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ADMINISTRATIVE OFFICES
580 WASHINGTON STREET
CINCINNATI, OH IO. 45202
TEL: 1-513-369-5000
GREAT AMERICAN INSURANCE COMPANIES

IL 7 0 01 (Ed. 02 89)

Policy No. GVT 124-38-70 - 00
Renewal Of

BUSINESSPRO POLICY COMMON DECLARATIONS

NAMED INSURED AND ADDRESS:

STATE OF ALASKA
STATE OFFICE BUILDING -10TH FLOOR
JUNEAU, AK
9981 1

POLICY PERIOD:

12:01 A.M. Standard Time at the
address of the Named Insured
shown at left.
From: 07/01/1999 To: 07/01/2000

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

AGENT'S NAME AND ADDRESS:

WILLIS CORROON CORPORATION OF SEATTLE
P.O. BOX 34201
SEATTLE, WA 98124

Insurance is afforded by company indicated below:
(Each a capital stock corporation)

- X) GREAT AMERICAN INSURANCE CO. () AMERICAN ALLIANCE INSURANCE CO,
-) AMERICAN NATIONAL FIRE INS. CO. () AGR I CULTURAL INSURANCE COMPANY
- ()

BUSINESS DESCRIPTION STATE OFFICES AND AGENCIES

This policy consists of the following Coverage
parts for which a premium is indicated. This
premium may be subject to adjustment

Premium

Commercial Property	\$
Commercial General Liability	\$
Commercial Crime	\$ 79,496.
Commercial Inland Marine	\$
Commercial Boiler and Machinery	\$
Commercial Auto	\$
Commercial Umbrella	\$

TOTAL \$ 79,496.

Premium shown is payable: \$ 79,496. at inception:
\$ 79,496.

FORMS AND ENDORSEMENTS applicable to all Coverage Forms and made part of this
policy at time of issue are listed on the attached Forms and Endorsements
Schedule IL 88 01 (11/85).

Countersigned _____ Date _____ By _____ Authorized Representative



GREAT AMERICAN INSURANCE COMPANIES
Subsidiaries of American Financial Corporation
580 WALNUT STREET, CINCINNATI, OHIO 45202

IL 88 01 (Ed. 11 85)

BUSINESSPRO FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edit ion	Date Added* or ST Date Deleted	Form Description
1.	CR7000	11 / 85 A K	CRIME JACKET AND COMMON CONDITIONS
2.	CR7800	01 / 86 A K	CRIME COVERAGE PART DECLARATIONS
3.	IL0280	04 / 99 A K	AK CHANGES-CANCEL/NONRENEWAL
4.	CR0136	12 / 97 A K	ALASKA CHANGES
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* If not at inception

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and surveys at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured. If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative,


Secretary


President

GUIDE TO POLICY CONSTRUCTION

A Great American Insurance Company BusinessPro® policy consists of:

- A. A policy Jacket, containing the Common Policy Conditions, and company officers' signatures;
- B. A common Policy Declarations;
- C. One or more underlying lines of insurance Policy Declarations;
- D. One or more Coverage Parts (each line of insurance is a coverage part) for each line of insurance Declarations.

Each Coverage Part consists of:

- 1. A line of insurance Conditions form (if applicable);
- 2. One or more Cause of Loss forms (if applicable);
- 3. Applicable Endorsements.



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IL 02 80
(Ed. 04 99)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALASKA CHANGES - CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

**BOILER AND MACHINERY COVERAGE PART
BUSINESSOWNERS POLICY
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL CRIME COVERAGE PART *
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART**

*This endorsement does not apply to coverage provided for employee dishonesty (Coverage Form A), forgery or alteration (Coverage Form B), or public employee dishonesty (Coverage Forms-0 and P).

A. The CANCELLATION Common Policy Condition is replaced by the following:

- 1. The first Named insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.**
- 2. We may cancel this policy by mailing to you and the agent or broker of record written notice of cancellation. Such notice, stating the reason for cancellation, must be sent by first class mail at least:**

a. 10 days before the effective date of cancellation if we cancel for:

- (1) conviction of the Insured of a crime having as one of its necessary elements an act increasing a hazard insured against, or**
- (2) fraud or material misrepresentation by the Insured or a representative of the Insured in obtaining the insurance or by the Insured in pursuing a claim under this policy; or**

b. 20 days before the effective date of cancellation if we cancel for:

- (1) nonpayment of premium, or**
- (2) failure or refusal of the Insured to provide the information necessary to confirm exposure or determine the policy premium; or**

c. 60 days before the effective date of cancellation if we cancel for any other reason.

3. We will mail our notice to your last known address and the last known address of the agent or broker of record.

4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

5. A post office certificate of mailing or certified mail receipt will be sufficient proof of mailing of notice.

6. If this policy is cancelled, we will return any premium refund due. If we cancel, we will return, as the refund, the pro rata

unearned premium to the first Named Insured or, if applicable, to the premium finance company.

If the first Named Insured cancels, the refund will be the pro rata unearned premium minus a cancellation fee of 7.5% of the pro rata unearned premium. However, we will not retain this cancellation fee if this policy is cancelled:

- a. and rewritten with us or in our company group; or
- b. at our request; or
- c. because you no longer have a financial or insurable interest in the property or business operation that is the subject of this insurance; or
- d. after the first year for a prepaid policy written for a term of more than one year.

B. The following is added and supersedes any provision to the contrary:

NONRENEWAL

1. If we decide not to renew this policy, we will mail written notice of nonrenewal, by first class mail, to you and the agent or broker of record at least 45 days before:
 - a. the expiration date; or
 - b. the anniversary date if this policy has been written for more than one year or with no fixed expiration date.

2. We need not mail notice of nonrenewal if:

- a. we have manifested in good faith our willingness to renew; or
- b. the first Named Insured has failed to pay any premium required for this policy; or
- c. the first Named Insured fails to pay the premium required for renewal of this policy.

3. Any notice of nonrenewal will be mailed to your last known address and the last known address of the agent or broker of record. A post office certificate of mailing or certified mail receipt will be sufficient proof of mailing of notice.

C. The following Condition is added:

NOTICE OF PREMIUM OR COVERAGE CHANGES ON RENEWAL

If the premium to renew this policy increases more than 10% for a reason other than an increase in coverage or exposure basis, or if after the renewal there will be a material restriction or reduction in coverage not specifically requested by the Insured, we will mail written notice to your last known address and the last known address of the agent or broker of record at least 45 days before:

- a. the expiration date; or
- b. the anniversary date if this policy has been written for more than one year or with no fixed expiration date.



GREAT AMERICAN INSURANCE COMPANIES
Subsidiaries 580 WALNUT ST, American CINCINNATI, Financial Corporation OH 45202

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No. GVT CR 78 124-38-70 00 (Ed. 01- 0086)

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**BUSINESSPRO CRIME COVERAGE PART
DECLARATIONS PAGE**

NAMED INSURED: STATE OF ALASKA	POLICY PERIOD: 7/1/1999 to 7/1/2000
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The Crime Coverage Part consists of this Declarations Form, the Crime General Provisions Form and the Coverage Forms indicated as applicable.

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE:

Coverage Form(s) Forming Part of This Coverage Part	Limit of Insurance	Deductible Amount	Premium
FORM O - PUBLIC EMPLOYEE DISHONESTY INCLUDES FAITHFUL PERFORMANCE COVERAGE	\$25,000,000	\$250,000	INCL.
FORM F - COMPUTER FRAUD	\$25,000,000	\$250,000	INCL.
Total			\$79,496.

PREMIUM

Premium for This Coverage Part: \$79,496.

Premium shown is payable: \$79,496. at inception:
\$ 7 9 , 4 9 6 .

FORMS AND ENDORSEMENTS applicable to all Coverage Forms and made part of this policy at time of issue are listed on the attached Forms and Endorsements Schedule CR 88 01(01/86).

CANCELLATION OF PRIOR INSURANCE:

By acceptance of this Coverage Part, you give us notice cancelling prior Policy or Bond Nos. N/A, the cancellation to be effective at the time this Coverage Part becomes effective.



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CR 88 01 (Ed. 01 86)

BUSINESSPRO FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edition	Date Added* or ST Date Deleted	AK	Form Description
2.	CR001 6	10/90	AK	PUBLIC EMPLOYEE DISHONESTY/PER LOSS
3.	CR0007	10/90	AK	COMPUTER FRAUD COVERAGE FORM
4.	CR1018	01/86	AK	INCLUDE CHAIRMAN/MEMBERS AS EMPLOYEES
5.	CR1019	10/90	AK	INCLUDE DIRECTORS/TRUSTEES ON COMMITTEES
6.	CR1026	10/90	AK	INCLUDE SPECIFIED NONCOMPENSATED OFFICER
7.	CR8802	01/86	AK	GENERAL ENDORSEMENT
	CR8802	01/86	AK	GENERAL ENDORSEMENT
9.	CR8802	01/86	AK	GENERAL ENDORSEMENT
10.	CR1044	12/93	AK	ADD FAITHFUL PERFORMANCE OF DUTY
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*If not at inception