N21394

SCM EXCESS *HXL-1639194
Home Insurance 1/1/85 - 1/1/86
*Cancelled 3/1/85

244

Home Insurance *HXL-1639194
SCM Excess 1/1/85-1/1/86
*Cancelled 3/1/85

248.

Excess Liability Policy

This policy replaces 3-3183
by Zurich International Pol'g No. IBA
Republic Insurance " " CDE1078
National Union " " IBE

9-12-84
RC

THE HOME INSURANCE COMPANIES

BUSINESS AUTO POLICY
GOLD KEY[4] HOMEOWNERS POLICY
WORKERS' COMPENSATION POLICY
CRAFT MASTER POLICY
COMM
COMMERCIAL UMBRELLA
EXCESS CASUALTY
BUILDERS' RISK
PERSONAL PROPERTY FLOATER
GOLD KEY[4] AUTOMOBILE POLICY
FIRE POLICY
YACHT MASTER POLICY
OIL LEASE PROPERTY
EXTRA STRENGTH[SM]
TRUCKERS POLICY
CASUALTY SPECIALTY LINES
WOR
BUSINESS OWNER'S POLICY
PROFESSIONAL LIABILITY
OCEAN MARINE POL
GARAGE POLICY
GOLD KEY[3] BUSINESS OWNER'S POLICY
OWNERS', LANDLORDS' AND TENANTS'
INSTALLATION FLOATER
ELEC
ELECTRONIC DATA PROCESSING POLICY
EXCESS CASUALTY
ENVIRONMENTAL IMPAIRMENT LIABILITY
BOILER AND MACHINERY POLICY
CONDOMINIUM PACKAGE POLICY
INLAND MARINE POLICY
BLANKET CRIME POLICY
MARINA PACKAGE
DIFFERENCE IN CONDITIONS POL
INDUSTRIAL POLICY
MANUFACTURER'S AND CONTRACTOR'S LIABI
CUSTOM COVER[4] POLICY
BOAT DEALERS POLICY
MONEY & SECURITIES POL
HOSPITALITY POLICY
GROUP ACCIDENT PLANS
COMPREHENSIVE
COMPREHENSIVE GLASS POLICY
BAILEES CUSTOMERS POLICY
APARTI
APARTMENT OWNER'S POLICY
PROTECTION AND INDEMNITY
MONEY & SECURITIES
VALUABLE PAPERS AND RECORDS
INSTITUTIONAL POLICY
GL
ENVIRONMENTAL IMPAIRMENT LIABILITY
GOLD KEY[3] BUSINESS OWNER'S POL

Policy Number
HXL- 1 63 91 94

Declarations
Excess Liability Policy

Insured by the Stock Company checked below and hereinafter called the Company

- [X] **The Home Insurance Company** Manchester, New Hampshire
- [ ] **City Insurance Company** Short Hills, New Jersey
- [ ]
- [ ] **The Home Indemnity Company** Manchester, New Hampshire
- [ ] **The Home Insurance Company of Indiana,** Indianapolis, Indiana

Item 1. Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

SCM Corporation
299 Park Avenue
New York, N.Y. 10171

Producer Name
Marsh & McLennan, Inc.

Policy Period

From (Mo-Day-Yr)	To (Mo-Day-Yr)	12:01 A.M. Standard Tim at the address of the Named Insured.
1-1-85	1-1-86	

Item 2. Policy Premium
$ 15,000.

Policy Minimum Premium
$ 40.

Rate	In Advance	1st Anniversary	2nd Anniversary
Flat Charge	$	$	$

Item 3. Limits of Liability

The Company's liability under this policy shall not exceed the following Limit: $15,000,000.

30 Percent of the ultimate Net Loss in excess of all underlying insurance but for no greater amount than:

$ 15,000,000. Each Occurrence

$ 15,000,000. Annual Aggregate as defined in the First Underlying Insurance Policy

Item 4. Schedule of Underlying Insurance

First Underlying Insurance Policy:

Carrier, Policy No. and Term	Applicable Limit	
Wausau Insurance Company To Be Advised 1-1-85 - 86	$ 5,000,000.	Each Occurrence
	$ 5,000,000.	Annual Aggregate (where applicable)

Other Underlying Insurance:

	Applicable Limit	
Various Carriers as on file with the Company	$ 94,000,000.	Each Occurrence
	$ 94,000,000.	Annual Aggregate (where applicable)

Subject to forms attached hereto (enter form number and edition dates) H35269F Ed.5-83, H22300FH Rev.11/81 Endorsement Nos. 1 & 2), H35591F Ed.9-83

(Do Not Write Below This Line)

Do Not Write In This Box	Countersigned at	Issue Date
	New York, NY	2-28-85 em
	Authorized Representative Signature	Countersign Date
	Richard R Mowe	2.28.85

H 35268 F Ed.5-83

Insured's Cop

GLD052558
0049-GLD-000052558

Non-Premium Endorsement

Date Prepared	Endorsement No.
2-28-85	1

Issued by

- [X] The Home Insurance Company
- [ ] City Insurance Company
- [ ]
- [ ] The Home Indemnity Company
- [ ] The Home Insurance Company of Indiana

Policy Number	Certificate Number	Named Insured
HXL 1 63 91 94		SCM Corporation

Producer	Producer No. - OPC
Marsh & McLennan, Inc.	50167-081

Policy Period:	Inception (Month-Day-Year)	Expiration (Month-Day-Year)	Effective Date and Time of Endorsement
	1-1-85	1-1-86	1-1-85

It is agreed that this policy is hereby amended as indicated. All other terms and conditions of this policy remain unchanged

This policy shall not apply to ultimate net loss arising out of the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants into or upon the land, the atmosphere or any watercourse or body of water.

Richard A Hansel

Signature of Authorized Representative

H22300 FH (S) Rev. 11/81

Insured Copy

The Home Insurance Companies

Non-Premium Endorsement

Date Prepared	Endorsement No.
2-28-85	2

Issued by

- [X] The Home Insurance Company
- [ ] City Insurance Company
- [ ]
- [ ] The Home Indemnity Company
- [ ] The Home Insurance Company of Indiana

Policy Number	Certificate Number	Named Insured
HXL 1 63 91 94		SCM Corporation

Producer	Producer No. - OPC
Marsh & McLennan, Inc.	50167-081

Policy Period:	Inception (Month-Day-Year)	Expiration (Month-Day-Year)	Effective Date and Time of Endorsement
	1-1-85	1-1-86	1-1-85

It is agreed that this policy is hereby amended as indicated. All other terms and conditions of this policy remain unchanged.

In consideration of the premium charged, it is agreed that the words "thirty (30) days" in line 8 of Condition N., is hereby deleted and are replaced by the words "sixty (60) days".

Richard R Marose

Signature of Authorized Representative

H22300 FH (S) Rev. 11/81

Insured Copy

The Home Insurance Companies

GLD052560

0049-GLD-000052560

THE HOME INSURANCE COMPANIES

Amendatory Endorsement—New York

Excess Liability

H35591F
Ed. 9-83

The following information is required only when this endorsement is issued subsequent to preparation of policy.

Named Insured	Effective Date	Endorsement Number	Policy Number
SCM Corporation	1-1-85	3	HXL 1 63 91

It is agreed that the conditions section is amended to read, in part, as follows:

A. Condition 3. (Notification of Accidents or Occurrences) is deleted and the following substituted:

3. Notice of Occurrence
Whenever the Insured has information from which the Insured may reasonably conclude that an occurrence covered hereunder involves injuries or damage which, in the event that the Insured be held liable, is likely to involve this Policy, notice shall be given by or on behalf of the Insured to the Company or any of its authorized agents as soon as practicable, provided, however, that failure to give notice of any occurrence which at the time of its happening did not appear to involve this Policy but which, at a later date, would appear to give rise to claims hereunder shall not prejudice such claims.

B. Condition 6. (Bankruptcy and Insolvency) is hereby added to the policy.

6. Bankruptcy and Insolvency
In the event of the bankruptcy or insolvency of the Insured or any entity comprising the Insured, the Company shall not be relieved thereby of the payment of any claims hereunder because of such bankruptcy or insolvency.

It is further understood and agreed that the following provisions are hereby added to the policy:

1. It is agreed that where there is a judgement against the Insured or his personal representative in an action brought to recover damages for injury sustained or loss or damage occasioned during the life of the policy, which remains unsatisfied at the expiration of thirty days from the serving of notice of entry of judgment upon the attorney for the Insured, or upon the Insured, and upon the Company, then an action may, except during a stay or limited stay of execution against the Insured on such judgment, be maintained against the Insured under the terms of the policy for the amount of such judgment not exceeding the amount of the applicable limit of coverage under the policy.

2. It is agreed that the Company shall secure the consent of the Insured in settlement or satisfaction of any claim or suit.

3. It is hereby understood and agreed that, notwithstanding anything in this policy to the contrary, with respect to such insurance as is afforded by this policy, the terms of this policy as respects coverage for operations in the State of New York shall conform to the coverage requirements of the applicable insurance laws of the State of New York or the applicable regulations of the New York Insurance Department; provided, however, that the Company's limit of liability as stated in this policy shall be excess of the limits of liability of any underlying insurance or self-insurance as stated in the Declarations or in any endorsement attached hereto.

Richard A Marose

Authorized Representative

Insured's Copy

Non-Premium Endorsement

Date Prepared	Endorsement No.
6-17-85 lyl	5

Issued by

[X] The Home Insurance Company [ ] City Insurance Company [ ]

[ ] The Home Indemnity Company [ ] The Home Insurance Company of Indiana

Policy Number	Certificate Number	Named Insured	
HXL 1639194		SCM Corporation	
Producer			Producer No. - OPC
Marsh & McLennan, Inc.			50167-081
Policy Period:	Inception (Month-Day-Year) 1-1-85	Expiration (Month-Day-Year) 1-1-86	Effective Date and Time of Endorsement 1-1-85

It is agreed that this policy is hereby amended as indicated. All other terms and conditions of this policy remain unchanged.

Following Form

It is understood and agreed that except only with respect to policy period, premium and limit of liability this policy is hereby amended to follow all the terms, conditions, definitions and exclusions of the first layer Umbrella (Employers of Wausau, Pol.# 573600102570) and any endorsements attached thereto, and all renewals and replacements. It is further agreed that all preprinted terms and conditions hereon are deleted to the extent that they vary from or are inconsistent with terms and conditions of the first layer Hartford Umbrella.

9 S/B
Employers Wausau

Richard G. Marose
Signature of Authorized Representative

H22300 FH (S) Rev. 11/81 Insured Copy The Home Insurance Companie

GLD052562
0049-GLD-000052562

General Purpose Endorsement

J | Date Prepared: 6-5-85 | Endorsement No.

Issued By

- [x] The Home Insurance Company
- [ ] City Insurance Company
- [ ]
- [ ] The Home Indemnity Company
- [ ] The Home Insurance Company of Indiana

Policy Number	Certificate Number	Named Insured
HXL 163 91 94		SCM Corporation

Producer	Producer No. - OPC
Marsh & McLennan Inc.	50167-081

Policy Period:	Inception (Month-Day-Year)*	Expiration (Month-Day-Year)	Effective Date and Time of Endorsement
	1-1-85	1-1-86	4-29-85

It is agreed that this policy is hereby amended as indicated. All other terms and conditions of this policy remain unchanged

Pertaining to cancellation of policy effective date amended to read 3-31-85 in lieu of 4-29-85.

Return premium amended to read $11,342. in lieu of $10,151.

Further Return premium to correct $1191.00

☐ Continued on Page 2

Additional Premium	Total Additional Premium	Pro Rata Of	Additional Premium Due at Endorsement Effective Da
Return Premium	Total Return Premium 1191.00	Pro Rata or Short Rate of	Return Premium Due at Endorsement Effective Date

Premium Adjustments if the Premium is Payable in Installments or Cycle Billing:

Dates Due	Present Installment	Increase	Decrease	Revised Installment
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

Signature of Authorized Representative

J. LoBosco

GNL 6868F (S) Rev. 1-84

The Home Insurance Companie

Insured Copy

GLD052563

0049-GLD-000052563