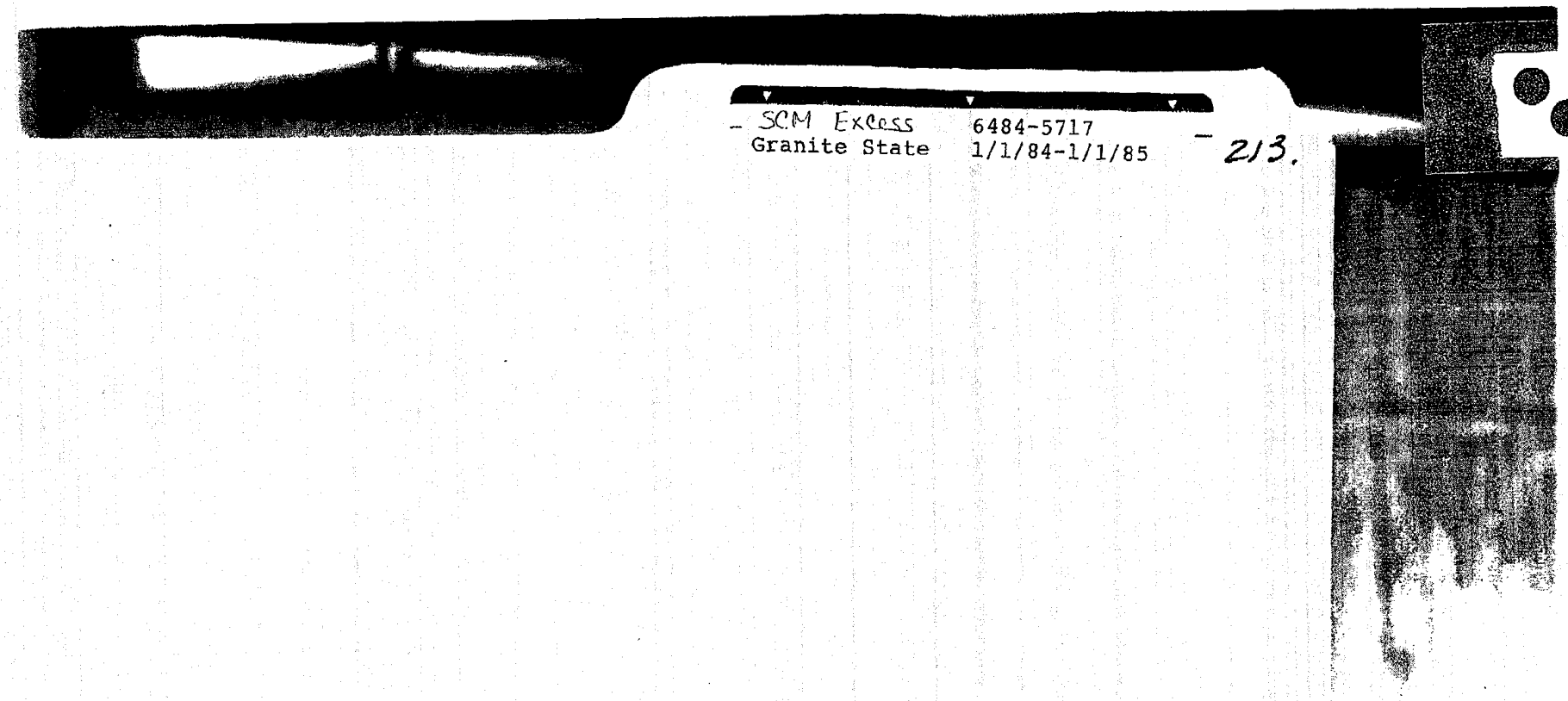
N21365

- SCM EXCESS 6484-5717 -
Granite State 1/1/84-1/1/85

213



SCM Excess 6484-5717
Granite State 1/1/84-1/1/85

213.

GLD052267
0049-GLD-000052267

5541

6484- 5717

☒ GRANITE STATE INSURANCE COMPANY
☐ NEW HAMPSHIRE INSURANCE COMPANY

PACIFIC STARR of NEW YORK, INC.

UNDERWRITING MANAGERS
NEW YORK

DECLARATIONS

1. Assured: SCM CORPORATION, ET AL
(AS MORE FULLY DEFINED IN THE UNDERLYING POLICIES)

Address: 299 PARK AVENUE
NEW YORK, NEW YORK 10171

2. Policy Period: From JANUARY 1, 1984 TO JANUARY 1, 1985
both days at 12:01 A.M. (Standard Time) at the location(s) of the risk(s) insured and in accord with the terms and conditions of the form(s) attached.

3. Amount: $ 5,000,000. PART OF
$10,000,000. EXCESS OF
$39,000,000. EXCESS OF PRIMARY

4. Coverage: EXCESS UMBRELLA LIABILITY

5. Premium: A) Provisional or deposit premium $ 10,000.00

B) Minimum Premium $ 10,000.00

C) Basis of Adjustment (Rate) FLAT

D) Audit Period NONE

E) Currency: U.S. Dollars

Assignment of this Policy shall not be valid except with the written consent of this Company.

This Policy is made and accepted subject to the foregoing provisions and stipulations and those hereinafter stated, which are hereby made a part of this Policy, together with such other provisions, stipulations, and agreements as may be added hereto, as provided in this Policy.

Unless otherwise provided herein, this Policy may be cancelled on the customary short rate basis by the Assured at any time by written notice or by surrender of this Policy to the Company. This Policy may also be cancelled, with or without the return or tender of the unearned premium, by the Company or by the Underwriting Managers in its behalf, by delivering to the Assured or by sending to the Assured by regular mail, at the Assured's address as shown herein, not less than 30 days written notice stating when the cancellation shall be effective, and in such case Insurers shall refund the paid premium less the earned portion thereof on demand, subject always to the retention by Insurers hereon of any minimum premium stipulated herein (or proportion thereof previously agreed upon) in the event of cancellation either by Insurers or Assured.

Not withstanding anything to the contrary contained herein and in consideration of the premium for which this insurance is written, it is understood and agreed that whenever an additional or return premium of $10.00 or less becomes due from or to the Assured on account of the adjustment of a deposit premium, or of an alteration in coverage or rate during the term or for any other reason, the collection of such premium from the Assured will be waived or the return of such premium to the Assured will not be made, as the case may be.

In Witness Whereof, the Company has caused this Policy to be executed and attested, but this Policy shall not be valid unless countersigned by a duly authorized representative of the Company.

Marion E. Fajen *Secretary*

Robert B. Sanborn *President*

PACIFIC STARR OF NEW YORK, INC.
UNDERWRITING MANAGERS

By

Countersigned
1114 PSNY

JANUARY 23, 1984 JG/yn

ORIGINAL

EXCESS UMBRELLA POLICY

Named Assured: As stated in Item 1 of the Declarations forming a part hereof

and/or subsidiary, associated, affiliated companies or owned and controlled companies as now or hereafter constituted and of which prompt notice has been given to the Company.

SCHEDULE

ITEM 1.	NAMED ASSURED	SCM CORPORATION, ET AL
ITEM 2.	Underlying Umbrella Policies:	HARTFORD INSURANCE COMPANY, POLICY NO. 10HUJC1040 AND OTHER DOMESTIC INSURANCE COMPANY
ITEM 3.	Underlying Umbrella limits (Insuring Agreement II):	$39,000,000.
ITEM 4.	Underlying Umbrella Aggregate Limits (Insuring Agreement II):	$39,000,000.
ITEM 5.	Limit of Liability (Insuring Agreement III):	$ 5,000,000. PART OF $10,000,000. EXCESS OF THE ABOVE
ITEM 6.	Aggregate Limit of Liability (Insuring Agreement III):	$ 5,000,000. PART OF $10,000,000. EXCESS OF THE ABOVE
ITEM 7.	Notice of Occurrence (Conditions 4) to:	Pacific Starr of New York, Inc. 99 John Street New York, New York 10038

INSURING AGREEMENTS

I. COVERAGE

The Company hereby agrees, subject to the limitations, terms and conditions hereinafter mentioned, to indemnify the Assured for all sums which the Assured shall be obligated to pay by reason of the liability

(a) imposed upon the Assured by law,

or

(b) assumed under contract or agreement by the Named Assured and/or any officer, director, stockholder, partner or employee of the Named Assured while acting in his capacity as such.

for damages, direct or consequential and expenses on account of:

(i) Personal injuries, including death at any time resulting therefrom,

(ii) Property damage,

(iii) Advertising liability,

caused by or arising out of each occurrence happening anywhere in the World, and arising out of the hazards covered by and as defined in the Underlying Umbrella Policies stated in Item 2 of the Schedule, (hereinafter called the "Underlying Umbrella Insurers").

Attached to and forming part of Policy No. 6484-5717

Issued to: SCM CORPORATION, ET AL

Dated: JANUARY 23, 1984

☒ GRANITE STATE INSURANCE COMPANY

☐ NEW HAMPSHIRE INSURANCE COMPANY

PACIFIC STARR OF NEW YORK INC.
Underwriting Managers

By .....

P-431-PSNY

ENDORSEMENT NO. 1

CANCELLATION ALL OTHERS

IT IS HEREBY UNDERSTOOD AND AGREED THAT, EXCEPT FOR NONPAYMENT OF ANY PREMIUM, THE COMPANY SHALL PROVIDE SIXTY (60) DAYS NOTICE IN THE EVENT OF CANCELLATION.

All other terms and conditions remain unchanged

Effective date of this endorsement is: JANUARY 1, 1984

Attached to and forming part of No. 6484-5717

Issued to: SCM CORPORATION, ET AL

Dated: JANUARY 23, 1984 ENDT.#1

☐ NEW HAMPSHIRE INSURANCE CO.

☒ GRANITE STATE INSURANCE COMPANY

PACIFIC STARR OF NEW YORK, INC.
Underwriting Managers

By _____

22697 P.S.N.Y.

ENDORSEMENT NO. 2

IT IS UNDERSTOOD AND AGREED THAT THE ASSURED AS MENTIONED UNDER ITEM 1 OF THE DECLARATIONS OF THE POLICY IS HEREBY AMENDED TO READ:

SCM CORPORATION, ALL SUBSIDIARIES AND SUBSIDIARIES OF THE SUBSIDIARIES, 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, JOTUN MARINE COATINGS AND COMPANIA ENVASADORA LORETO S.A. AS JOINT VENTURES.

IT IS FURTHER AGREED THAT EXCEPT ONLY WITH RESPECT TO POLICY PERIOD, PREMIUM AND LIMIT OF LIABILITY, THIS POLICY IS HEREBY AMENDED TO FOLLOW ALL TERMS, CONDITIONS, DEFINITIONS AND EXCLUSIONS OF THE FIRST LAYER UMBRELLA (INSURER: HARTFORD POLICY NO. 10HUJC1040 AND ANY ENDORSEMENTS ATTACHED THERETO, AND ALL RENWEALS AND REPLACEMENTS.

IT IS STILL 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.

All other terms and conditions remain unchanged

Effective date of this endorsement is: JANUARY 1, 1984

Attached to and forming part of No. 6484-5717

Issued to: SCM CORPORATION, ET AL

Dated: JANUARY 23, 1984 ENDT. #2

☐ NEW HAMPSHIRE INSURANCE CO.

☒ GRANITE STATE INSURANCE COMPANY

PACIFIC STARR OF NEW YORK, INC.
Underwriting Managers

By _____

22897 P.S.N.Y.