N21381

SCM EXCESS 522-049529-7
International 1/1/85 - 1/1/86 230

SCM Excess 522-049529-7
International 1/1/85-1/1/86 - 230.

Declarations — **Excess Insurance Policy**

POLICY NUMBER
522 049529 7

DATE ISSUED MAY 21, 1985		RENEWAL OR REPLACEMENT OF 522-046807-2
Item 1.	NAMED INSURED & ADDRESS SCM CORPORATION 299 PARK AVENUE NEW YORK, NEW YORK 10171	
2.	POLICY PERIOD: POLICY COVERS FROM JANUARY 1, 1985 TO JANUARY 1, 1986 12:01 a.m. Standard Time at the Named Insured's address stated above.	
3.	COVERAGE IS PROVIDED BY COMPANY CHECKED ☐ UNITED STATES FIRE INSURANCE COMPANY ☐ THE NORTH RIVER INSURANCE COMPANY ☐ WESTCHESTER FIRE INSURANCE COMPANY ☒ INTERNATIONAL INSURANCE COMPANY	REPRESENTATIVE: Agent or Broker: L.W. BIEGLER INC. (NY) Office Address: 110 WILLIAM STREET Town, State & Zip: NEW YORK, NEW YORK 10038
4.	PREMIUM IS PAYABLE $ 52,500. in advance adjustable at a rate of FLAT per _____ annual exposure estimated at: _____ $ 52,500 annual minimum premium	
5.	UNDERLYING INSURANCE: $15,000,000. EACH OCCURRENCE, AND IN THE AGGREGATE WHERE APPLICABLE, UMBRELLA LIABILITY PER SCHEDULE AS ON FILE WITH THE COMPANY	
6.	LIMIT OF LIABILITY $10,500,000. PART OF $22,000,000 EACH OCCURRENCE AND IN THE AGGREGATE WHERE APPLICABLE EXCESS OF UNDERLYING INSURANCE AS STATED IN ITEM 5.	

FM 101.2.302 (2-82) 5/21/85 vvv

Countersigned by _____ AUTHORIZED REPRESENTATIVE

FM 101 0 303 (9-79) printed (3-80)

GLD052436
0049-GLD-000052436

UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
WESTCHESTER FIRE INSURANCE COMPANY
INTERNATIONAL INSURANCE COMPANY

U.S. Insurance Group
a Crum and Forster organization

ENDORSEMENT #1

Additional Premium N/A

Return Premium N/A

Effective on and after JANUARY 1, 19 85 . 12:01AM Standard Time

this endorsement forms part of policy No. 522-049529-7 Expiration Date JANUARY 1, 1986

Issued to SCM CORPORATION

By INTERNATIONAL INSURANCE Company

BROAD FORM NAMED INSURED WORDING

"SCM CORPORATION, ALL SUBSIDIARIES AND SUBSIDIARIES OF THE SUBSIDIARES, SCM FOUNDATION, ANY OTHER COMPANY OF WHICH IT ASSUMES ACTIVE MANAGEMENT AND ANY EMPLOYER-SPONSORED EMPLOYEE ASSOCIATION OR CLUBS OF THE NAMED INSURED AND SYLVACHEM CORPORATION AND COMPANIA ENVASADORA LORETO S.A. AS JOINT VENTURES."

FOLLOWING FORM WORDING

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 (INSURER: EMPLOYERS INSURANCE OF WAUSAU POLICY NUMBER 5736-00-102570) 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 THE TERMS AND CONDITIONS OF THE FIRST LAYER HARTFORD UMBRELLA."

ENDORSEMENT #1

vvv

All other terms and conditions of this policy remain unchanged.

AUTHORIZED REPRESENTATIVE

FM. 0.0.193 (8-67)