Agreement VI, for loss not occasioned by burglary the sum of \$10.00 shall be deducted and the company shall be liable only for loss in excess of such sum, subject to the limit applying to this Insuring Agreement VI. "Burglary" as used in this Insuring Agreement VI shall mean the felonious abstraction of insured property from within the premises, by any person or persons making felonious entry therein by actual force and violence when the premises are not open for business, of which there shall be visible marks made upon the exterior of the premises at the place of such entry by tools, explosives, electricity or chemicals;

VII. Damage to Property

To Indemnify the insured for all damage not exceeding the amount stated in Item 3 of the declarations, to the premises and to money, securities and other insured property in the premises including glass and lettering and ornamentation thereon, caused by any such burglary or robbery or attempt thereat.

VIII. Policy Period

This policy applies only to such loss or damage which occurs during the policy period or within any extension thereof under Renewal Certificate issued by the company.

Exclusions

The company shall not be liable for loss or damage (1) under Insuring Agreements I, II, III, IV and V unless records are kept by the insured in such manner that the company can accurately determine therefrom the amount

of loss or damage, (2) to manuscripts, records or accounts, (3) under Insuring Agreements VI and VII if caused or contributed to by fire or occurring during a fire in the building in which the premises are located.

Conditions

1. Definitions. The following terms, as used in this policy, shall have the respective meanings stated in this paragraph:

"**Money**" means currency, coin, bank notes and bullion.

"**Securities**" means all negotiable and non-negotiable instruments or contracts representing either money or other property, and includes revenue and other stamps in current use, but shall not include money.

"**Premises**" means the interior of that portion of the building designated in Item 1 of the declarations which is occupied as an office by the insured.

"**Messenger**" means the insured or a partner or officer of the insured, or any person who is in the regular employ of and duly authorized by the insured to have the care and custody of the insured property while being conveyed outside the premises.

"**Custodian**" means the insured or a partner or officer of the insured, or any person who is in the regular employ of and duly authorized by the insured to have the care and custody of the insured property within the premises, excluding any person while acting as a watchman, porter or janitor.

"**Robbery**" means the felonious and forcible taking of insured property (1) by violence inflicted upon a messenger or custodian, (2) by putting him in fear of violence, (3) by any other overt felonious act committed in his presence and of which he was actually cognizant, provided such other act is not committed by an officer or employee of the insured, or (4) from the person or direct care and custody of a messenger or custodian, who has been killed or rendered unconscious by injuries inflicted maliciously or sustained accidentally.

"**Property**" as used in Insuring Agreements I, II, III, IV and VII means furniture, fixtures, equipment and other articles except merchandise and articles held for sale or in course of trade, samples, and material or other property in course of manufacture or held for cleaning, repairing, processing, storage or distribution.

2. Ownership of Property Insured. The insured property may be owned by the insured or held by him in any capacity whether or not the insured is liable for the loss thereof, provided that the company shall not be liable for damage to the premises unless the insured is the owner thereof or is liable for damage thereto. In the event of claim hereunder involving property so held by the insured, the company may adjust such claim either with the insured or with the owner or owners, and payment of such claim to such owner or owners shall constitute full satisfaction of such claim by the insured. If legal proceedings are taken against the insured to recover for such loss or damage the insured shall immediately notify the company in writing and the company, at its own expense, may conduct and control the defense in the name and on behalf of the insured. In no event shall this policy cover any property owned by the United States Government or held by the insured as postmaster.

3. Notice of Loss. The insured upon knowledge of any loss or damage shall give notice thereof as soon as practicable by telegraph at the company's expense, to the company at its Home Office in Hartford, Connecticut, or to a duly authorized agent of the company; and shall also give immediate notice thereof to the public police or other peace authorities having jurisdiction. The insured shall also take all reasonable means to prevent the negotiation, sale or retirement of all securities stolen.

4. Proof of Loss. Affirmative proof of loss or damage under oath in such detail as required by and upon such forms as are provided by the company shall be furnished to the company within sixty days from the date of the discovery of such loss or damage. The insured upon request of the company shall render every assistance in his power to facilitate the investigation and adjustment of any claim, exhibiting for that purpose any and all records, papers and vouchers bearing in any way upon the claim made and submitting himself and his associates in interest and also, so far as he is able, his employees and members of his household to examination and interrogation by any representative of the company under oath if required. In the event of loss or damage for which claim is made the insured shall, if the company so requests in writing, take legal action at the company's expense to secure the recovery of the property and the arrest and prosecution of the offenders.

5. Payment—Replacement—Continuity of Insurance. The company shall in no case be liable for more than the actual cash value of the stolen or damaged property at the time of the loss or damage, nor for more than the actual cost of repairing or replacing such property. The company may repair any damage or replace any stolen or damaged property with property of like quality and value or pay for the same in money, as the company may elect. The occurrence of any loss or payment or replacement shall not reduce the amounts of insurance granted hereunder which shall continue to apply in accordance with the limits of indemnity as before any loss occurred. Any property for which the insured has been indemnified by payment or replacement shall become the property of the company. The party to this contract recovering any such property or receiving the return thereof, shall immediately notify the other in writing of such recovery or return.

6. Other Insurance. If the insured or any other interested party carries other insurance covering such loss or damage as is covered by this policy, the company shall not be liable for a greater proportion of any such loss or damage than the amount applicable thereto as hereby insured, bears to the total amount of all valid and collectible insurance covering such loss or damage.

7. Action Against Company. No action shall lie against the company unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this policy, nor until thirty days after the required proofs of loss have been filed with the company.

8. Subrogation. In the event of any indemnification under this policy the company shall be subrogated to all the insured's rights of recovery against any third party, and the insured shall execute all papers required and shall do everything necessary to secure such rights.

9. Assignment. Assignment of interest under this policy shall not bind the company until its consent is endorsed hereon. If the insured shall die or be adjudged bankrupt or insolvent within the policy period, this policy, unless canceled, shall, if written notice be given to the company within thirty days after the date of such death or adjudication, cover the insured's legal representative as the insured.

10. Cancellation. This policy may be canceled by the insured by mailing written notice to the company stating when thereafter such cancellation shall be effective. This policy may be canceled by the company by mailing to the insured at the address shown in this policy written notice stating when not less than five days thereafter such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice and the effective date and hour of cancellation stated in the notice shall become the end of the policy period. Delivery of such written notice either by the insured or by the company shall be equivalent to mailing. If the insured cancels, earned premium shall be computed in accordance with the customary short rate table and procedure. If the company cancels, earned premium shall be computed pro rata. Premium adjustment may be made at the time cancellation is effected and, if not then made, shall be made as soon as practicable after cancellation becomes effective. The company's check or the check of its representative mailed or delivered as aforesaid shall be a sufficient tender of any refund of premium due to the insured. Reinstatement, if granted by the company after cancellation, shall be in writing.

11. Changes. Notice to any agent or knowledge possessed by any agent or by any other person shall not effect a waiver or a change in any part of this policy or estop the company from asserting any right under the terms of this policy; nor shall the terms of this policy be waived or changed, except by endorsement issued to form a part of this policy, signed by the President, a Vice President, Secretary or an Assistant Secretary of the company; provided, however, changes may be made in the written portion of the declarations by a manager or general agent of the company when initialed by such manager or general agent. Personal pronouns herein used shall apply regardless of number or gender.

12. Declarations. By acceptance of this policy the insured agrees that the statements in the declarations are his agreements and representations, that this policy is issued in reliance upon the truth of such representations and that this policy embodies all agreements existing between himself and the company or any of its agents relating to this insurance.

In witness whereof, The Travelers Indemnity Company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut, and countersigned on the declarations page by a duly authorized agent of the company.

L. A. Klein
Secretary

J. W. Randall
President

(A STOCK COMPANY, HEREIN CALLED THE COMPANY)

Item 1.	Name of Assured is	HOUSING AUTHORITY OF THE CITY OF CALDWELL, IDAHO						
Item 2.	Assured's business address is	901 MAIN STREET, CALDWELL, CANYON COUNTY, IDAHO						
Item 3.	Location of the building containing the Premises is	901 MAIN STREET						
		City or Town	County	State				
Item 4.	The business conducted in the Premises by the Assured is	HOUSING AUTHORITY ADMINISTRATION						
Item 5.	Not more than one Messenger outside the Premises will have custody of insured property at any one time, except as herein stated:	NO EXCEPTIONS						
Item 6.	Such property while outside the Premises will be conveyed in	NO CONVEYANCE						
Item 7.	No insurance is provided under any of the following Sections or Subdivisions thereof unless so indicated by entries showing the amount of insurance and the premium therefor.							
Section (a)	The insurance under Insuring Agreement I (Robbery outside the Premises) shall apply to insured property while in the care and custody of a Messenger outside the Premises when he is:			Insurance.	Premium.			
	(1) Accompanied or unaccompanied by a guard			\$ 1,000.	\$ 30.00			
	(2) Accompanied by at least guard(s)			\$ NIL	\$ NIL			
Section (b)	The insurance under Insuring Agreement II (Robbery inside the Premises) shall apply to insured property:							
	(1) While at least one Custodian is on duty within the Premises			\$ 1,000.	\$ 30.00			
	(2) While a Custodian and at least one other employee are on duty within the Premises			\$ NIL	\$ NIL			
Section (c)	The insurance under Insuring Agreement III (Safe Burglary) shall apply to insured property contained:							
	(1) Within the Safe described in Item 10 hereof, whether outside or inside of any chest therein			\$ 1,000.	\$ 30.00			
	(2) Within the chest in such Safe, but not outside of such chest			\$ NIL	\$ NIL			
	(3) Within the Vault described in Item 11 hereof, whether outside or inside of any safe or chest therein			\$ NIL	\$ NIL			
Section (d)	Insurance shall also apply as provided in Endorsement No. 1962 attached			\$ NIL	\$ NIL			
Section (e)	Total Amount of Insurance under this Policy and the premium therefor			\$ 3,000.	\$ 90.00			
Item 8.	The premium is payable \$ 30.00 in advance, \$ 30.00 on first anniversary, and \$ 30.00 on second anniversary.							
Item 9.	The Policy Period shall be from JULY 1, 1951 to JULY 1, 1954 at 12 o'clock noon, standard time at the Assured's business address stated herein as to each of said dates.							
Item 10.	(No safe or chest shall be considered "Burglarproof" unless it shall have solid steel walls at least one inch in thickness and at least one door containing solid steel not less than one and one-half inches in thickness exclusive of bolt work.)							
	The Safe containing the property insured under Insuring Agreement III is described as follows:							
		(a) Maker's Name	(b) Number, Style or Letter	(c) The safe is burglarproof, or fireproof only, or fireproof with burglarproof chest (state which)	(d) Thickness of steel in each door exclusive of bolt work (in inches)	(e) Each door is equipped with a combination or time lock (state which)	(f) Name of relocking device on each door	(g) State cost to Assured, year purchased, and if new or second hand
		DIEBOLD	2862	FIREPROOF	Outer Middle Chest	COMBINATION Outer Middle Chest	Outer Middle Chest	Cost \$ Year New or S. H.
Item 11.	The Safe is within the Vault described as follows (yes or no)	NO						
		(a) Name of Maker of vault door	(b) Vault doors are constructed of burglarproof steel (state "yes" or "no")	(c) Thickness of each door exclusive of bolt work (in inches)	(d) Each door is equipped with a combination or time lock (state which)	(e) Name of relocking device on each door	(f) All walls of the vault are lined with steel (state thickness)	(g) Vault is built of Brick, Stone, Granite, reinforced or non-reinforced Concrete (state material and thickness)
			Outer Inner	Outer Inner	Outer Inner	Outer Inner	(yes or no) inches	inches
Item 12.	All combination and time locks on all Safe and Vault doors will be maintained in proper working order and will be regularly used while this Policy is in force, except as herein stated:	NO EXCEPTIONS						
Item 13.	NONE private watchman (watchmen) employed exclusively by the Assured will be on duty within the Premises at all times when the Premises are not regularly open for business while this Policy is in force, and each such watchman will make at least hourly rounds of the Premises and will (a) register at least hourly on a watchman's clock ; or (b) signal an outside central station at least hourly:							
		yes or no						
Item 14.	The Assured has no other Burglary, Robbery or Theft Insurance, except as herein stated:	NO EXCEPTIONS						
Item 15.	The Assured has not sustained, nor received indemnity for, any loss or damage by burglary, robbery or theft within the last five years, except as herein stated:	NO EXCEPTIONS						
Item 16.	No Burglary, Robbery or Theft Insurance applied for or carried by the Assured has been declined or canceled within the last five years, except as herein stated:	NO EXCEPTIONS						

Date of Issue 5-15-51
I-707A Ed. Jan. 1941 RS PRINTED IN U.S.A.

Countersigned by M. J. J. J. E. E. E. E.

The Travelers Indemnity Company,

Hartford, Connecticut,

(A STOCK COMPANY, HEREBIN CALLED THE COMPANY)

Does Hereby Agree with the Assured named in Item 1 of the Declarations forming a part hereof, as respects Money, Securities and other property, subject to the limits of liability, conditions and other terms of this Policy:

Insuring Agreements

ROBBERY
OUTSIDE
PREMISES

I. To Indemnify the Assured (if insurance is provided under Section (a) of Item 7 of the Declarations but not otherwise) for all loss of or damage (hereinafter called loss) to such property, occasioned by ROBBERY OR ATTEMPT THEREAT from a Messenger while conveying such property outside the Premises but within the United States of America or the Dominion of Canada or Newfoundland;

ROBBERY
INSIDE
PREMISES

II. To Indemnify the Assured (if insurance is provided under Section (b) of Item 7 of the Declarations but not otherwise) for all loss of or damage (hereinafter called loss) to such property from within the Premises, and for damage to the Premises if the Assured is the owner thereof or is liable for such damage, provided such loss or damage is occasioned by:

Robbery (a) ROBBERY OR ATTEMPT THEREAT from a Custodian while within the Premises;

Kidnaping (b) the stealing of such property from within the Premises by means of compelling a Custodian or Messenger by violence or threat of violence while outside the Premises to admit a person thereinto or to furnish him with means of ingress into the Premises, provided such loss shall occur before the Premises are next opened for business;

Show Window Coverage (c) the stealing of such property from within a show window in the Premises while regularly open for business, by a person who has broken the glass thereof from outside the Premises, or by an accomplice of such person;

III. To Indemnify the Assured (if insurance is provided under Section (c) of Item 7 of the Declarations but not otherwise);

SAFE
BURGLARY

(a) For all loss by BURGLARY which shall mean the felonious abstraction of any such insured property from within the insured part, as specified in the said Section (c), of the safe or vault, by any person or persons making felonious entry into such safe and such insured part thereof, and also into the vault, if any, containing such safe, when all doors of such safe and vault are duly closed and locked by all combination and time locks thereon; provided that such entry shall be made by actual force and violence of which there shall be visible marks made by tools, explosives, electricity, gas or other chemicals, upon the exterior of (1) all of said doors of such safe and of the insured part thereof and of the vault, if any, containing such safe, if entry is made through such doors, or (2) the top, bottom or walls of such safe and of the insured part thereof and of the vault, through which entry is made, if not made through such doors. If only the vault and not the safe, if any therein, is so entered, the Company's liability shall not be greater than the amount stated in Subdivision 3 of Section (c) of Item 7 of the Declarations. This paragraph shall apply only while such safe or vault is located in the Premises, or while located elsewhere after removal therefrom by burglars;

DAMAGE BY
SAFE
BURGLARY

(b) For all Damage (except by fire) caused by such Burglary or attempt thereat, to (1) such safe and vault and the insured property therein; (2) all furniture, fixtures, equipment and other property in the Premises but outside such safe or vault; and (3) the building containing the Premises if the Assured is the owner thereof or is liable for such damage.

LIMITS OF
INDEMNITY

IV. The Company's Liability is limited as specified in the several Sections of Item 7 of the Declarations and subject to such limits as respects each Section, the total liability of the Company is limited to the amount stated in Section (e) of the said Item 7. If more than one person or interest is named herein as the Assured, the Company's liability for such loss sustained by all such persons and interests combined shall be limited in the aggregate to the said specified amounts.

POLICY
PERIOD

V. This Agreement shall apply only to loss as aforesaid occurring within the Policy Period defined herein or within any extension thereof under Renewal Certificate issued by the Company.

This Policy is subject to the following agreements, limitations and conditions:

DEFINITIONS

A. The following terms, as used in this Policy, shall have the respective meanings stated in this paragraph: "Premises" means the interior of that portion of the building designated in Item 3 of the Declarations which is occupied solely by the Assured in conducting his business. "Money" means currency, coin, bank notes and bullion. "Securities" means all negotiable and non-negotiable instruments or contracts representing either money or other property, and includes revenue and other stamps in current use but does not include money. "Robbery" means the felonious and forcible taking of insured property: (1) by violence inflicted upon a Messenger or a Custodian; (2) by putting him in fear of violence; (3) by any other overt felonious act committed in his presence and of which he was actually cognizant, provided such other act is not committed by an officer or employee of the Assured; or (4) from the person or direct care and custody of a Messenger or Custodian who has been killed or rendered unconscious by injuries inflicted maliciously or sustained accidentally. "Messenger" means the Assured or a partner or officer of the Assured, or any other person who is in the regular employ of and duly authorized by the Assured to have the care and custody of the insured property while being conveyed outside the Premises. "Custodian" means the Assured or a partner or officer of the Assured, or any other person who is in the regular

employ of and duly authorized by the Assured to have the care and custody of the insured property within the Premises, excluding any person while acting as a watchman, porter or janitor. "Guard" as used in connection with Insuring Agreement I means any male person not less than seventeen or more than sixty-five years of age who accompanies a Messenger by direction of the Assured, but who is not a driver of a public conveyance. Any chest within a safe shall, for the purposes of this insurance, be considered to be a part of such safe.

OWNERSHIP OF PROPERTY INSURED

B. The property covered hereby (except the Premises) may be owned by the Assured or held by him in any capacity whether or not the Assured is liable for the loss thereof. In the event of claim hereunder involving property so held by the Assured, the Company may adjust such claim either with the Assured or with the owner or owners, and payment of such claim to such owner or owners shall constitute full satisfaction of such claim by the Assured. If legal proceedings are taken against the Assured to recover for such loss the Assured shall immediately notify the Company in writing and the Company, at its own expense, may conduct and control the defense in the name and on behalf of the Assured. In no event shall this Policy cover any property

owned by the United States Government or held by the Assured as Postmaster.

EXCLUSIONS C. The Company shall not be liable for loss: (1) unless records are kept by the Assured in such manner that the Company can accurately determine therefrom the amount of loss; (2) of manuscripts, records or accounts, or plate glass or lettering or ornamentation thereon; (3) under Insuring Agreement III occurring while the protection specified in Items 12 and 13 of the Declarations is not maintained.

NOTICE OF LOSS D. The Assured upon knowledge of any loss shall give notice thereof as soon as practicable by telegraph at the Company's expense, to the Company at its Home Office in Hartford, Connecticut, or to a duly authorized agent of the Company and shall also give immediate notice thereof to the public police or other peace authorities having jurisdiction. The Assured shall also take all reasonable means to prevent the negotiation, sale or retirement of all securities stolen.

PROOF OF LOSS PROSECUTION E. Affirmative proof of loss under oath on forms provided by the Company must be furnished to the Company at its Home Office in Hartford, Connecticut, within sixty days from the date of the discovery of such loss. Such proof shall contain a complete inventory of all the property stolen or damaged, stating the original cost, the actual cash value thereof at the time of the loss and the amount of loss thereon; and shall also contain statements in detail as follows: (1) describing the damage done to the property; (2) defining the interest of the Assured in the property for which indemnity is claimed; (3) reasonable evidence of the commission of a felonious act as aforesaid, to which the loss was due and of the time of its occurrence; (4) describing other similar insurance, if any, on the property insured and the purposes for which and the persons by whom the Premises were occupied at the time of the loss. The Assured upon request of the Company shall render every assistance in his power to facilitate the investigation and adjustment of any claim, exhibiting for that purpose any and all books, papers and vouchers bearing in any way upon the claim made and submitting himself and his associates in interest and also, so far as he is able, his employees and members of his household to examination and interrogation by any representative of the Company under oath if required. In the event of loss for which claim is made the Assured shall, if the Company so requests in writing, take legal action at the Company's expense to secure the recovery of the property and the arrest and prosecution of the offenders.

PAYMENTS REPLACE- MENTS F. In no case shall the Company be liable for more than the actual cash value of the stolen or damaged property at the time of the loss, nor for more than the actual cost of repairing or replacing such property, nor in respect of property (other than securities) held by the Assured as a pledge or as collateral for an advance or a loan for more than the value of the property as determined by the Assured at the time of making such advance or loan and duly recorded at that time by the Assured. In the absence of any such record, the Company's liability shall be limited to the actual amount of the advance or loan plus the interest actually accrued thereon at legal rates. The Company may repair any damage or replace any stolen or damaged property with property of like quality and value or pay for the same in money, as the Company may elect. The occurrence of any loss or payment or replacement under Insuring Agreement I or II shall not reduce the amount of insurance granted thereunder but the Assured shall pay the Company an additional premium on the amount of loss payment or replacement computed pro rata from the date of the occurrence of the loss to the date on which this Policy expires. Indemnification for loss under Insuring Agreement III shall reduce the limit of indemnity applicable to the loss and shall also reduce the total amount of insurance thereunder by the amount of indemnity paid and the value of the property replaced. Any property for which the Assured has been indemnified by payment or replacement shall become the property of the Company. The party to this contract recovering any such property or receiving the return thereof, shall immediately notify the other in writing of such recovery or return.

OTHER INSURANCE G. If the Assured or any other interested party carries other insurance covering such loss as is covered by this Policy, the Company shall not be liable for a

greater proportion of any such loss than the amount applicable thereto as hereby insured, bears to the total amount of all valid and collectible insurance covering such loss.

LIMITATIONS H. No suit shall be brought under this Policy until forty days after proof of loss as required herein has been furnished, nor at all unless commenced within two years from the date upon which the loss occurred. If any limitation of time for notice of loss or for any legal proceeding herein contained is shorter than that permitted to be fixed by agreement under any statute controlling the construction of this Policy, the shortest permissible statutory limitation of time shall govern and shall supersede any condition of this Policy inconsistent therewith.

SUBROGATION I. The Company shall be subrogated to the extent of any payment hereunder to all of the Assured's rights of recovery against any third party, and the Assured shall execute all papers required and shall do everything necessary to secure such rights.

ASSIGNMENT J. No assignment of interest under this Policy shall bind the Company without its written consent. If the Assured shall die or be adjudged bankrupt or insolvent during the Policy Period, this Policy, unless canceled, shall continue in favor of the legal representative of the Assured, provided written notice shall be given the Company within thirty days after the date of such death or adjudication.

CANCELATION K. This Policy may be canceled by the Assured by mailing written notice to the Company stating when thereafter such cancellation shall be effective, in which case the Company shall refund the excess of premium paid by the Assured above the short rate premium for the expired term, in accordance with the table printed hereon. This Policy may be canceled by the Company by mailing written notice to the Assured at his business address shown in Item 2 of the Declarations, stating when not less than five days thereafter such cancellation shall be effective in which case the Company shall refund the excess of premium paid by the Assured above the pro rata premium for the expired term. The mailing of notice as aforesaid shall be sufficient proof of notice and the effective date and hour of cancellation stated in the notice shall be the end of the Policy Period. Delivery of such written notice either by the Assured or by the Company shall be equivalent to mailing and the check of the Company similarly mailed or delivered shall be a sufficient tender of any refund of premium due the Assured. Reinstatement, if granted by the Company after cancellation, shall be in writing.

CHANGE IN RISK L. If the Assured fails, because of an unforeseen contingency beyond his control, to maintain any protection or service specified in Item 6 of the Declarations or in Section (a) or (b) of Item 7 thereof, the insurance under Insuring Agreement I or II shall not be forfeited but the Company's liability as respects loss occurring during such failure, shall be limited to the amount of insurance which the premium charged for the insurance applicable to such loss would have purchased under the Company's Manual of rates in force when this Policy was issued, for the actual conditions under which the loss was sustained.

CHANGES IN POLICY M. None of the provisions, conditions or other terms of this Policy shall be waived or altered except by endorsement issued to form a part hereof and signed by the President, a Vice President, the Secretary, or an Assistant Secretary of the Company; nor shall notice to any agent, or knowledge possessed by any agent or by any other person, be held to effect a waiver or change in any part of this Policy, provided that changes in the written portion of the Declarations, if initialed by any Manager, Assistant Manager or General Agent of the Company, shall bind the Company and the Assured. Personal pronouns herein used shall apply regardless of number or gender.

DECLARATIONS N. The statements in Items numbered 1 to 16 inclusive in the Declarations are represented by the Assured to be true. This Policy is issued in consideration of such statements and the payment of the total premium in the Declarations expressed. By acceptance of this Policy the Assured agrees that it embodies all agreements existing between himself and the Company or any of its agents relating to this insurance.

In Witness Whereof, The Travelers Indemnity Company has caused this Policy to be signed by its President and Secretary at Hartford, Connecticut, and countersigned on Page 1 by a duly authorized Agent of the Company.

S. A. Klein
Secretary

J. W. Randall
President

FOR VALUE RECEIVED the interest of the Assured in this Policy is hereby assigned to

of

Business address of Assignee

subject to the consent of THE TRAVELERS INDEMNITY COMPANY.

Signature of Assured

19

THE TRAVELERS INDEMNITY COMPANY hereby consents to the above assignment and to the transfer of the insurance afforded by this Policy upon condition that the assignee shall be subject to all the provisions, conditions and obligations of this Policy, and provided further that:

1. The Assignee has no other Burglary, Robbery or Theft Insurance, *except as herein stated:*
2. The Assignee has not sustained, nor received indemnity for, any loss or damage by burglary, robbery or theft within the last five years, *except as herein stated:*
3. No Burglary, Robbery or Theft Insurance applied for or carried by the Assignee has been declined or canceled within the last five years, *except as herein stated:*

THE TRAVELERS INDEMNITY COMPANY

Secretary

Short Rate Cancellation Table

(Premiums Subject to Short Rate Adjustment)

Days Policy in Force	Per Cent of One Year Premium	Days Policy in Force	Per Cent of One Year Premium
1	5%	154-156	53%
2	6	167-169	54
3	7	161-164	55
4	8	165-167	56
5	9	168-171	57
6	10	172-175	58
7	11	176-178	59
8	12	179-182 (6 mos.)	60
9	13	183-187	61
10	14	188-191	62
11	15	192-196	63
12	16	197-200	64
13	17	201-205	65
14	18	206-209	66
15	19	210-214 (7 mos.)	67
16	20	215-218	68
17	21	219-223	69
18	22	224-228	70
19	23	229-232	71
20	24	233-237	72
21	25	238-241	73
22	26	242-246 (8 mos.)	74
23	27	247-250	75
24	28	251-255	76
25	29	256-260	77
26	30	261-264	78
27	31	265-269	79
28	32	270-273 (9 mos.)	80
29	33	274-278	81
30	34	279-282	82
31	35	283-287	83
32	36	288-291	84
33	37	292-296	85
34	38	297-301	86
35	39	302-305 (10 mos.)	87
36	40	306-310	88
37	41	311-314	89
38	42	315-319	90
39	43	320-323	91
40	44	324-328	92
41	45	329-332	93
42	46	333-337 (11 mos.)	94
43	47	338-342	95
44	48	343-346	96
45	49	347-351	97
46	50	352-355	98
47	51	356-360	99
48	52	361-365 (12 mos.)	100
49		Over 365	See below

"One Year Premium" means premium determined as for a policy written for a period of one year. For each day over 365, add to the one year premium such proportion of the balance of the premium for the written policy period as one day bears to the number of days beyond one year in such period.

MERCANTILE ROBBERY
AND
SAFE BURGLARY
POLICY

NUMBER RS 823550
EXPIRES JULY 1, 1954

ISSUED TO

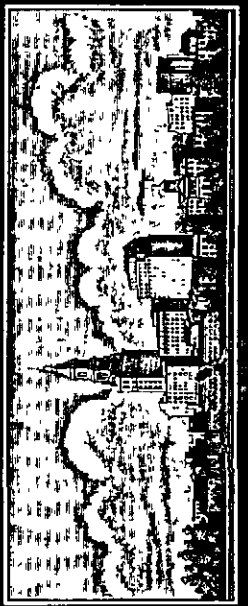
USING AUTHORITY OF THE CI
OF CALDWELL, IDAHO

LEWELLEN AGENCY

LIFE - CASUALTY - FIRE

WARMON BUILDING PHOENIX, ARIZONA
CALDWELL, IDAHO

The Travelers
Indemnity Company
Hartford, Connecticut



This letter sent to: Mitchell-Graves
Walker-Shaffer,
Canyon Abstract
Mark Hanna
Riner Agency

February 19, 1954

Recently we wrote asking you to write a specific insurance policy for the Caldwell Chamber of Commerce, Housing Authority, or Caldwell Night Rodeo.

On further study, the Board of Directors has decided to make the Caldwell Association of Insurance Agents responsible for proper coverage. Agents belonging to the Chamber of Commerce who are NOT members of the Association will be assigned their fair share of this business from the Caldwell Association of Insurance Agents on instruction from the directors of the above-listed organizations.

We hope this arrangement meets with your approval and want you to know that we intend to place the business with those who support our Chamber of Commerce.

Mr. Coley Smith, who is a member of the Board of Directors of the Chamber of Commerce, has asked that his agency be excluded from the distribution of insurance in this program.

Sincerely yours,

Eddie G. Cole
Manager

EGC:ADP

cc. to Coley Smith

January 28, 1954

Canyon Abstract & Title Co.
213 South Kimball
Caldwell, Idaho

Dear Mr. Tatum:

The Board of Directors of the Chamber of Commerce, Caldwell Night Rodeo, and the Housing Authority have decided to make an equitable distribution of the insurance business purchased by these three offices.

Will you please write a Robbery and Burglary policy, covering the Housing Authority, at 811 Main Street, and replaces Travelers Insurance policy #RS823550. Said policy to be written for three years, effective July 1, 1954.

Yours very truly,

Eddie G. Cole
Manager

EGC:rc

Caldwell, Idaho

January 21, 1954

Canyon Abstract & Title Co.
213 South Kimball
Caldwell, Idaho

Dear Mr. Tatum:

The Board of Directors of the Chamber of Commerce, Caldwell Night Rodeo, and the Housing Authority have decided to make an equitable distribution of the insurance business purchased by these three offices.

Will you please write a Robbery and Burglary policy, covering the Housing Authority at 909 Main Street, and replaces Travelers Insurance policy # RS823550. Said policy to be written for three years, effective July 1, 1954.

Yours very truly,

January 28, 1954

M. D. Riner Agency
215 South Kimball
Caldwell, Idaho

Dear Mr. Riner:

The Board of Directors of the Chamber of Commerce, Caldwell Night Rodeo and the Housing Authority have decided to make an equitable distribution of the insurance business purchased by these three offices.

It is ~~my~~ desire that your agency write the Comprehensive Liability policy for the Housing Authority to replace United Pacific #57453, which present policy has an annual expiration date of August 5th. You may examine the present policy at the Chamber of Commerce Office. This policy was written on a three year basis, but since it is an annual expiring policy, please write a new one effective August 5, 1954, for a period of one year.

Yours very truly,

Eddie G. Cole
Manager

EGC:rc

Caldwell, Idaho

January 21, 1954

M. D. Riner Agency
215 South Kimball
Caldwell, Idaho

Dear Mr. Riner:

The Board of Directors of the Chamber of Commerce, Caldwell Night Rodeo, and the Housing Authority have decided to make an equitable distribution of the insurance business purchased by these three offices.

It is our desire ^{that} your agency write the Comprehensive Liability policy for the Housing Authority to replace United Pacific #57453, which present policy has an annual expiration date of August 5th. You may examine ~~the~~ present policy at the Chamber of Commerce Office, ~~which we trust you will replace.~~ This policy was written on a three bases, but since it is an annual expiring policy, please write a new one effective August 5, 1954, for a period of one year.

Yours very truly,

January 28, 1954

Wm. L. Glaisyer Agency
127 South Seventh
Caldwell, Idaho

Dear Mr. Glaisyer:

The Board of Directors of the Chamber of Commerce, Caldwell Night Rodeo, and the Housing Authority have decided to make an equitable distribution of the insurance business purchased by these three offices.

In view of the long period of time you have had the Housing Authority Comprehensive Liability policy, you are hereby notified that United Pacific policy #57453 is to be cancelled August 5, 1954, and any prepaid premium to be refunded to the Housing Authority.

Yours very truly,

Eddie G. Cole
Manager

EGC:rc

Caldwell, Idaho

January 21, 1954

Wm. L. Gleisyer Agency
127 South 7th
Caldwell, Idaho

Dear Mr. Glaisyer:

The Board of Directors of the Chamber of Commerce, Caldwell Night Rodeo, and the Housing Authority have decided to make an equitable distribution of the insurance business purchased by these three offices.

In view of the long period of time you have had the Housing Authority Comprehensive Liability policy, you are hereby notified that United Pacific policy #57453 is to be cancelled August 5, 1954 and any prepaid premium to be refunded to the Housing Authority.

Yours very truly,

FIDELITY AND SURETY
BONDS

FIDELITY AND DEPOSIT COMPANY
OF MARYLAND

BURGLARY AND GLASS
INSURANCE

PREMIUM NOTICE

6 16 52

Mr. W. Max Lewellen

Salt Lake City BRANCH

Harmon Bldg.

Caldwell, Idaho

Continuation premiums will become due on bonds
as described below.

~~Please return this premium notice with remittance
and make check payable to order of the Company.~~

BOND OR POLICY NO.	DESCRIPTION OF RISK	EFF. DATE	PREMIUM	REMARKS
5057874	Employees - Housing Authority of City of Caldwell - Blkt Pos Bond	7 1 52	95.01 annual	Copies of personnel list enclosed - No renewal cert. or new bond re- quired inasmuch as original bond is continuous in character and is in full force and effect.

Fidelity and Deposit Company

HOME OFFICE

OF MARYLAND

BALTIMORE 3

Blkt Position Bond No. 5057874

BLANKET BOND PERSONNEL LIST

Housing Authority of City
of Caldwell, Idaho \$5000.

7 1 52-53

NAME OF EMPLOYEE	LOCATION	POSITION
A - J. Harold Aird ✓ A - Thurlow Bryant ✓ A - Keith Perine - ✓ A - Ray T. Ott - ✓ A - Mable Collins ✓ A - Rena Caward ✓ A - Floyd Stuart - ✓ A - James E. Wright ✓ A - Telpher E. Wright ✓ C - B. Otto Duty ✓ <i>Jensen ✓</i> <i>Cole ✓</i> <i>J.C. Bingham ✓</i> <i>in coverage for 53-54</i>	Caldwell, Idaho	Check Countersigner Do Auditor Accountant Accounts Clerk Accounts Clerk Manager-Labor Camp Supt. Executive Director Maintenance Mechanic
(Class A employees - An. prem. \$95.01		

FOR BRANCH OFFICE OR GENERAL AGENT'S USE ONLY:

Show classification of each position and also your
premium computationSigned on 18th day of June, 1952Housing Authority of the City of CaldwellBy Telpher E. Wright
(Title) Ex-Director

FIDELITY AND SURETY
BONDS

FIDELITY AND DEPOSIT COMPANY
OF MARYLAND

BURGLARY AND GLASS
INSURANCE

PREMIUM NOTICE

6 16 52

Mr. W. Max Lowellen

Harmon Bldg.

Caldwell, Idaho

Salt Lake City

BRANCH

Continuation premiums will become due on bonds
as described below.

Please return this premium notice with remittance
and make check payable to order of the Company.

BOND OR POLICY NO.	DESCRIPTION OF RISK	EFF. DATE	PREMIUM	REMARKS
5057874	Employees - Housing Authority of City of Caldwell - Hlkt Pos Bond	7 1 52	95.01 annual	Copies of personnel list enclosed - No renewal cert. or new bond re- quired inasmuch as original bond is continuous in character and is in full force and effect.

Fidelity and Deposit Company

HOME OFFICE

OF MARYLAND

BALTIMORE 3

BLANKET BOND PERSONNEL LIST

Blkt Position Bond No. 5057874
Housing Authority of City
of Caldwell, Idaho \$5000.
7 1 52-53

NAME OF EMPLOYEE	LOCATION	POSITION
A - J. Harold Aird A - Thurlow Bryant A - Keith Forins A - Ray T. Ott A - Mable Collins A - Rena Caward A - Floyd Stuart A - James E. Wright A - Talpher E. Wright C - B. Otto Duty	Caldwell, Idaho	Check Countersigner Do Auditor Accountant Accounts Clerk Accounts Clerk Manager-Labor Camp Supt. Executive Director Maintenance Mechanic
(Class A employees - An. prem. \$95.01		

FOR BRANCH OFFICE OR GENERAL AGENT'S USE ONLY:

Show classification of each position and also your
premium computation

Signed on 18th day of June, 1952Housing Authority of the City of CaldwellBy Talpher E. Wright
(Title) Ex-Director

Fidelity and Deposit Company

HOME OFFICE

OF MARYLAND

BALTIMORE 3

No. 5057874

BLANKET BOND PERSONNEL LIST

Blanket Position Bond
Employees - Housing
Authority of the City of
Caldwell, Idaho

NAME OF EMPLOYEE	LOCATION	POSITION	
A - Mable Collins ✓	Caldwell, Idaho	Accounts Clerk	
A - Rena Caward ✓	Do	Do	
C - Odell Smith }	Do	Maintenance Mechanic	
C - John Bright }	Do	Do	
C - Otto Duty -	Do	Do	
A - James Wright ✓	Do	Maintenance Supt	
A - J. Harold Aird ✓	Do	Check Countersigner (Bd. Member)	
A - Thurlow Bryant ✓	Do	Do	
A - Floyd Stuart ✓	Do	Manager-Farm Labor Supply Center	
A - Ray Ott ✓	Do	Accountant	
A - Keith Perine ✓	Do	Auditor	
A - Telpher E. Wright ✓	Do	Executive Director) Not a Board Member)	
9 Class A employees - \$An. prem. \$95.01			

FOR BRANCH OFFICE OR GENERAL AGENT'S USE ONLY:

Show classification of each position and also your
premium computation

Signed on 17th day of July, 1951Telpher E. Wright

By

Ex - Director
(Title)

This letter sent to: Mitchell-Graves
Walker-Shaffer
Canyon Abstract
Mark Hanna
Riner Agency

February 19, 1954

Recently we asked you to write a specific insurance policy for the Caldwell Chamber of Commerce, Housing Authority, or the Caldwell Night Rodeo.

On further study, the Board of Directors has decided to make the Caldwell Association of Insurance Agents responsible for proper coverage. Agents belonging to the Chamber of Commerce who are not members of the Association will be assigned their fair share of this business from the Caldwell Association of Insurance Agents on instruction from the directors of the above-listed organizations.

We hope this arrangement meets with your approval and want you to know that we intend to place the business with those who support our Chamber of Commerce.

Mr. Coley Smith, who is a member of the Board of Directors of the Chamber of Commerce, has asked that his agency be excluded from the distribution of insurance in this program.

Sincerely yours,

Eddie G. Cole
Manager

EGC:ADP
cc. to Coley Smith

injured 9-28-53

LIBERTY NATIONAL INSURANCE CO.
Box 579, Boise, Idaho

Gentlemen:

In re: D-59379 Blair Brantford

If this man was injured by accident while on the job, will you
kindly send a Notice of Injury and oblige?

Kind'y send in this notice of injury ^{Yours very truly,} P. H. QUIRK
so we can pay the Doctor.

NOTICE: If it is a doubtful industrial accident or you have
no knowledge concerning the same, kindly sign this card and return it to us.

Employer.

Notice of Injury and Claim for Compensation

Form must be signed by injured employee. Blank must be filled out in duplicate.

To INDUSTRIAL ACCIDENT BOARD

BOISE, IDAHO

File No. _____

Employer, Place and Time

_____ does this _____ day of _____, 19_____, hereby
(Name of injured employee)

claim compensation as provided by the Workmen's Compensation Law on account of the personal injury hereinafter described.
The following statements are true, to the best of my knowledge. This is also intended to be notice of injury:

(a) To: _____
(Give correct name of employer on this line)

(b) Office Address: Street and No. _____ City _____, Idaho

(c) Business (goods produced, work done, or kind of trade or transportation) _____

(d) Location of plant or place of work where accident occurred; Street and No. _____

(e) City _____, County _____, Idaho

(f) If at mine, was it underground, surface, shift stope, drift or mill? _____

(g) Date on which accident occurred _____ 19_____. Time _____ A. M. _____ P. M.

(h) Did employee cease work on account of accident? _____ If so, date _____, 19_____

(i) Time _____ A. M. _____ P. M. (j) Were you paid for that date? _____

(k) Hour injured employee began work on that day _____ A. M. _____ P. M.

Injured Person and Dependents

(l) Address where employee's mail should be sent _____

(m) Employee's age _____ Is employee single, married, widowed or divorced? _____

(n) If married, give full name and address of wife (or husband) _____

(o) Number of children under 18 years of age at time of accident? _____

(p) Occupation _____ (q) What Branch or Department of work? _____

(r) Wages or average earnings per day _____

(s) Working hours per day _____ (t) Working days per week _____

Cause

(u) Name of machine, tool, or appliance in connection with which accident occurred _____

(v) If power driven, what kind of power? _____

(w) Describe in full how accident happened _____

(Use reverse side if necessary)

Nature and Extent of Injury

(x) State exactly part of person injured and nature of injury _____

(y) Attending physician or hospital where sent _____
(Name and Address)

(z) Will you be disabled for more than a week? _____

(z a) Have you resumed work? _____ If so, date _____ 19_____

(Signature of Injured person)

REPORT OF EMPLOYER

Date of this Report _____ 19_____. Employer insured by _____

Has duplicate copy of this report been sent to Insurance Co.? _____ Have you a Hosp. Cont.? _____

The person first above named was on the date shown herein, an employee of the undersigned.

Employer _____

By _____

Authorized Agent

(Following this report the Employer must send in Employer's Supplemental Report in accordance with instructions therein)

DUPLICATE

Tear off and deliver it or send by mail by registered letter to employer. (Employer should mail or deliver to Surety)

Notice of Injury and Claim for Compensation

Form must be signed by injured employee. Blank must be filled out in duplicate.

TO Liberty National Insurance Company

Boise, Idaho

File No.

Employer, Place and Time

Injured Person and Dependents

Cause

Nature and Extent of Injury

..... does thisday of....., 19....., hereby
(Name of injured employee)

claim compensation as provided by the Workmen's Compensation Law on account of the personal injury hereinafter described.
The following statements are true, to the best of my knowledge. This is also intended to be notice of injury:

(a) To:
(Give correct name of employer on this line)

(b) Office Address: Street and No. City....., Idaho

(c) Business (goods produced, work done, or kind of trade or transportation)

(d) Location of plant or place of work where accident occurred; Street and No.

(e) City County....., Idaho

(f) If at mine, was it underground, surface, shift stope, drift or mill?

(g) Date on which accident occurred 19... Time A. M. P. M.

(h) Did employe cease work on account of accident?.. If so, date , 19....

(i) Time.....A. M.P. M. (j) Were you paid for that date?

(k) Hour injured employe began work on that day A. M. P. M.

(l) Address where employe's mail should be sent

(m) Employe's age..... Is employe single, married, widowed or divorced?

(n) If married, give full name and address of wife (or husband)

(o) Number of children under 18 years of age at time of accident?

(p) Occupation (q) What Branch or Department of work?

(r) Wages or average earnings per day.....

(s) Working hours per day. (t) Working days per week

(u) Name of machine, tool, or appliance in connection with which accident occurred

(v) If power driven, what kind of power?

(w) Describe in full how accident happened

(Use reverse side if necessary)

(x) State exactly part of person injured and nature of injury

(y) Attending physician or hospital where sent
(Name and Address)

(z) Will you be disabled for more than a week?

(za) Have you resumed work? If so, date19.....

(Signature of Injured person)

REPORT OF EMPLOYER

Date of this Report19..... Employer insured by.....

Has duplicate copy of this report been sent to Insurance Co.?Have you a Hosp. Cont?..

The person first above named was on the date shown herein, an employe of the undersigned.

Employer
By.....
Authorized Agent

(Following this report the Employer must send in Employer's Supplemental Report in accordance with instructions therein)

INVOICE

W. MAX LEWELLEN AGENCY

DATE Oct. 28, 1953

All Forms of Insurance

To

Housing Authority of City of Caldwell

Harmon Building

Telephone 9-7486

CALDWELL, IDAHO

Caldwell, Idaho

MORTGAGEE:

RENEWAL DATE	POLICY NUMBER	COMPANY	PROPERTY AND COVERAGE	AMOUNT	PREMIUM
7-1-54	50 57 874	F & D. Co.	Blanket Bond.	\$5,000	\$89.53
<p>Thurlow: Item 2 of Bond - provides continuation until Cancelled. The form enclosed is a duplicate of one that should be in your files. A receipted statement will be all your Auditor now needs.</p> <p><i>W. L.</i></p>					

Fidelity and Deposit Company

HOME OFFICE

OF MARYLAND

BALTIMORE

Standard Form of Questionnaire — List of Employees
In connection with a Primary Commercial Blanket Bond or a Blanket Position Bond

This classification of officers and other employees of Housing Authority of the City of Caldwell, Idaho
(Name of Insured)

of 811 Main Street, Caldwell, Idaho

is furnished the Underwriter to enable it to determine the premium to be charged for the period beginning on the 1st
day of July, 1953 on Blanket Position Bond No. 50 57 874
in the amount of \$ 5000. Premium period to be: Annual x Three-year prepaid Three-year installments

NOTE—If a complete list of the names and positions of all officers and employees occupying positions within Classes A and B is given on the reverse hereof, or shall accompany the return of this form, the Insured may, if desired, omit completion of the following classification of positions.

CLASSIFICATION OF EMPLOYEES BY POSITION

CLASS A EMPLOYEES

Those who, as a part of their regular duties, handle or have custody of money, securities or merchandise (the latter meaning commodities customarily traded in by the Insured) including in any event all occupants of positions below listed.

	Number of Occupants		Number of Occupants
Officials			
Chairman.....		Exec. Director.....	1
President.....			
Vice-President.....			
Treasurer.....			
Assistant Treasurer.....			
Secretary.....			
Assistant Secretary.....			
Comptroller.....			
Assistant Comptroller.....			
Accounting			
Auditors.....			
Assistant Auditors.....			
Cashiers.....		Accounts Clerks.....	2
Bookkeepers.....			1
Paymasters.....			
Timekeepers.....			
Adjusters.....			
Management			
Managers.....		Check Countersigner.....	2
Assistant Managers.....			
Branch Managers.....			
Department Managers.....			
Superintendents.....			
Factory Superintendents.....			
Purchasing Agents.....			
Messengers (Outside).....			
Superintendent.....	1		
Manager Farm Labor Camp.....	1		
Sales			
Sales Managers.....			
Assistant Sales Managers.....			
Floorwalkers.....			
Buyers.....			
Assistant Buyers.....			
*Salesmen (Outside who collect).....			
Salesmen of Automobile Dealers.....			
*Demonstrators.....			
*Canvassers.....			
*Collectors.....			
*Drivers.....			
*Drivers' Helpers (other than brewers).....			
*Chauffeurs.....			
Stock			
Shipping or Receiving Clerks.....			
Stock Clerks.....			
Custodians.....			
Watchmen.....			
Total Class A8			
*Special Ratings: Applicable to those positions marked * for Insureds engaged in certain lines of business. Applicable also to all outside salesmen of these concerns as well as canvassers of all Insureds.			

CLASS B EMPLOYEES

Those who do not, as a part of their regular duties, handle or have custody of money, securities or merchandise (the latter meaning commodities customarily traded in by the Insured), including in any event all occupants of positions below listed.

Position	Number of Occupants	Total Class B
Salesmen (Inside).....
*Salesmen (Outside who do not collect).....
Messengers (Inside).....
Office Clerks.....
Filing Clerks.....
Mail Clerks.....
Stenographers.....
Business Machine Operators.....
		Total Class B

CLASS C EMPLOYEES

Wage earners (including foremen, factory workers, elevator operators, mechanics and laborers) who do not, as a part of their regular duties handle money.

Total Class C -----

Give kind and amount of "On Premises" and "In Transit" coverage carried.....

(OVER)

Name of Employee	Position	Location	Amount of Excess Indemnity desired on such Employee

List of officers and other employees on the _____ day of _____, 19_____.

Name	Position	Location	In Employ Since	For Home Office Use. Please do not write in this column
A - J. Harold Aird	Ck Countersigner	Caldwell, Idaho		
A - Stanley L. Jensen	" "	Do	3 16 53	
A - Eddie G. Cole	Exec. Director	Do	3 16 53	
A - Thurlow Bryant	Camp Mgr.	Do	3 16 53	
A - Keith Perine	Accountant	Do		
A - Mable Collins	Accts. Clerk	Do		
A - Rena Caward	" "	Do		
A - James E. Wright	Supt.	Do		
C - Chilton Bryant	Mtnce Mech	Do	5 1 53	
8 Class A \$89.53				
We should be furnished with indiv. apps. of Stanley L. Jensen and Eddie G. Cole				
c/c Mr. W. Max Lewellen 7 29 53				

Dated at _____ this _____ day of _____, 19____

By.

(TITLE)



STANDARD WORKMEN'S COMPENSATION AND
EMPLOYERS' LIABILITY POLICY

Liberty National Insurance Company

COEUR D'ALENE, IDAHO

(A STOCK INSURANCE COMPANY, HEREIN CALLED THE COMPANY)

DOES HEREBY AGREE with this Employer, named and described as such in the Declarations forming a part hereof, as respects personal injuries sustained by employees, including death at any time resulting therefrom as follows:

INSURING AGREEMENTS

ONE (a) To Pay Promptly to any person entitled thereto, under the Workmen's Compensation Law and in the manner therein provided, the entire amount of any sum due, and all installments thereof as they become due.

(1) To such person because of the obligation for compensation for any such injury imposed upon or accepted by this Employer under such of certain statutes, as may be applicable thereto, cited and described in an endorsement attached to this Policy, each of which statutes is herein referred to as the Workmen's Compensation Law, and

(2) For the benefit of such person the proper cost of whatever medical, surgical, nurse or hospital services, medical or surgical apparatus or appliances and medicines, or, in the event of fatal injury, whatever funeral expenses are required by the provisions of such Workmen's Compensation Law.

It is agreed that all of the provisions of each Workmen's Compensation Law covered hereby shall be and remain a part of this contract as fully and completely as if written herein, so far as they apply to compensation or other benefits for any personal injury or death covered by this Policy, while this Policy shall remain in force. Nothing herein contained shall operate to so extend this Policy as to include within its terms any Workmen's Compensation Law, scheme or plan not cited in an endorsement hereto attached.

One (b) To Indemnify this Employer against loss by reason of the liability imposed upon him by law for damages on account of such injuries to such of said employees as are legally employed wherever such injuries may be sustained within the territorial limits of the United States of America or the Dominion of Canada. In the event of the bankruptcy or insolvency of this Employer the Company shall not be relieved from the payment of such indemnity hereunder as would have been payable but for such bankruptcy or insolvency. If, because of such bankruptcy or insolvency, an execution against this Employer is returned unsatisfied in an action brought by the injured, or by another person claiming by, through or under the injured, then an action may be maintained by the injured, or by such other person claiming by, through or under the injured, against the Company under the terms of this Policy for the amount of the judgment in said action not exceeding the amount of this Policy.

Two To Serve this Employer (a) by the inspection of work places covered by the Policy when and as deemed desirable by the Company and thereupon to suggest to this Employer such changes or improvements as may operate to reduce the number or severity of injuries during work, and, (b) upon notice of such injuries, by investigation thereof and by settlement of any resulting claims in accordance with law.

Three To Defend, in the name and on behalf of this Employer, any suits or other proceedings which may at any time be instituted against him on account of such injuries, including suits or other proceedings alleging such injuries and demanding damages or compensation therefor, although such suits, other proceedings, allegations or demands are wholly groundless, false or fraudulent.

Four To Pay all costs taxed against this Employer in any legal proceeding defended by the Company, all interest accruing after entry of judgment and all expenses incurred by the Company for investigation, negotiation or defense.

Five This agreement shall apply to such injuries sustained by any person or persons employed by this Employer whose entire remuneration shall be included in the total actual remuneration for which provision is hereinafter made, upon which remuneration the premium for this Policy is to be computed and adjusted, and, also to such injuries so sustained by the President, any Vice-President, Secretary or Treasurer of this Employer, if a corporation. The remuneration of any such designated officer shall not be subjected to a premium charge unless he is actually performing such duties as are ordinarily undertaken by a superintendent, foreman or workman.

Six This agreement shall apply to such injuries so sustained by reason of the business operations described in said Declarations which, for the purpose of this insurance, shall include all operations necessary, incident or appurtenant thereto, or connected therewith, whether such operations are conducted at the work places defined and described in said Declarations or elsewhere in connection with, or in relation to, such work places.

Seven This agreement shall apply only to such injuries so sustained by reason of accidents occurring during the Policy Period limited and defined as such in Item 2 of said Declarations.

THIS AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS:

A—BASIS OF PREMIUM. The premium is based upon the entire remuneration earned, during the Policy Period, by all employees of this Employer engaged in the business operations described in said Declarations together with all operations necessary, incident or appurtenant thereto, or connected therewith whether conducted at such work places or elsewhere in connection therewith or in relation thereto; excepting however the remuneration of the President, any Vice-President, Secretary or Treasurer of this Employer, if a corporation, but including the remuneration of any one or more of such designated officers who are actually performing such duties as are ordinarily undertaken by a superintendent, foreman or workman. If any operations as above defined are undertaken by this Employer but are not described or rated in said Declarations, this Employer agrees to pay the premium thereon, at the time of the final adjustment of the premium in accordance with Condition C hereof, at the rates, and in compliance

with the rules, of the Manual of Rates in use by the Company upon the date of issue of this Policy. At the end of the Policy Period the actual amount of the remuneration earned by employees during such Period shall be exhibited to the Company, as provided in Condition C hereof, and the earned premium adjusted in accordance therewith at the rates and under the conditions herein specified. If the earned premium, thus computed, is greater than the advance premium paid, this Employer shall immediately pay the additional amount to the Company, if less, the Company shall return to this Employer the unearned portion, but in any event the Company shall retain the Minimum Premium stated in said Declarations. All premiums provided by this Policy, or by any endorsement hereon, shall be fully earned whether any such Workmen's Compensation Law, or any part of such, is now or shall hereafter be declared invalid or unconstitutional.

LIBERTY NATIONAL INSURANCE COMPANY

COEUR D'ALENE, IDAHO

DECLARATIONS

ATTACHED TO AND FORMING PART OF

POLICY NO. C 19253

- Item 1. Name of this Employer Housing Authority of the City of Caldwell
Box 913
 P. O. Address Caldwell, Idaho
 For the purpose of serving notice, as in the Policy provided, this Employer agrees that this address may be considered as both the business and residence address of this Employer or any representative upon whom notice may be served.
 Individual, co-partnership, corporation or estate? Municipal Corporation
- Item 2. This Policy shall remain in force from twelve and one minute o'clock A. M., standard time January 12, 1953 until cancelled as in this Policy provided. Standard time refers to the time at the place where any operation covered hereby is conducted as regards that operation; or at the place where any injury covered is sustained, as regards that injury. The Policy Period refers to the entire time that the Policy is in force. Policy year, unless otherwise determined by endorsement hereon, shall correspond to the calendar year commencing January 1.
- Item 3. Locations of all factories, shops, yards, buildings, premises or other work places of this Employer, by Town or City, with Street and Number Caldwell, Idaho

All business operations, including the operative management and superintendence thereof, conducted at or from the locations and premises defined above as declared in each instance by a disclosure of estimated remuneration of employees under such of the following divisions as are undertaken by this employer.

1. All operations upon the premises. 2. All office force. 3. Operations not on the premises.

CLASSIFICATION OF OPERATIONS Note: If more than one classification indicate each other by (b), (c), (d), etc.		Code Number	Estimated Total Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
1. (a) Buildings, M.O.C.		9015	10,000.00	.85	85.00
2. *Clerical Office Employees, N.O.C.		8810	10,000.00	.06	6.00
3. (a) *Salesmen, Collectors or Messengers Outside		8742	1,000.00	.27	2.70
(b) *Chauffeurs and their helpers, N.O.C. Commercial—including garage employees		7380			
(* If not specifically included in Definition No. 1)					
Minimum Premium for Policy Year shall be \$ 20.00			Total estimated Annual Premium \$ 93.70		
In consideration of this employer agreeing to furnish the company with <u>Annually</u> Payroll Reports, this policy is issued with a Deposit Premium of \$ 93.70					
The following endorsements form a part of this policy on its effective date, and are attached hereto					
State of Idaho					

- Item 4. The foregoing enumeration and description of employees include all persons employed in the service of this Employer in connection with the business operations above described to whom remuneration of any nature in consideration of service is paid, allowed or due together with an estimate for the Policy Period of all such remuneration. This enumeration and description with the estimated remuneration shall also include the President, any Vice President, Secretary or Treasurer of this Employer if a corporation if actually performing such duties as are ordinarily undertaken by a superintendent, foreman or workman, but any such designated officer not so engaged shall not be included in such enumeration, description or estimated remuneration. The foregoing estimates of remuneration are offered for the purpose of computing the advance premium. The Company shall be permitted to examine the books of this Employer at any time during the Policy Period and any extension thereof and within one year after its final termination so far as they relate to the remuneration earned by any employees of this Employer while the Policy was in force.
- Item 5. This Employer is conducting no other business operations at this or any other location not herein disclosed, except as herein stated: None
- Item 6. No similar insurance has been cancelled by any insurance carrier during the past year, except as herein stated:

For certain additional conditions and provisions relating to this policy, see reverse side hereof.

COUNTERSIGNED:

January 19, 1953, AT Caldwell, Idaho BY Walker Shaffer Agency

B—CANCELLATION. This Policy may be cancelled at any time by either of the parties upon written notice to the other party stating when, not less than ten days thereafter, cancellation shall be effective. The effective date of such cancellation shall then be the end of the Policy Period. The law of any state, in which this Policy applies, which requires that notice of cancellation shall be given to any Board, Commission or other state agency is hereby made a part of this Policy and cancellation in such state shall not be effective except in compliance with such law. The remuneration of employees for the Policy Period stated in said Declarations shall be computed upon the basis of the actual remuneration to the date of cancellation determined as herein provided. If such cancellation is at the Company's request, the earned premium shall be adjusted pro rata as provided in Condition A. If such cancellation is at this Employer's request the earned premium shall be computed and adjusted at short rates, in accordance with the table printed hereon, but such short rate premium shall not be less than the Minimum Premium stated in said Declarations. If this Employer when requesting cancellation is actually retiring from the business herein described, then the earned premium shall be computed and adjusted pro rata. Notice of cancellation shall be served upon this Employer as the law requires, but, if no different requirement notice mailed to the address of this Employer herein given shall be a sufficient notice, and the check of the Company, similarly mailed, a sufficient tender of any unearned premium.

C—INSPECTION & AUDIT. The Company shall be permitted, at all reasonable times during the Policy Period, to inspect the plants, works, machinery, and appliances covered by this Policy, and to examine this Employer's books at any time during the Policy Period, and any extension thereof, and within one year after its final expiration, so far as they relate to the remuneration earned by any employees of this Employer while this Policy was in force.

D—COMPANY DIRECTLY LIABLE TO EMPLOYEE. The obligations of Paragraph One (a) foregoing are hereby declared to be the direct obligations and promises of the Company to any injured employee covered hereby, or, in the event of his death, to his dependents; and to each such employee or such dependent the Company is hereby made directly and primarily liable under said obligations and promises. This contract is made for the benefit of such employees or such dependents and is enforceable against the Company, by any such employee or such dependent in his name or on his behalf, at any time and in any manner permitted by law, whether claims or proceedings are brought against the Company alone or jointly with this Employer. If the law of any state in which the Policy is applicable provides for the enforcement of the rights of such employees or such dependents by any Commission, Board or other state agency for the benefit of such employees or such dependents, then the provisions of such law are made a part hereof, as respects any matter subject thereto, as fully as if written herein. The obligations and promises of the Company as set forth in this paragraph shall not be affected by the failure of this Employer to do or refrain from doing any act required by the Policy; nor by any default of this Employer after the accident in the payment of premiums or in the giving of any notice required by the Policy or otherwise; nor by the death, insolvency, bankruptcy, legal incapacity or inability of this Employer, nor by any proceeding against him as a result of which the conduct of this Employer's business may be and continue to be in charge of an executor, administrator, receiver, trustee, assignee, or other person.

E—KNOWLEDGE & JURISDICTION. As between the employee and the Company, notice to or knowledge of this Employer of an injury or death covered hereby shall be notice or knowledge, as the case may be, of the Company; the jurisdiction of this Employer, for the purposes of any Workmen's Compensation Law covered hereby, shall be jurisdiction of the Company and the Company shall in all things be bound by and subject to the findings, judgments, awards, decrees, orders or decisions rendered against this Employer in the form and manner provided by such laws and within the terms, limitations and provisions of this Policy not inconsistent with such laws.

F—NOTICE TO COMPANY. This Employer, upon the occurrence of an accident, shall give immediate written notice thereof to the Company with the fullest information obtainable. He shall give like notice with full particulars of any claim made on account of such accident. If, thereafter, any suit or other proceeding is instituted against this Employer, he shall immediately forward to the Company every summons, notice or other process served upon him. Nothing elsewhere contained in this Policy shall relieve this Employer of his obligations to the Company with respect to notice as herein imposed upon him.

G—ACTION AGAINST COMPANY. No action shall lie against the Company to recover upon any claim or for any loss under Paragraph One (b) foregoing unless brought after the amount of such claim or loss shall have been fixed and rendered certain either by final judgment against this Employer after trial of the issue or by agreement between the parties with the written consent of the Company, nor in any event unless brought within two years thereafter.

H—SPECIFIC STATUTORY PROVISIONS. If the method of serving notice of cancellation, or the limit of time for notice of accident or for any legal proceeding herein contained is at variance with any specific statutory provision in relation thereto, in force in the state in which any of the business operations herein described are conducted, such specific statutory provision shall supersede any such condition in this contract inconsistent therewith.

I—ASSIGNMENT. No assignment of interest under this Policy shall bind the Company unless the consent of the Company shall be endorsed hereon.

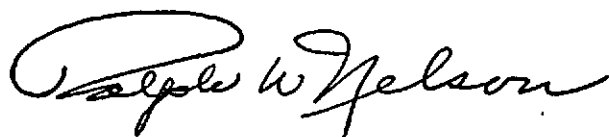
J—CONCURRENT INSURANCE. If this Employer carries any other insurance covering a claim covered by this Policy, he shall not recover from the Company a larger proportion of any such claim than the sum hereby insured bears to the whole amount of valid and collectible insurance.

K—SUBROGATION. The Company shall be subrogated, in case of any payment under this Policy, to the extent of such payment, to all rights of recovery therefor vested by law either in this Employer, or in any employee or his dependents claiming hereunder, against persons, corporations, associations or estates.

L—ALTERATIONS. No condition or provision of this Policy shall be waived or altered except by endorsement attached hereto signed by the President, and countersigned by a duly authorized agent of the Company; nor shall notice to any agent, nor shall knowledge possessed by any agent, or by any other person, be held to effect a waiver or change in any part of this contract. The personal pronoun herein used to refer to this Employer or to any injured employee or dependent, shall apply regardless of number or gender.

M—STATEMENTS. The statements in Items 1 to 6, inclusive, in the Declarations hereinafter contained, are true; those stated as estimates only are believed to be true. This Policy is issued upon such statements and in consideration of the provisions of the Policy respecting its premium and the payment of the premium in such Declarations expressed.

IN WITNESS WHEREOF, the Liberty National Insurance Company has caused this policy to be signed by its President and by its Secretary and countersigned by a duly authorized agent of the Company.



Secretary.

Countersigned by _____



President.

This Following Page Is Provided for the Attachment of the Declarations and Any Endorsements Which When So Attached Are To Be Construed As Part of the Policy.



Liberty National Insurance Company

COEUR D'ALENE, IDAHO

COMPENSATION ENDORSEMENT STATE OF IDAHO

1. The obligations of Paragraph One (A) of the Policy to which this endorsement is attached include such Workmen's Compensation Laws as are herein cited and described and none other.

Chapters I to II of Title 12, Idaho Code, known and cited as Workmen's Compensation Law, and Chapter 12 of Title 72, Idaho Code, known and cited as Occupational Disease Compensation Law,

and all laws amendatory thereof or supplementary thereto which are or may become effective during the Policy period.

In their application to insurance under Paragraph One (A) with respect to the obligations of this Employer under the "Occupational Disease Compensation Law," the word "Accident" in conditions D, F and H of the Policy means "Disablement" as defined in such Law, and "Accidents" in Paragraph Seven of the Policy means "The last day of the last injurious exposure rendering this Employer liable, in accordance with the provisions of such law."

2. This Company shall not be liable for medical and other treatment if this Employer and his employees waive the provisions of Section 72-307, I. C. by entering into mutual contracts and agreements as provided in Section 72-308, I. C., and such hospital contracts are approved by the Industrial Accident Board.
3. Employees of this Employer specifically exempted from the provisions of the "Compensation Law" are not included under this Policy unless this Employer shall have complied with the "Compensation Law" by filing the election required by said "Compensation Law" with the Industrial Accident Board.
4. This Employer authorizes and empowers the Company and its Attorneys to appear for and on behalf of said Employer in all proceedings before the Industrial Accident Board or Courts of the state of Idaho involving the adjudication of claims of workmen filed against this Employer.
5. This Policy may be cancelled by either of the parties on a date specified in a written notice, which date shall be not less than ten days after such notice of cancellation shall have been filed with the Industrial Accident Board, and also served on the other party either personally or by registered mail.
6. This Policy as written is amended as herein specifically stated but not otherwise. It is further agreed that if there is any variance in the conditions or provisions contained in this endorsement with any other conditions or provisions found elsewhere in the policy to which this endorsement is attached, that the conditions or provisions of this endorsement supercede any such other conditions or provisions in this policy inconsistent therewith.

Forming part of the Policy to which attached from its date of issue.

Secretary

President



Liberty National Insurance Company

COEUR D'ALENE, IDAHO

STANDARD WORKMEN'S COMPENSATION AND
EMPLOYER'S LIABILITY POLICY

ISSUED TO Housing Authority of The City of Caldwell
Caldwell, Idaho

POLICY No C-19253

EFFECTIVE



NOTICE

DON'T fail to notify the Home Office of the Company at Coeur d'Alene, Idaho, of EVERY ACCIDENT, HOWEVER SLIGHT, IMMEDIATELY upon its occurrence.

IF accident is fatal or involves SERIOUS INJURY, TELEGRAPH or TELEPHONE at Company's expense, giving date of inquest if one is to be held.

DO NOT DELAY sending in notice because unable to give all the information desired. Send a completed notice later.

IMPORTANT!

The Workmen's Compensation Law makes YOU responsible to employees of contractors doing work under authority from you (sometimes called sub-contractors) unless such contractors comply with the law by carrying compensation insurance. UNLESS YOU secure from each such contractor a certificate of insurance or other satisfactory evidence, showing that such contractors have complied with the law, to be EXHIBITED to the Company's auditor when your books are audited, YOU will be CHARGED for such contractor's insurance. In such cases, if the actual remuneration of the employees of such contractors cannot be ascertained, the contract price shall be considered as such remuneration.

SHORT RATE CANCELLATION TABLE

FOR TERM OF ONE YEAR

Days Policy In Force	Per Cent of One Year Premium	Days Policy In Force	Per Cent of One Year Premium
1.....	5	154-156.....	53
2.....	6	157-160.....	54
3-4.....	7	161-164.....	55
5-6.....	8	165-167.....	56
7-8.....	9	168-171.....	57
9-10.....	10	172-175.....	58
11-12.....	11	176-178.....	59
13-14.....	12	179-182 (6 mos.).....	60
15-16.....	13	183-187.....	61
17-18.....	14	188-191.....	62
19-20.....	15	192-196.....	63
21-22.....	16	197-200.....	64
23-25.....	17	201-205.....	65
26-29.....	18	206-209.....	66
30-32 (1 mo.).....	19	210-214 (7 mos.).....	67
33-36.....	20	215-218.....	68
37-40.....	21	219-223.....	69
41-43.....	22	224-228.....	70
44-47.....	23	229-232.....	71
48-51.....	24	233-237.....	72
52-54.....	25	238-241.....	73
55-58.....	26	242-246 (8 mos.).....	74
59-62 (2 mos.).....	27	247-250.....	75
63-65.....	28	251-255.....	76
66-69.....	29	256-260.....	77
70-73.....	30	261-264.....	78
74-76.....	31	265-269.....	79
77-80.....	32	270-273 (9 mos.).....	80
81-83.....	33	274-278.....	81
84-87.....	34	279-282.....	82
88-91 (3 mos.).....	35	283-287.....	83
92-94.....	36	288-291.....	84
95-98.....	37	292-296.....	85
99-102.....	38	297-301.....	86
103-105.....	39	302-305 (10 mos.).....	87
106-109.....	40	306-310.....	88
110-113.....	41	311-314.....	89
114-116.....	42	315-319.....	90
117-120.....	43	320-323.....	91
121-124 (4 mos.).....	44	324-328.....	92
125-127.....	45	329-332.....	93
128-131.....	46	333-337 (11 mos.).....	94
132-135.....	47	338-342.....	95
136-138.....	48	343-346.....	96
139-142.....	49	347-351.....	97
143-146.....	50	352-355.....	98
147-149.....	51	356-360.....	99
150-153 (5 mos.).....	52	361-365 (12 mos.).....	100

Effective date JAN. 1, 1952 For attachment to Policy No. OB-644176
Issued to HOUSING AUTHORITY OF THE CITY OF CALDWELL

From noon of the above effective date the Policy of which this endorsement forms a part is hereby amended in the following particulars:

SECTION 2 (OWNERSHIP OF PROPERTY) OF THE "CONDITIONS" OF THIS POLICY ARE AMENDED TO ELIMINATE THE FOLLOWING SENTENCE:

"IN NO EVENT SHALL THIS POLICY COVER ANY PROPERTY OWNED BY THE UNITED STATES GOVERNMENT OR HELD BY THE INSURED AS POSTMASTER."

11-21-51 bw
Date of Issue

THE TRAVELERS INDEMNITY COMPANY

1962

JW Randall
President

Effective date JULY 1, 1951 For attachment to Policy No. RS 823550
Issued to Housing Authority of the City of Caldwell, Idaho

From noon of the above effective date the Policy of which this endorsement forms a part is hereby amended in the following particulars:

In the event of cancellation or alteration of this policy ten days written notice shall be given to the Insured and the Federal Public Housing Authority, Skinner Building, 1326 Fifth Avenue, Seattle 1, Washington.

THE TRAVELERS INDEMNITY COMPANY

Date of Issue 5-15-51 MW

1962

I-63Y SMALL PRINTED IN U.S.A.

JWRandall
President

Effective date July 1, 1951 For attachment to Policy No. RS 823550

Issued to Housing Authority of the City of Caldwell, Idaho

From noon of the above effective date the Policy of which this endorsement forms a part is hereby amended in the following particulars:

ITEM 2. & 3. AMENDED TO READ; 811 Main Street
Caldwell, Canyon County,
Idaho

6-26-51 wd

THE TRAVELERS INDEMNITY COMPANY

Date of Issue

1962

I-63Y SMALL PRINTED IN U.S.A.

JWRandall
President

Effective from August 15, 19 51 Amending Policy numbered RS 823550
At 12:01 A. M. Standard Time

Issued to Housing Authority of the City of Caldwell, Idaho

It is agreed that as of the effective date hereof the Policy is amended in the following particulars:

THE FINAL SENTENCE, PARAGRAPH B OF THE DEFINITION OF THE POLICY, READING AS FOLLOWS: "IN NO EVENT SHALL THIS POLICY COVER ANY PROPERTY OWNED BY THE UNITED STATES GOVERNMENT OR HELD BY THE ASSURED AS POSTMASTER" IS HEREBY DELETED.

Changes affecting insurance afforded by The Travelers Insurance Company are executed for that Company only. Changes affecting insurance afforded by The Travelers Indemnity Company are executed for that Company only. Changes affecting insurance afforded by The Travelers Fire Insurance Company are executed for that Company only.

THE TRAVELERS INSURANCE COMPANY THE TRAVELERS INDEMNITY COMPANY THE TRAVELERS FIRE INSURANCE COMPANY

Chas. J. Haugh
Secretary
Compensation and Liability Dept.

S. A. Klein
Secretary

W. R. Reaick
Secretary

1721*

Date of Issue 8-28-51

BY

Countersigned by W. M. J. Russell

INSURANCE APPROVAL FORM

PHA-974
Rev. 4-18-50Project
Nos. HC-36Type of
Coverage Burglary + RobberyCompany TravelersPolicy No. OB-644176Premium
Rate \$ _____ Premium
Deposit \$ 65.63Reviewed and approved by PHA 2-4-52
per J. W. Stone. (date)

Subsequent Endorsements:

Date of Endorse.	Amt. of Addn. Prem.	PHA Approval per	Date of Approval
_____	\$ _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

1. Copies of all subsequent endorsements to this policy should be forwarded to PHA, Insurance Branch, Longfellow Bldg., Washington 25, D. C.
2. For policies subject to final premium audit insert letter "A" in lieu of premium charges.

Remarks: _____

ATTACH TO POLICY

INSURANCE APPROVAL FORM

PHA-974
Rev. 4-18-50Project
Nos. HC-36Type of
Coverage Burglary + RobberyCompany TravelersPolicy No. PS-823550Premium
Rate \$ _____ Premium
Deposit \$ 90.00Reviewed and approved by PHA 11-14-51
per J. W. Stone. (date)

Subsequent Endorsements:

Date of Endorse.	Amt. of Addn. Prem.	PHA Approval per	Date of Approval
_____	\$ _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

1. Copies of all subsequent endorsements to this policy should be forwarded to PHA, Insurance Branch, Longfellow Bldg., Washington 25, D. C.
2. For policies subject to final premium audit insert letter "A" in lieu of premium charges.

Remarks: _____

ATTACH TO POLICY

Memo

From
EDDIE G. COLE
Manager

To

Expired U. P. Policy
#C.L.P. 51453

8-5-55

Bernie Kalden
has it.

CALDWELL CHAMBER OF COMMERCE
P. O. Box 772
CALDWELL, - IDAHO