

RESOLUTION 31-2020

VILLAGE OF GILBERTS

A RESOLUTION APPROVING A RENEWAL PROPOSAL BY ARTHUR J. GALLAGHER & CO. FOR GENERAL LIABILITY, PROPERTY, RISK MANAGEMENT AND WORKERS COMPENSATION INSURANCE COVERAGE FOR THE POLICY PERIOD DECEMBER 31, 2020 – DECEMBER 31, 2021

WHEREAS, the Village of Gilberts (“Village”) requires general liability, property, risk management and workers compensation insurance coverage; and

WHEREAS, the Village has determined that it is necessary and desirable to approve a proposal by Arthur J. Gallagher & Co. for the provision of an insurance package for the Village; and

WHEREAS, Arthur J. Gallagher has provided the Village with a proposal of insurance for the policy period December 31, 2020 – December 31, 2021, a copy of which is attached to this Resolution as **Exhibit A (“Proposal”)**.

THEREFORE, BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF GILBERTS, ILLINOIS, as follows:

Section 1. Recitals. The recitals set forth above are hereby incorporated into and made a part of this Resolution as though set forth in this Section 1.

Section 2. Approval; Authorization. The Village Board of Trustees hereby approves the Agreement and authorizes the Village Administrator to execute the Proposal and such other documents as are necessary.

Section 3. Effective Date. This Resolution shall be in full force and effect after its approval in the manner provided by law.

PASSED BY VOTE OF THE BOARD OF TRUSTEES of the Village of Gilberts, Kane County, Illinois, this 8 day of Dec. 2020.

	<u>Ayes</u>	<u>Nays</u>	<u>Absent</u>	<u>Abstain</u>
Trustee Dan Corbett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee Kurt Kojzarek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee Nancy Farrell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee Jeanne Allen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee Lou Hacker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resolution No. 31-2020

Trustee Guy Zambetti
President Rick Zirk

✓

APPROVED THIS 8 DAY OF Dec., 2020



Village President, Rick Zirk



ATTEST:

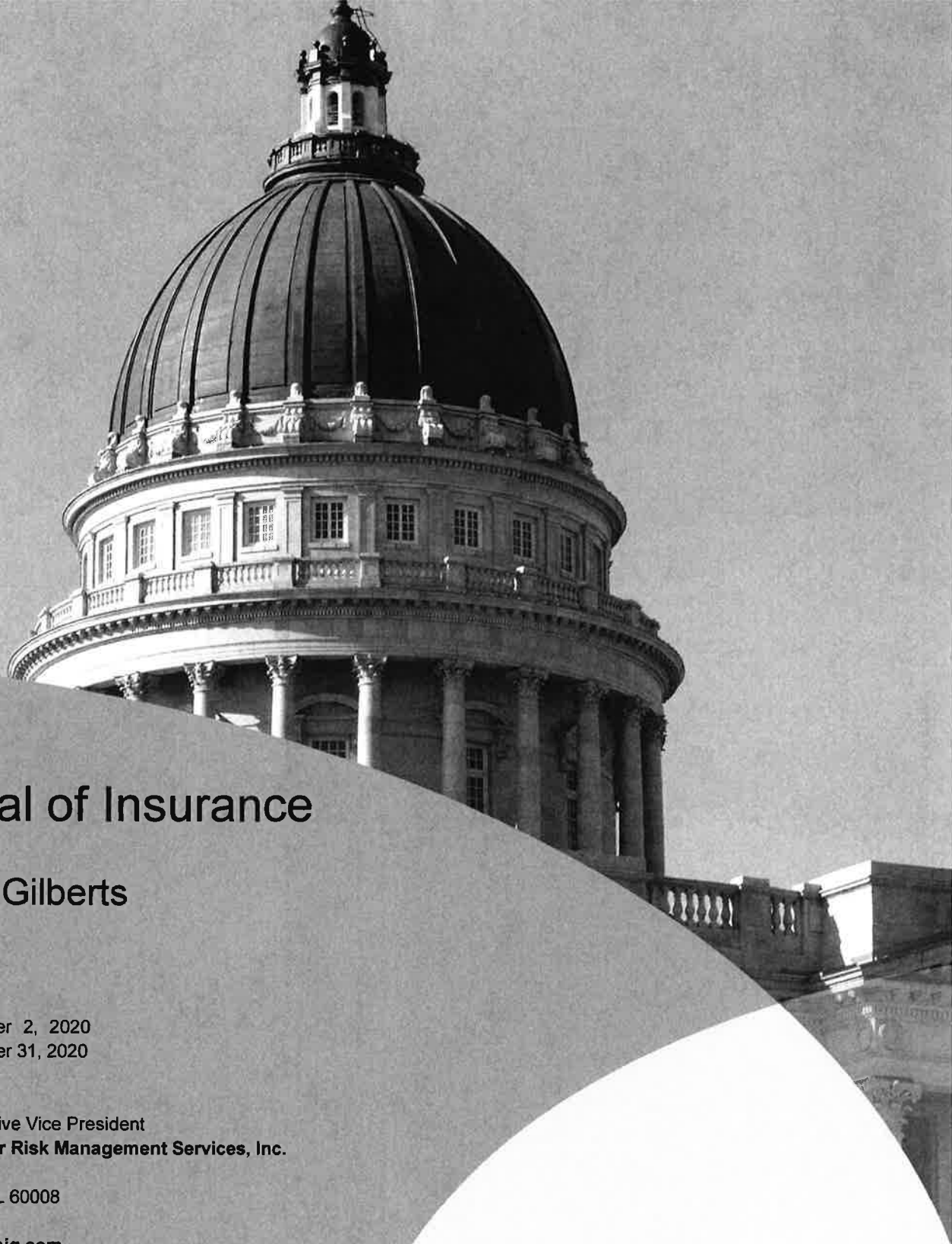


Village Clerk, Courtney Baker

Resolution No. 31-2020

Exhibit A

**Arthur J. Gallagher Insurance Proposal
December 31, 2020 – December 31, 2021**



Proposal of Insurance

Village of Gilberts

87 Galligan Road
Gilberts, IL 60136

Revised: December 2, 2020

Effective: December 31, 2020

Rich Stokluska

Area Senior Executive Vice President

Arthur J. Gallagher Risk Management Services, Inc.

2850 Golf Road

Rolling Meadows, IL 60008

(630) 773-3800

Rich_Stokluska@ajg.com



ajg.com

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Gallagher

Insurance | Risk Management | Consulting

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Service Team

Rich Stokluska has primary service responsibility for your company. We operate using a team approach. Your Service Team consists of:

NAME / TITLE	PHONE / ALT. PHONE	EMAIL	ROLE
Rich Stokluska, ARM Area Senior Executive Vice President	(630) 285-4012	Rich_Stokluska@ajg.com	Producer
JoAnn Bonnevier, CIC, CISR, CIIP Client Service Supervisor	(630) 694-4534	JoAnn_Bonnevier@ajg.com	Client Service Manager

Arthur J. Gallagher Risk Management Services, Inc.

Main Office Phone Number: (630) 773-3800

Service Commitment

Account Service

At Arthur J. Gallagher & Co., our goal is to provide you with an exceptional insurance and risk management program delivered by a world class service organization. Gallagher is committed to partnering with our clients to ensure we consistently deliver the highest quality service possible.

Renewals

We use a standard Renewal Timeline and start early to make sure your needs are met and we are able to offer you the most comprehensive and competitively priced insurance program. At each renewal, we will meet with you to establish a renewal game plan, determine how many markets should be approached, discuss pricing in the insurance marketplace, and identify what specific needs must be addressed. We will then approach markets that we feel will offer the best alternatives. These alternatives will be presented at renewal as an option, even if we feel the incumbent program is strongest. We will demonstrate how we have created competition within the marketplace to ensure that you receive the best renewal terms.

We make ourselves accountable by working with you to develop a written service schedule that meets your needs. You can track our service by referring to our written service commitment. Service becomes especially important as your type of organization continues to change and prosper.

As a top national broker, we have access to over 150 insurance companies and wholesalers. This maximizes your insurance options in any given policy year situation. In addition, our integrity and influence in the marketplace have resulted in excellent relationships with our markets. These factors are especially important to consider as the insurance needs of your organization become more complex and require more sophisticated solutions.

Automobile Identification Cards

ID cards will be issued upon binding of coverage.

Phone Calls

Phone calls will be returned within one working day of receipt.

Certificates of Insurance

Certificates of Insurance will be issued within one working day of request.

Quarterly Account Review

Quarterly account reviews will include review of claims, exposures, audits, and service.

Loss Control

We will coordinate all loss control activities between you and the carrier. We recommend that service be provided on a quarterly basis.





Our Service Commitment

Our clients repeatedly tell us the most important thing that we can do as their broker is to protect their assets while providing a comprehensive and tailored insurance program with the most competitive terms. We also know that a critical component of every customer experience is receiving an accurate and timely response to their day to day business needs and challenges.

At Arthur J. Gallagher and Co. our goal is to provide every client with an exceptional insurance and risk management program delivered by a world-class service organization.

We're on a journey to set a new standard for service within our industry – utilizing innovative technology and tools that create value for our clients, and raising the bar beyond expectations. The result is consistent and predictable service for our clients – with the highest quality at every interaction.



For the client, words and pledges only go so far. In order to deliver on our promise, Gallagher is committed to partnering with our clients to ensure we consistently deliver the highest quality service possible:

- **Clients get what they need, when they need it** – as a result of managing our work more effectively, your needs and requests are addressed promptly and professionally at all times
- **Our service team is able to focus on you**, and the solutions needed to support your unique business needs
- **We proactively manage your renewal cycle**, delivering a predictable timeline that creates time for thorough decision-making
- **You play a role in this too** – we're asking for more information ahead, so that you receive the best outcome, every time

Market Review

We approached the following carriers in an effort to provide the most comprehensive and cost effective insurance program.

INSURANCE COMPANY	LINE OF COVERAGE	RESPONSE	PREMIUM
Atlantic Specialty Insurance Company (Intact)	Package	Recommended Quote	\$41,086.00
American Family Home Insurance Company (Munich)	Package	Quoted	\$38,486.00
Trident Insurance Services	Package	Declined to Quote - Pricing not Competitive	N/A
Wright Risk Management	Package	Declined to Quote - Does Not Fit Underwriting Requirement	N/A
The Travelers Companies, Inc.	Package	Declined to Quote - Does Not Fit Underwriting Requirement	N/A
Atlantic Specialty Insurance Company (Intact)	Automobile	Recommended Quote	\$17,333.00
American Family Home Insurance Company (Munich)	Automobile	Quoted	\$18,755.00
Trident Insurance Services	Automobile	Declined to Quote - Pricing not Competitive	N/A
Wright Risk Management	Automobile	Declined to Quote - Does Not Fit Underwriting Requirement	N/A
The Travelers Companies, Inc.	Automobile	Declined to Quote - Does Not Fit Underwriting Requirement	N/A
Hartford Steam Boiler Inspection & Insurance Co.	Equipment Breakdown	Recommended Quoted	\$3,343.00
Atlantic Specialty Insurance Company (Intact)	Umbrella \$7,000,000 Limit	Recommended Quote	\$7,675.00
American Family Home Insurance Company (Munich)	Umbrella \$4,000,000 Limit	Quoted	\$12,895.00
Trident Insurance Services	Umbrella	Declined to Quote - Pricing not Competitive	N/A
Wright Risk Management	Umbrella	Declined to Quote - Does Not Fit Underwriting Requirement	N/A
The Travelers Companies, Inc.	Umbrella	Declined to Quote - Does Not Fit Underwriting Requirement	N/A
Hanover Insurance Company	Crime	Recommended Quote	\$1,012.00
BCS Insurance Company	Cyber Liability	Recommended Quoted	\$3,032.00
Illinois Public Risk Fund	Workers' Compensation	Recommended Quote	\$48,749.00

Named Insured

Named Insured Schedule:

Named Insured	Commercial Package	Equipment Breakdown	Automobile	Umbrella	Crime	Cyber Liability	Workers' Compensation
Village of Gilberts	X	X	X	X	X	X	X

Note: Any entity not named in this proposal, may not be an insured entity. This may include affiliates, subsidiaries, LLC's, partnerships and joint ventures.

Location Schedule

LINE OF COVERAGE	LOCATION ADDRESS
All lines of coverage included in this proposal	Per Schedule of location on file with the carrier as received by client on 9/23/2020

Program Structure

Program Details

Coverage: Package – Property
Carrier: Atlantic Specialty Insurance Company (Intact)
Policy Period: 12/31/2020 to 12/31/2021

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

Coinsurance or Agreed Amount:

DESCRIPTION	AGREED AMOUNT	COINSURANCE %
Applies	N/A	90 %

Coverage:

SUBJECT OF INSURANCE	AMOUNT
Blanket Building	\$14,198,331
Blanket Business Personal Property	\$10,256,024
Business Income and Extra Expense Including Rental Value	\$600,000
-Extended Period of Indemnity	90 Days
-Civil Authority - Coverage Period	4 Weeks
-Civil Authority - Coverage Radius	1 Mile
-Alteration and New Buildings	Included
-Ingress and Egress - Coverage Period	4 Weeks
-Ingress and Egress - Coverage Radius	1 Mile
Earthquake (includes EQSL)	
-Per Occurrence	\$5,000,000
-Annual Aggregate	\$5,000,000
Flood - All Covered Property and Coverages Located at Described Premises	
-Per Occurrence	\$5,000,000
-Annual Aggregate	\$5,000,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Blanket Building	\$1,000
Deductible	Blanket Business Personal Property	\$1,000
Deductible	Business Income and Extra Expense	72 Hours
Deductible	-Civil Authority	72 Hours
Deductible	-Ingress and Egress	72 Hours
Deductible	Earthquake (includes EQSL) - All Covered Property and Coverages Located at Described Premises	\$50,000
Deductible	Flood - All Covered Property and Coverages Located at Described Premises	\$50,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Ordinance or Law-Coverage B & C	\$1,000
Deductible	Green Upgrades Limit of Insurance	\$1,000
Deductible	Accounts Receivable	\$1,000
Deductible	Debris Removal	\$1,000
Deductible	Electronic Data	\$1,000
Deductible	Fungus, Wet Rot and Dry Rot	\$1,000
Deductible	Newly Acquired or Constructed Property	\$1,000
Deductible	Non-Owned Detached Trailers	\$1,000
Deductible	Outdoor Property	\$1,000
Deductible	Paved Surfaces Coverage	\$1,000
Deductible	Personal Effects of Others	\$1,000
Deductible	Pollutant Clean-up and Removal	\$1,000
Deductible	Valuable Papers and Records	\$1,000
Deductible	Bucket Limit of Insurance	\$1,000
Deductible	Exhibition, Fair or Trade Show Coverage	\$1,000
Deductible	Fine Arts	\$1,000
Deductible	Property In Transit	\$1,000
Deductible	Property at Other Locations	\$1,000
Deductible	Dependent Properties	72 hours
Deductible	Cyber Vandalism - Employee Enactment or Introduction	\$1,000
Deductible	Cyber Vandalism - Non-Employee Enactment or Introduction	\$1,000
Deductible	Utility Services - Direct Damage	\$1,000

Additional Coverage:

DESCRIPTION	AMOUNT
Ordinance or Law-Coverage A (Applicable at each building with Building Coverage under Commercial Property Coverage part)	Included
Ordinance or Law-Coverage B & C	\$350,000
Green Upgrades Limit of Insurance - 10% Green Upgrades Percentage	\$50,000
Accounts Receivable	\$100,000
Claims Expenses Coverage	\$25,000
Debris Removal	\$250,000
Electronic Data	\$50,000
Emergency Response Service Charge	\$25,000
Fungus, Wet Rot and Dry Rot – Annual Aggregate	\$15,000
-Period of Restoration	30 Days
-Extended Period of Restoration	30 Days

DESCRIPTION	AMOUNT
Newly Acquired or Constructed Property - Building	\$2,000,000
Newly Acquired or Constructed Property - Personal Property	\$1,000,000
Newly Acquired or Constructed Property - Coverage Period Days	180 Days
Non-Owned Detached Trailers	\$15,000
Outdoor Property	\$25,000
Paved Surfaces Coverage	\$250,000
Personal Effects of Others	\$25,000
Pollutant Clean-up and Removal – Annual Aggregate	\$50,000
Preservation of Property - Expense Coverage	\$50,000
Valuable Papers and Records	\$100,000
Bucket Limit of Insurance - Tenants Improvements & Betterments, Emergency Response Service Charge, Additional Coverage, Personal Effects of Others, Coverage Extension, Valuable Papers and Records, Coverage Extension, Accounts Receivable Coverage Extension, Outdoor Property Coverage Extension, Fine Arts Additional Coverage, Fire Extinguisher and Automatic, Extinguishing System Recharge, Additional Coverage, Lock Replacement Additional Coverage	\$500,000
Fine Arts Unscheduled Per Item Limit	\$10,000
Catastrophe Allowance Coverage – Annual Aggregate	\$50,000
Exhibition, Fair or Trade Show Coverage	\$50,000
Expediting Expense Coverage	\$50,000
Extra Expense	\$100,000
Fine Arts	\$50,000
Fire Extinguisher & Automatic Extinguishing System Recharge Coverage	\$25,000
Lock Replacement Coverage	\$10,000
Property In Transit	\$50,000
Property at Other Locations	\$100,000
Reward Coverage	\$50,000
Soft Costs Coverage	\$25,000
Contractual Penalties	\$50,000
Dependent Properties	\$250,000
Interruption of Computer Operations	\$50,000
Lessee's Leasehold Interest Coverage	\$25,000
Lessor's Lease Cancellation Coverage	\$25,000
Lessor's Tenant Relocation Expense	\$25,000
Newly Acquired Locations - Business Income and Extra Expense	\$250,000
-Coverage Period Days	180 Days
Time Element Claims Expenses Coverage	\$25,000
Cyber Vandalism - Employee Enactment or Introduction – Annual Aggregate	\$50,000
Cyber Vandalism - Non-Employee Enactment or Introduction– Annual Aggregate	\$10,000

DESCRIPTION	AMOUNT
Cyber Vandalism Business Income and Extra Expense - Employee Enactment or Introduction– Annual Aggregate	\$50,000
Cyber Vandalism Business Income and Extra Expense - Non-Employee Enactment or Introduction– Annual Aggregate	\$10,000
Denial of Service Attack Business Income– Annual Aggregate	\$10,000
Utility Services - Business Income and Extra Expense Coverage	\$25,000
Utility Services - Direct Damage Coverage	\$25,000

Valuations:

DESCRIPTION	LIMITATIONS
Replacement Cost	Applies to Most Types of Covered Property. Except;
Stated Value	Building - Loc.#/Bldg.# 1/1-3/1, 3/2, 4/1-4/2, 5/1-5/3, 6/1-6/3, 6/5, 7/1, 8/1-8/2, 9/1-20/1, 20/2, 21/1

Perils Covered:

TYPE	DESCRIPTION
Special Form Perils	Applies

Endorsements include, but are not limited to:

DESCRIPTION
Policyholder Notice - GRS PHN 004 11 18
Policyholder Notice - GRS PHN 005 06 19
IL Notice - Religious Freedom & Civil Union Act - IL N 175 11 11
IL Notice And Waiver Of Mine Subsidence Coverage - IL N 179 05 15
U.S. Treasury Dept. Office Of Foreign Assets Notice (OFAC) - IL P 001 01 04
Customer Notice - ISPE 001 07 20
Informational Notice To Policyholders - NOTICE IISS 03 20
Policyholder Disclosure Notice Of Terrorism Insurance Coverage - PHN 003-A IL 01 15
IL Important Notice To Policyholders - VGN 637 IL 04 10
Non-Policy Forms - ASC 00 14 01 98
Common Policy Declarations - 4 VIL 100 10 98
Premium Statement - ASC 00 02 01 98
Schedule Of Locations - ASC 00 12A 09 18
Common Policy Conditions- (N/A To VA Auto) - VIL 001 02 05
Premium Detail Summary - VIL 500 07 06
Schedule 1 - List Of Common Dec Forms - ASC 00 11 01 98
Cap on Losses from Certified Acts of Terrorism - IL 09 52 01 15
Illinois Changes - IL 01 18 02 17
Illinois Changes – Cancellation and Nonrenewal - IL 02 84 01 18
Commercial Property Conditions - CP 00 90 07 88

Endorsements include, but are not limited to:

DESCRIPTION
IL Changes - Artificially Generated Electrical Current Exclusion - CP 01 49 06 07
Ordinance Or Law Coverage - CP 04 05 09 17
IL Changes - IL 01 18 02 17
IL Changes - Cancellation And Nonrenewal - IL 02 84 01 18
Cap On Losses From Certified Acts Of Terrorism - IL 09 52 01 15
Commercial Property Coverage Part Definitions - OB CP 001 03 19
Building And Personal Property Coverage Form - OB CP 00 10 03 19
Business Income (And Extra Expense) Coverage Form - OB CP 00 30 09 18
Green Upgrades Additional Coverage - OB CP 04 02 09 18
Utility Services - Direct Damage Coverage - OB CP 04 17 09 18
Commercial Property Coverage Part Declarations Policy Level Limits Of Insurance - OB CP 100 09 18
Commercial Property Coverage Part Declarations Described Premises Limits Of Insurance - OB CP 101 09 18
Supplemental Commercial Property Coverage Part Declarations - OB CP 102 09 18
Causes Of Loss - Special Form - OB CP 10 30 09 18
Flood Coverage Endorsement - OB CP 10 65 09 18
Utility Services - Time Element Coverage - OB CP 15 45 09 18
Paved Surfaces Additional Coverage - OB CP 223 09 18
Cyber Additional Coverages - OB CP 231 03 19
Earthquake And Volcanic Eruption Coverage Endorsement - OB CP 235 09 18
Illinois Changes - OB CP 601 IL 09 18
Additional Coverages For Government Risks - OBGR CP 001 09 18

Exclusions include, but are not limited to:

DESCRIPTION
Earth Movement Exclusion
Flood Exclusion
Government Action Exclusion
War Exclusion
Nuclear Hazard, Power Failure

Binding Requirements:

DESCRIPTION
Subject to Signed TRIA Form

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

Optional Flood Coverage proposed does not apply to locations in flood zones. Flood zones are verified at policy issuance. A Broad Water Exclusion will apply to Flood Zones

Premium **\$15,566.00**

ESTIMATED PROGRAM COST **\$15,566.00**

TRIA/TRIPRA PREMIUM **\$470.00**
 (+ Additional Surcharges, Taxes and Fees as applicable)

Statement of Values

Loc	Bldg	Address Description	Occupancy Description	Buildings	Contents	Total TIV
1	1	10 Silver Trail Parkway	Conservancy Lift Station	\$300,500	\$0	\$300,500
2	1	1235 Galligan Road	Elevated Tank	\$1,639,091	\$0	\$1,639,091
3	1	196 Valencia Drive	Valencia Lift Station	\$300,500	\$0	\$300,500
3	2	196 Valencia Drive	Generator	\$101,624	\$0	\$101,624
4	1	201 Raymond Drive	Barancik Lift Station	\$809,711	\$0	\$809,711
4	2	201 Raymond Drive	Generator	\$101,624	\$0	\$101,624
5	1	281 Raymond Drive	Phosphorous Removal Building	\$322,008	\$200,000	\$522,008
5	2	281 Raymond Drive	Sewer Plant	\$1,092,727	\$6,093,480	\$7,186,207
5	3	281 Raymond Drive	Kohler Generator	\$140,743	\$0	\$140,743
5	4	281 Raymond Drive	SCADA	\$0	\$70,500	\$70,500
6	1	320 Raymond Drive	Water Plant	\$546,364	\$2,731,560	\$3,277,924
6	2	320 Raymond Drive	Water Tower	\$1,639,091	\$0	\$1,639,091
6	3	320 Raymond Drive	Kohler Generator	\$101,624	\$0	\$101,624
6	4	320 Raymond Drive	Cannon Copier	\$0	\$17,340	\$17,340
6	5	320 Raymond Drive	Well #3	\$835,936	\$0	\$835,936
6	6	320 Raymond Drive	Water Treatment-Additional Equipment for Barium Removal	\$0	\$700,000	\$700,000
7	1	598 Sleeping Bear	Water Tower	\$1,102,562	\$22,063	\$1,124,625
8	1	73 Industrial Drive	Public Works Building (New)	\$1,083,107	\$105,060	\$1,188,167
8	2	73 Industrial Drive	Salt Bin	\$182,485	\$63,036	\$245,521
9	1	84 Tower Hill	Public Works Building (Old)	\$156,350	\$52,530	\$208,880
10	1	86 Railroad St - Bld 6	Police Department	\$625,262	\$78,795	\$704,057
11	1	87 Galligan Road	Village Hall	\$957,643	\$105,060	\$1,062,703
12	1	95 Meadows Drive	Timber Trails #9 Lift Station	\$300,500	\$0	\$300,500
13	1	16 Higgins Road	Joseph Waitcus Park Pavilion	\$27,315	\$0	\$27,315
13	2	16 Higgins Road	Waitcus Park Sign	\$0	\$8,300	\$8,300
14	1	Indian Trails	Street Liaghs	\$43,709	\$0	\$43,709
15	1	Old Town	Street Lights	\$54,636	\$0	\$54,636
16	1	Timber Trails	Street Lights	\$269,904	\$0	\$269,904

17	1	562 Tyrelle Road	Well #4	\$835,936	\$0	\$835,936
18	1	355 tyrelle Road	Memorial Park Pavilion	\$29,584	\$0	\$29,584
18	2	355 tyrelle Road	Memorial Park Sign	\$0	\$8,300	\$8,300
19	1	280 Town Center blvd	Gilberts Town Square Gazebo	\$39,227	\$0	\$39,227
20	1	301 Columbia Lane	Splash Pad	\$345,000	\$0	\$345,000
20	2	301 Columbia Lane	Town Center Park Pavilion	\$46,470	\$0	\$46,470
20	3	301 Columbia Lane	Concession Stand	\$144,100	\$0	\$144,100
21	1	Town Center Unit 18	Street Lights	\$22,998	\$0	\$22,998
TOTAL				\$14,198,331	\$10,256,024	\$24,454,355

Coverage: Package - Inland Marine
Carrier: Atlantic Specialty Insurance Company (Intact)
Policy Period: 12/31/2020 to 12/31/2021

Coverage:

SUBJECT OF INSURANCE	LIMIT TYPE	AMOUNT
Miscellaneous Articles	Limit	\$82,965
Contractor's Equipment	Limit	\$451,759

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Miscellaneous Articles	\$1,000
Deductible	Contractor's Equipment	\$1,000

Additional Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Newly Acquired Miscellaneous Articles	Limit	\$50,000
Pollutant Clean Up	Limit	\$25,000
Debris Removal	Limit	\$25,000
Preservation of Property - Expense Coverage	Limit	\$10,000
Preservation of Property - Days		30 Days
Inventory or Appraisals	Limit	\$10,000
Contractor's Equipment:		
All Covered Property	Limit	\$701,759
Additionally Acquired Equipment	Limit	\$250,000
Additionally Acquired Equipment Days		60 Days
Construction Documents	Limit	\$2,500
Debris Removal	Limit	\$5,000
Employee Tools and Clothing	Limit	\$2,500
Pollutant Clean Up	Limit	\$10,000
Preservation of Property - Expense Coverage	Limit	\$2,500
Preservation of Property - Expense Days		30 Days
Rental Expense Reimbursement	Limit	\$2,500
Rental Expense Reimbursement Days		2 Days
Leased, Rented or Borrowed Contractors Equipment from Others - Any One Item	Limit	\$250,000
Leased, Rented or Borrowed Contractors Equipment from Others - All Items	Limit	\$75,000
Your Contractor's Equipment Leased, Rented or Borrowed by Others - Any One Item	Limit	\$1,000
Your Contractor's Equipment Leased, Rented or Borrowed by Others - All Items	Limit	\$2,000

Valuations:

DESCRIPTION	LIMITATIONS
Actual Cash Value	Miscellaneous Articles, Contractor's Equipment

Endorsements include, but are not limited to:

DESCRIPTION
Policyholder Notice - GRS PHN 004 11 18
Policyholder Notice - GRS PHN 005 06 19
IL Notice - Religious Freedom & Civil Union Act - IL N 175 11 11
IL Notice And Waiver Of Mine Subsidence Coverage - IL N 179 05 15
U.S. Treasury Dept. Office Of Foreign Assets Notice (OFAC) - IL P 001 01 04
Customer Notice - ISPE 001 07 20
Informational Notice To Policyholders - NOTICE IISS 03 20
Policyholder Disclosure Notice Of Terrorism Insurance Coverage - PHN 003-A IL 01 15
Table Of Contents - Commercial Property Coverage Part - PHN 051 CP 03 19
IL Important Notice To Policyholders - VGN 637 IL 04 10
Non-Policy Forms - ASC 00 14 01 98
Common Policy Declarations - 4 VIL 100 10 98
Premium Statement - ASC 00 02 01 98
Schedule Of Locations - ASC 00 12A 09 18
Common Policy Conditions- (N/A To VA Auto) - VIL 001 02 05
Premium Detail Summary - VIL 500 07 06
Schedule 1 - List Of Common Dec Forms - ASC 00 11 01 98
Cap on Losses from Certified Acts of Terrorism - IL 09 52 01 15
IL Changes - Intentional Acts - CM 01 28 03 99
IL Changes - CM 02 04 01 18
Cap On Losses From Certified Acts Of Terrorism - IL 09 52 01 15
Commercial Inland Marine Conditions - VIM 001 05 18
Miscellaneous Articles Coverage Form - VIM 008 07 05
Contractors Equipment Coverage Form - VIM 016 07 05
Commercial Inland Marine Declarations - VIM 100 07 05
Contractors Equipment Schedule - VIM 516 07 05
Schedule 6 - Inland Marine List Of Forms - ASC 00 11 01 98

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
Inland Marine	Cranes & Rigging Equipment
Inland Marine, Equipment Floater	Mechanical or Equipment Breakdown

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
Equipment Floater	Pollution
Equipment Floater	War and Nuclear Hazard
Equipment Floater	Wear and Tear, Gradual Deterioration, or Obsolescence
Equipment Floater	Mold / Fungus

Binding Requirements:

DESCRIPTION
Subject to Signed TRIA Form

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
Premium Breakdown: Miscellaneous Articles \$290 Contractor's Equipment \$2,456

Premium	\$2,746.00
ESTIMATED PROGRAM COST	\$2,746.00

Coverage: Package - General Liability

Carrier: Atlantic Specialty Insurance Company (Intact)

Policy Period: 12/31/2020 to 12/31/2021

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
General Liability	Occurrence	Not Applicable	Not Applicable
Public Officials Errors & Omissions	Claims Made	12/31/2012	N/A
Public Officials Employment Practices	Claims Made	12/31/2012	N/A
Public Officials Employee Benefits Administration	Claims Made	12/31/2012	N/A
Law Enforcement Liability Coverage Part	Occurrence	Not Applicable	Not Applicable

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE / COMMENTS
General Liability	Applies	N/A	Other / In Addition to Policy Limits and Outside Deductible Application
Law Enforcement Liability	Applies	N/A	Other / in addition to policy limits and inside deductible
Public Officials E&O	Applies	N/A	Other / in addition to policy limits and inside deductible

Coverage:

DESCRIPTION	AMOUNT
General Aggregate	\$2,000,000
Products/Completed Operation Aggregate	\$2,000,000
Coverage A - Bodily Injury and Property Damage	\$1,000,000
Coverage B - Personal and Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$1,000,000
Failure to Supply	\$1,000,000
Sexual Abuse	\$300,000
Public Officials Errors & Omissions	
- Each Wrongful Act	\$1,000,000
- Aggregate	\$1,000,000
Public Officials Employment Practices	
- Each Offense	\$1,000,000
- Aggregate	\$1,000,000
Public Officials Employee Benefits Administration	
- Each Offense	\$1,000,000
- Aggregate	\$3,000,000
Law Enforcement Liability	

DESCRIPTION	AMOUNT
- Each Wrongful Act	\$1,000,000
- Aggregate	\$1,000,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Public Officials Employee Benefits Administration - Each Offense	\$1,000
Deductible	Public Officials Errors & Omissions - Each Wrongful Act	\$2,500
Deductible	Public Officials Employment Practices - Each Offense	\$2,500
Deductible	Law Enforcement Liability - Each Wrongful Act	\$2,500

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within 60 days of the expiration date. The cost of this extended reporting period is \$0.00 of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within 60 days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

DESCRIPTION
An oral or written demand for payment of money "damages", including a "suit".

Incident or Claim Reporting Provision:

REPORTING CONDITION TYPE
Immediately Report all Claims to OneBeacon Government Risk, Online at www.onebeacongov.com ; Email: obgrclaims@onebeacongov.com ; Phone: 877-284-5602 or Fax: 866-894-1633

Additional Coverage:

DESCRIPTION	AMOUNT
Personal Watercraft and Owned Watercraft (Applicable for General Liability, Law Enforcement Liability)	Up to 300 Horsepower
Care, Custody and Control (Law Enforcement Liability)	\$25,000
Other - Reimbursement (Applicable for Law Enforcement Liability and Public Officials E & O)	up to \$1,000 Per Day for Loss of Earnings To Assist in Trial and Investigation of Claims

Endorsements include, but are not limited to:

DESCRIPTION
Policyholder Notice - GRS PHN 004 11 18
Policyholder Notice - GRS PHN 005 06 19
IL Notice - Religious Freedom & Civil Union Act - IL N 175 11 11
IL Notice And Waiver Of Mine Subsidence Coverage - IL N 179 05 15
U.S. Treasury Dept. Office Of Foreign Assets Notice (OFAC) - IL P 001 01 04

Endorsements include, but are not limited to:

DESCRIPTION
Customer Notice - ISPE 001 07 20
Informational Notice To Policyholders - NOTICE IISS 03 20
Policyholder Disclosure Notice Of Terrorism Insurance Coverage - PHN 003-A IL 01 15
IL Important Notice To Policyholders - VGN 637 IL 04 10
Non-Policy Forms - ASC 00 14 01 98
Common Policy Declarations - 4 VIL 100 10 98
Premium Statement - ASC 00 02 01 98
Schedule Of Locations - ASC 00 12A 09 18
Common Policy Conditions- (N/A To VA Auto) - VIL 001 02 05
Premium Detail Summary - VIL 500 07 06
Schedule 1 - List Of Common Dec Forms - ASC 00 11 01 98
Illinois Amendatory Endorsement - VIL 644 IL 07 18
Illinois Changes – Civil Union - VIL 754 IL 06 12
Liability Coverage Part Declaration - ASC 00 05 01 98
Commercial General Liability Coverage Form - GRS GL 101 01 16
Illinois Changes - Civil Union - GRS GL IL 05 03 19
Liability Schedule - VCG 100 10 98
IL Amendatory Endorsement - VIL 644 IL 07 18
IL Changes - Civil Union - VIL 754 IL 06 12
Schedule 2 - Liability Forms List - ASC 00 11 01 98
Professional Liability Declarations - Apr 005 02 99
Public Officials Errors & Omissions – Claims Made - Grs EO 102 01 16
IL Changes - GRS EO IL 02 07 07
IL Changes - Pollution - GRS EO IL 03 09 07
IL Changes - Extended Reporting Periods - GRS EO IL 05 01 16
IL Changes - Civil Union - GRS EO IL 06 01 16
Law Enforcement Liability Coverage Form - GRS LE 101 01 16
IL Changes - Pollution - GRS LE IL 03 09 07
IL Amendatory Endorsement - Vil 644 IL 07 18
Schedule 8 - Professional Liability Policy Forms List - Asc 00 11 01 98

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
General Liability	Bodily Injury and Property Damage from pollutants - Absolute Exclusion
General Liability	Losses arising from the ownership maintenance or use of aircraft (including drones), autos, or watercraft, with some minor exceptions including certain contractual obligations

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
General Liability	Employment Related Practices Exclusion
General Liability	Liquor Liability Exclusion
General Liability	Aircraft Products Exclusion
General Liability	Professional Liability Exclusion
General Liability	Real Property in Your Care, Custody, and Control Exclusion
General Liability	Absolute Asbestos Exclusion
General Liability	Absolute Lead Exclusion
General Liability	War and Nuclear Hazard
General Liability	Mold / Fungus
General Liability	Nuclear Energy Liability Exclusion Endorsement - IL 00 21 09 08
General Liability	Exclusion- Other Acts of Terrorism; Cap on Certified Losses - CG 21 71 01 15
General Liability	Exclusion - Health Care & Social Services Liability - GRS GL 202 01 16
General Liability	Exclusion - Access or Disclosure of Confidential or Personal Information and Data Related Liability; Computer or Components; Network Security or Hacking Event - GRS GL 210 01 16
General Liability	Exclusion of Other Acts of Terrorism Committed Outside the United States; Cap on Losses from Certified Acts of Terrorism - OB CG INT 24 06 18
General Liability	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability; Computer or Components; Network Security or Hacking Event - GRS EO 206 01 16
General Liability	Exclusion - Access or Disclosure of Confidential or Personal Information and Data -Related Liability; Computer or Components; Network Security or Hacking Event - GRS LE 205 01 16

Binding Requirements:

DESCRIPTION
Subject to Signed TRIA Form

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
Total Premium Includes Professional Liability Coverages Premium Charges of \$17,627

Premium	\$22,488.00
ESTIMATED PROGRAM COST	\$22,488.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	\$146.00

Coverage: Package - Property
Carrier: American Family Home Insurance Company (Munich)
Policy Period: 12/31/2020 to 12/31/2021

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

Coinsurance or Agreed Amount:

DESCRIPTION	AGREED AMOUNT	COINSURANCE %
N/A	N/A	N/A

Coverage:

LOCATION DETAILS	SUBJECT OF INSURANCE	AMOUNT	BASIS
Loc.# All	Coverage A - Real Property	\$14,214,931	
Loc.# All	Coverage B - Personal Property	\$10,239,424	
Loc.# All	Loss of Income	\$250,000	
Loc.# All	Extra Expense	\$250,000	
Loc.#/Bldg.# 1/1-3/1-2, 4/1-2, 5/1-4, 6/1-6, 7/1-2, 8/1-2	"Earthquake" – Volcanic Eruption Limit of Insurance – Occurrence / Aggregate	\$5,000,000	Each Occurrence
Loc.#/Bldg.# 9/1-13/1-2, 14/1, 15/1, 16/1, 17/1, 18/1-2, 19/1, 20/1-3, 21/1	"Earthquake" – Volcanic Eruption Limit of Insurance– Occurrence / Aggregate	\$5,000,000	Each Occurrence
Loc.#/Bldg.# 1/1-3/1-2, 4/1-2, 5/1-4, 6/1-6, 7/1-2, 8/1-2	"Flood" – Limit of Insurance– Occurrence / Aggregate	\$5,000,000	Each Occurrence
Loc.#/Bldg.# 9/1-13/1-2, 14/1, 15/1, 16/1, 17/1, 18/1-2, 19/1, 20/1-3, 21/1	"Flood" – Limit of Insurance– Occurrence / Aggregate	\$5,000,000	Each Occurrence

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Policy Deductible - Per Occurrence	\$1,000
Deductible	Equipment Breakdown Deductible - Per Occurrence	\$1,000
Deductible	"Earthquake" – Volcanic Eruption Deductible – Each Occurrence - Loc.#/Bldg.# 1/1-3/1-2, 4/1-2, 5/1-4, 6/1-6, 7/1-2, 8/1-2	\$25,000
Deductible	"Earthquake" – Volcanic Eruption Deductible – Each Occurrence - Loc.#/Bldg.# 9/1-13/1-2, 14/1, 15/1, 16/1, 17/1, 18/1-2, 19/1, 20/1-3, 21/1	\$25,000
Deductible	"Flood" – Deductible – Each Occurrence - Loc.#/Bldg.# 1/1-3/1-2, 4/1-2, 5/1-4, 6/1-6, 7/1-2, 8/1-2	\$25,000
Deductible	"Flood" – Deductible – Each Occurrence - Loc.#/Bldg.# 9/1-13/1-2, 14/1, 15/1, 16/1, 17/1, 18/1-2, 19/1, 20/1-3, 21/1	\$25,000

Valuations:

DESCRIPTION	LIMITATIONS
Replacement Cost	Applies

Perils Covered:

TYPE	DESCRIPTION
Special Form Perils	Applies

Endorsements include, but are not limited to:

DESCRIPTION
Common Policy Declarations - PE CO 100 (01-20)
Policyholder Disclosure Notice Of Terrorism Insurance Coverage - TERRNOTICE09 (01-15)
Common Policy Conditions - PE CO 300 (01-20)
Notice To Policyholders - VL N 800 (03-20)
Property Coverage Part Declarations - PE PR 100 (01-20)
Earthquake - Volcanic Eruption Coverage - PE PR 402 (01-20)
Flood Coverage - PE PR 404 (01-20)
Ordinance Coverage Amendment - PE PR 430 (01-20)
Equipment Breakdown Coverage Deductible Options - PE PR 441 (01-20)
Equipment Breakdown Coverage Limit Of Insurance Real Property And Personal Property - PE PR 442 (01-20)
Illinois Changes - PE PR IL1 (01-20)

Exclusions include, but are not limited to:

DESCRIPTION
Earth Movement Exclusion
Flood Exclusion
Government Action Exclusion
War Exclusion
Nuclear Hazard, Power Failure

Binding Requirements:

DESCRIPTION
A Signed and Dated Terrorism Disclosure Notice Must Accompany all Binding Requests Designating an Acceptance or Rejection of Quoted Terrorism Coverage

Premium	\$22,825.00
ESTIMATED PROGRAM COST	\$22,825.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Coverage: Package - Inland Marine
Carrier: American Family Home Insurance Company (Munich)
Policy Period: 12/31/2020 to 12/31/2021

Coverage:

SUBJECT OF INSURANCE	LIMIT TYPE	AMOUNT
Gas Saw Package - Serial Number : 20171500075	Limit	\$2,300
Salt Spreader - Serial Number : 13	Limit	\$3,000
Belt Elevator - Serial Number : 25	Limit	\$1,500
Radios / Mobile Equipment - Serial Number : 1	Limit	\$25,000
Salt Spreader - Serial Number : 26	Limit	\$4,000
Plow - 8" - Serial Number : 14	Limit	\$3,800
Post Hole Digger/Bits - Skostr - Serial Number : 2	Limit	\$3,000
18000 Lb Lift - Serial Number : 27	Limit	\$14,000
8' Fiberglass Man Hole Ladder - Serial Number : 39	Limit	\$189
Water Main Break Trailerew2024 - Serial Number : 575200J2XJH3	Limit	\$10,653
Mower - Serial Number : 28	Limit	\$9,865
Plow - 8" - Serial Number : 15	Limit	\$3,800
Fertilizer Spreader - Serial Number : 16	Limit	\$600
Trash Pump / Hose 3" (2) - Serial Number : 3	Limit	\$4,500
Trash Pump / Hose 4" - Serial Number : 4	Limit	\$2,100
Batwing Mower - Serial Number : 29	Limit	\$7,500
Plow - 9" - Serial Number : 17	Limit	\$4,500
Snow Plow - 10' - Serial Number : 5	Limit	\$8,500
Ditch Mower - Serial Number : 30	Limit	\$2,500
Spreader - Serial Number : 18	Limit	\$4,000
Salt Spreader - Serial Number : 6	Limit	\$4,000
Brush Chipper - Serial Number : 31	Limit	\$5,564
Jetter - Serial Number : 19	Limit	\$100,000
Bucket Lift On G4 - Serial Number : 7	Limit	\$40,000
10' Snow Plow - Serial Number : 32	Limit	\$7,460
Skid Loader - Serial Number : 20	Limit	\$3,800
Sprayer - 300 Gal - Serial Number : 8	Limit	\$4,200
10' Snow Plow - Serial Number : 33	Limit	\$7,460
Dixie Chopper - Serial Number : 21	Limit	\$8,900
Plow - 8" - Serial Number : 9	Limit	\$3,623
Salt Spreader - Serial Number : 34	Limit	\$3,640
Gill - Serial Number : 10	Limit	\$1,600

Coverage:

SUBJECT OF INSURANCE	LIMIT TYPE	AMOUNT
Pressure Washer/Trailer - Serial Number : 22	Limit	\$3,000
Salt Spreader - Serial Number : 35	Limit	\$3,640
Plow 8" Extra - Serial Number : 11	Limit	\$3,800
11' Snow Plow - Serial Number : 36	Limit	\$11,808
Combination Backhoe - Serial Number : 23	Limit	\$96,605
Powermate - Serial Number : 12	Limit	\$1,045
Tsurumi Portable Generator 4500 Watt - Serial Number : 50830	Limit	\$1,560
Tn70 Tractor W/Mower - Serial Number : 24	Limit	\$60,400

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Scheduled Equipment :	
Deductible	Gas Saw Package - Serial Number : 20171500075	\$1,000
Deductible	Salt Spreader - Serial Number : 13	\$1,000
Deductible	Belt Elevator - Serial Number : 25	\$1,000
Deductible	Radios / Mobile Equipment - Serial Number : 1	\$1,000
Deductible	Salt Spreader - Serial Number : 26	\$1,000
Deductible	Plow - 8" - Serial Number : 14	\$1,000
Deductible	Post Hole Digger/Bits - Skostr - Serial Number : 2	\$1,000
Deductible	18000 Lb Lift - Serial Number : 27	\$1,000
Deductible	8' Fiberglass Man Hole Ladder - Serial Number : 39	\$1,000
Deductible	Water Main Break Trailerew2024 - Serial Number : 575200J2XJH3	\$1,000
Deductible	Mower - Serial Number : 28	\$1,000
Deductible	Plow - 8" - Serial Number : 15	\$1,000
Deductible	Fertilizer Spreader - Serial Number : 16	\$1,000
Deductible	Trash Pump / Hose 3" (2) - Serial Number : 3	\$1,000
Deductible	Trash Pump / Hose 4" - Serial Number : 4	\$1,000
Deductible	Batwing Mower - Serial Number : 29	\$1,000
Deductible	Plow - 9" - Serial Number : 17	\$1,000
Deductible	Snow Plow - 10' - Serial Number : 5	\$1,000
Deductible	Ditch Mower - Serial Number : 30	\$1,000
Deductible	Spreader - Serial Number : 18	\$1,000
Deductible	Salt Spreader - Serial Number : 6	\$1,000
Deductible	Brush Chipper - Serial Number : 31	\$1,000
Deductible	Jetter - Serial Number : 19	\$1,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Bucket Lift On G4 - Serial Number : 7	\$1,000
Deductible	10' Snow Plow - Serial Number : 32	\$1,000
Deductible	Skid Loader - Serial Number : 20	\$1,000
Deductible	Sprayer - 300 Gal - Serial Number : 8	\$1,000
Deductible	10' Snow Plow - Serial Number : 33	\$1,000
Deductible	Dixie Chopper - Serial Number : 21	\$1,000
Deductible	Plow - 8" - Serial Number : 9	\$1,000
Deductible	Salt Spreader - Serial Number : 34	\$1,000
Deductible	Gill - Serial Number : 10	\$1,000
Deductible	Pressure Washer/Trailer - Serial Number : 22	\$1,000
Deductible	Salt Spreader - Serial Number : 35	\$1,000
Deductible	Plow 8" Extra - Serial Number : 11	\$1,000
Deductible	11' Snow Plow - Serial Number : 36	\$1,000
Deductible	Combination Backhoe - Serial Number : 23	\$1,000
Deductible	Powermate - Serial Number : 12	\$1,000
Deductible	Tsurumi Portable Generator 4500 Watt - Serial Number : 50830	\$1,000
Deductible	Tn70 Tractor W/Mower - Serial Number : 24	\$1,000

Valuations:

DESCRIPTION	LIMITATIONS
Actual Cash Value	Applies - Scheduled Equipment

Endorsements include, but are not limited to:

DESCRIPTION
Common Policy Declarations - PE CO 100 (01-20)
Policyholder Disclosure Notice Of Terrorism Insurance Coverage - TERRNOTICE09 (01-15)
Common Policy Conditions - PE CO 300 (01-20)
Illinois Changes - Cancellation And Nonrenewal - PE CO IL1 (01-20)
Notice To Policyholders - VL N 800 (03-20)
Inland Marine Coverage Part Declarations - PE IM 100 (01-20)
Inland Marine Coverage Form - PE IM 101 (01-20)
Illinois Changes - PE IM IL1 (01-20)
Illinois - Intentional Acts - PE IM IL2 (01-20)

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
Inland Marine	Cranes & Rigging Equipment

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
Inland Marine, Equipment Floater	Mechanical or Equipment Breakdown
Equipment Floater	Pollution
Equipment Floater, EDP, Transit	War and Nuclear Hazard
Equipment Floater, EDP, Transit	Wear and Tear, Gradual Deterioration, or Obsolescence
Equipment Floater	Mold / Fungus
EDP	Utility Service Interruption
EDP	Expected or Intended Loss
EDP	Programming Errors
Transit	Government Authority Exclusion

Binding Requirements:

DESCRIPTION
-A Signed and Dated Terrorism Disclosure Notice Must Accompany all Binding Requests Designating an Acceptance or Rejection of Quoted Terrorism Coverage.

Premium	\$823.00
ESTIMATED PROGRAM COST	\$823.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Coverage: Package - General Liability

Carrier: American Family Home Insurance Company (Munich)

Policy Period: 12/31/2020 to 12/31/2021

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
General Liability	Occurrence	Not Applicable	Not Applicable
Employee Benefits Programs	Occurance	1Not Applicable	N/A
Law Enforcement Activity Liability	Occurrence	Not Applicable	Not Applicable
Abuse Or Molestation Liability	Occurrence	Not Applicable	Not Applicable
Public Officials and Management Liability	Occurrence	Not Applicable	N/A

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE / COMMENTS
General Liability	Applies	N/A	Other / Defense outside the limit

Coverage:

DESCRIPTION	AMOUNT
Each Occurrence	\$1,000,000
Damage to Premises Rented to You	\$1,000,000
Medical Expense	\$10,000
Personal and Advertising Injury	\$1,000,000
General Aggregate	\$3,000,000
- Each Action of Injunctive or Declaratory Relief	\$5,000
- Aggregate Limit	\$3,000,000
Employee Benefits Programs	
- Each "Employee"	\$1,000,000
- Aggregate	\$2,000,000
Law Enforcement Activity Liability	
- Each Law Enforcement Wrongful Act	\$1,000,000
- Aggregate	\$3,000,000
Abuse Or Molestation Liability	
- Each Act Limit	\$1,000,000
Special Supplementary Payment Limit	\$10,000
Abuse or Molestation Alleged Participant Coverage	
- Each Act Limit	\$1,000,000
- Aggregate Limit	\$3,000,000
Public Officials and Management Liability	

DESCRIPTION	AMOUNT
- Aggregate Limit	\$3,000,000 / Coverage A and B Combined
- Coverage A	\$1,000,000
- Coverage B	\$5,000
Products – Completed Operations Aggregate	\$3,000,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	General Liability - BI/PD	\$0
Deductible	Law Enforcement Activity Liability - Each Law Enforcement Wrongful Act	\$2,500
Deductible	Public Officials and Management Liability - Each Wrongful Act or Offense	\$5,000

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within 60 days of the expiration date. The cost of this extended reporting period is 100% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within 90 days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

DESCRIPTION
Refer to attached policy form

Incident or Claim Reporting Provision:

REPORTING CONDITION TYPE
Refer to attached policy form

Endorsements include, but are not limited to:

DESCRIPTION
Common Policy Declarations - PE CO 100 01 20
Policyholder Disclosure Notice of Terrorism Insurance Coverage - TerrNotice09 (01/15)
Common Policy Conditions - PE CO 300 01 20
Illinois Changes – Cancellation And Nonrenewal - PE CO IL1 01 20
Notice to Policyholders Customer Assistance - VL N 800 03 20
Illinois Changes – Civil Union - PE CO IL3 01 20
General Liability Coverage Part Declarations - PE GL 100 01 20
General Liability Coverage Form - PE GL 101 01 20
Employee Benefits Liability Endorsement - PE GL 402 01 20
Law Enforcement Activity Liability Endorsement - PE GL 411 01 20

Endorsements include, but are not limited to:

DESCRIPTION
Water or Wastewater Professional Activity Liability Endorsement - PE GL 412 01 20
Law Enforcement Activity Definition - PE GL 415 01 20
Illinois Changes - PE GL IL1 01 20
Abuse or Molestation Liability Coverage - Illinois - PE GL IL4 01 20
Illinois Changes – Defense Costs - PE GL IL8 01 20
Public Officials and Management Liability Coverage Part Declaration - PE ML 100 01 20
Public Officials and Management Liability Coverage Form - PE ML 102 01 20
Amendment of Professional Liability Exclusion - PE ML 207 01 20
Amendatory Endorsement Injunctive or Declaratory Relief - PE ML 302 01 20
Amendatory Endorsement EEOC Administrative Hearings Coverage - PE ML 303 01 20
Illinois Changes - PE ML IL2 01 20

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
General Liability	Bodily Injury and Property Damage from pollutants - Absolute Exclusion
General Liability	Losses arising from the ownership maintenance or use of aircraft (including drones), autos, or watercraft, with some minor exceptions including certain contractual obligations
General Liability	Employment Related Practices Exclusion
General Liability	Liquor Liability Exclusion
General Liability	Aircraft Products Exclusion
General Liability	Professional Liability Exclusion
General Liability	Real Property in Your Care, Custody, and Control Exclusion
General Liability	Absolute Asbestos Exclusion
General Liability	Absolute Lead Exclusion
General Liability	War and Nuclear Hazard
General Liability	Mold / Fungus
EBL	Dishonest, fraudulent, criminal or malicious act or omission
EBL	Bodily Injury or Property Damage or Personal Injury
EBL	Failure of performance of contract
EBL	Failure of any investment to perform as represented by you
EBL	Failure to comply with mandatory provisions of any law concerning Workers' Compensation, unemployment insurance, social security or disability benefits
EBL	Wrongful termination of an employee
EBL	Coercion, demotion, reassignment, discipline or harassment of an employee
EBL	Discrimination against an employee
General Liability	Exclusion – Liquor Liability - PE GL 213 01 20

Exclusions include, but are not limited to:

COVERAGE TYPE	DESCRIPTION
General Liability	Exclusion Electronic Information Security Event - PE ML 206 01 20
General Liability	Exclusion - Administration of Employee Benefit Plans - PE ML 208 01 20

Binding Requirements:

DESCRIPTION
Subject to Receipt of Signed and Dated Terrorism Disclosure Notice Must Accompany all Binding Requests Designating an Acceptance or Rejection of Quoted Terrorism Coverage.

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
Total Premium Includes Below Premium Charges :-
- Public Officials Management Liability - \$4,989.00
- Employee Benefits Programs - Included
Coverage A – Bodily Injury and Property Damage Liability, Coverage B – Personal and Advertising Injury Liability
Policy Term Premium is Minimum & Deposit, Unless Otherwise Noted in the Attached Quote(s).

Premium	\$14,838.00
ESTIMATED PROGRAM COST	\$14,838.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Coverage: Equipment Breakdown
Carrier: Hartford Steam Boiler Inspection & Insurance Co.
Policy Period: 12/31/2020 to 12/31/2021

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

Coinsurance or Agreed Amount:

DESCRIPTION	AGREED AMOUNT	COINSURANCE %
Business Income Coinsurance: Waived Until 12/31/2021	N/A	N/A

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Equipment Breakdown Limit	Limit	\$50,000,000
Property Damage		Included
Business Income		Included
Extra Expense		Included

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Combined, All Coverages	\$1,000
Deductible	Interruption of Service Waiting Period:	4 Hours

Additional Coverage:

DESCRIPTION	AMOUNT
Civil Authority	Included
Contingent Business Income	\$2,500,000
Data Restoration	\$2,500,000
Demolition	\$2,500,000
Expediting Expenses	Included
Green	\$25,000
Hazardous Substances	\$2,500,000
Mold	\$25,000
Newly Acquired Locations	Included
Off Premises Equipment Breakdown	\$2,500,000
Ordinance or Law	\$2,500,000
Perishable Goods	Included
Public Relations	\$5,000
Service Interruption	Included
Miscellaneous Unnamed Locations Limit:	\$1,000,000

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

Covered Cause of Loss
 Accident-Included
 Electronic Circuitry Impairment - Included
 Newly Acquired Locations: 365 Days
 Notice of Cancel. other than non-payment: 90 Days
 Extended Period of Restoration: 365 Days

Premium **\$3,343.00**

ESTIMATED PROGRAM COST **\$3,343.00**

TRIA/TRIPRA PREMIUM **\$0.00**
 (+ Additional Surcharges, Taxes and Fees as applicable)



Coverage: Automobile

Carrier: Atlantic Specialty Insurance Company (Intact)

Policy Period: 12/31/2020 to 12/31/2021

Coverage:

DESCRIPTION	AMOUNT	COVERED AUTOS
Liability	\$1,000,000	1
Hired Primary Auto Liability	Covered	2
Non-Owned Auto Liability	Covered	
Illinois Uninsured Motorist Bodily Injury – Each Accident	\$250,000	2
Illinois Underinsured Motorist Bodily Injury – Each Accident	\$250,000	2
Medical Payments	\$5,000	2
Comprehensive	Actual Cash Value or Cost of Repair Whichever is Less Minus Specimen \$See Deductible e for Each Covered Auto, But no Deductible Applies to Loss Caused by Fire or Lightning	7
Collision	Actual Cash Value or Cost of Repair Whichever is Less Minus Specimen \$See Deductible e for Each Covered Auto	7

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Comprehensive	\$1,000
Deductible	Collision	\$1,000

Covered Autos:

SYMBOL	SYMBOL NAME	DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS
1	Any Auto	
2	Owned Autos Only	Only those autos you own (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos you acquire ownership of after the policy begins.
3	Owned Private Passenger Autos Only	Only the private passenger autos you own. This includes those private passenger autos you acquire ownership of after the policy begins.
4	Owned Autos Other Than Private Passenger Autos Only	Only those autos you own that are not of the private passenger type (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos not of the private passenger type you acquire ownership of after the policy begins.
5	Owned Autos Subject To No-Fault	Only those autos you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.

Covered Autos:

SYMBOL	SYMBOL NAME	DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS
6	Owned Autos Subject To A Compulsory Uninsured Motorists Law	Only those autos you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists' requirement.
7	Specifically Described Autos	Only those autos described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any trailers you don't own while attached to any power unit described in Item Three).
8	Hired Autos Only	Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent, or borrow from any of your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Nonowned Autos Only	Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees, partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.
11		Illinois Hired "Autos" Only. Only those "Autos" you Lease, Hire, Rent, or Borrow. This does not include any "Auto" you Lease, Hire, Rent or Borrow from any of your employees, partners, or members of their households.
12		Illinois Non-Owned "Autos" Only. Only those "Autos" you do not Own, Lease, Hire, Rent or Borrow that are used in connection with your business. This includes "Autos" owned by your employees or members of their households but only while See ASC 00 11 01 98, Schedule 4
19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those autos that are land vehicles and that would qualify under the definition of mobile equipment under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

Additional Coverage:

DESCRIPTION	AMOUNT
Owned watercraft	up to 300 horsepower
Auto Theft Reward	\$2,000
Hired Auto Physical Damage Coverage	up to \$50,000
Physical Damage	Transportation Expenses Coverage – broadened to provide \$75 per day with maximum of \$1,800
Reimbursement	\$1,000 per day for loss of earnings to assist in trial and investigation of claims
Supplementary Payments Broadened	Cost of bail bonds is \$3,500; expenses incurred is \$500 per day

Endorsements include, but are not limited to:

DESCRIPTION
Policyholder Notice - GRS PHN 005 06 19
Customer Notice - ISPE 001 07 20
Commercial Auto Coverage Part Declarations - ACA 01 03 10,
Business Auto Dec (Part I) - ACA 01 03 10
Business Auto Dec (Part II) - ACA 02 03 10

Endorsements include, but are not limited to:

DESCRIPTION
Business Auto Dec (Part Iii) - ACA 03 03 10
Business Auto Coverage Form - CA 00 01 10 13
Il Changes - CA 01 20 01 15
Il Changes - Cancellation And Nonrenewal - CA 02 70 01 18
Audio Visual Data Elec Equip- Fire Police Emergency Vehicles - CA 20 02 10 13
Professional Services Not Covered - CA 20 18 10 13
Il Uninsured Motorists Coverage - CA 21 30 01 15
Il Underinsured Motorists Coverage - CA 21 38 10 13
Auto Medical Payments Coverage - CA 99 03 10 13
Broad Form Auto Endorsement - Government Risks - GRS CA 400 06 18
Il Changes - Civil Union - VIL 754 IL 06 12
Schedule 3 - Auto Forms List - ASC 00 11 01 98
Schedule 4 - Auto Symbol Schedule - ASC 00 11 01 98
Schedule 5 - Uninsured Motorist - ASC 00 11 01 98 SPECIMEN
Informational Notice To Policyholders - NOTICE IISS 03 20
U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders - IL P 001 01 04
Illinois Notice To Policyholders Regarding The Religious Freedom Protection And Civil Union Act - IL N 175 11 11
Illinois Notice And Waiver Of Mine Subsidence Coverage - IL N 179 05 15
Common Policy Declaration - 4 VIL 100 10 98
Schedule 1 - ASC 00 11 01 98
Common Policy Declarations Premium Statement - ASC 00 02 01 98
Premium Detail Summary - VIL 500 07 06
Schedule Of Locations - ASC 00 12A 09 18
Common Policy Conditions - VIL 001 02 05
Illinois Changes - IL 01 18 02 17
Illinois Changes - Cancellation And Nonrenewal - IL 02 84 01 18
Illinois Amendatory Endorsement - VIL 644 IL 07 18
Illinois Changes - Civil Union - VIL 754 IL 06 12
Il Important Notice To Policyholders - VGN 637 IL 04 10

Exclusions include, but are not limited to:

DESCRIPTION
Excluded Drivers
Expected or Intended Injury
Contractual
Workers' Compensation

Exclusions include, but are not limited to:

DESCRIPTION

- Employers' Liability
- Property Damage to Property Owned or Transported by you
- Pollution
- Other standard policy exclusions apply
- Terrorism
- Exclusion Of Terrorism - CA 23 84 10 13
- Nuclear Energy Liability Exclusion (N/A To NY Or WA) - IL 00 21 09 08
- Nuclear Energy Liability Exclusion Endorsement(Broad Form) - IL 00 21 09 08

Binding Requirements:

DESCRIPTION

Subject To Signed Illinois Uninsured Motorist Coverage And Underinsured motorist Coverage Selection Or Rejection

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

- Policyholder Disclosure Notice of Terrorism Insurance Coverage amount does not include auto because the automobile line of insurance is not part of the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA).
- Hired or Borrowed Auto Liability - Estimated Coast Of Hire - If Any
- Non Ownership Liability - Number Of Employees - 29

Auto Disclaimer:

Commercial Auto policies utilize a set of coverage symbols to stipulate a category of covered autos. One or more symbols are assigned to each coverage purchased indicating which autos that coverage applies to. Please refer to your policy and make certain that you read and understand the various auto symbols and associated descriptions. Specific symbols may apply to either a particular kind of vehicle or the vehicle's ownership status. The symbols could also differ depending upon whether the coverage is for liability or physical damage. Also, in certain circumstances, an insurance company may agree to provide coverage for an auto scenario that is not described in the auto symbols. When this occurs, a unique symbol and related description is used. If you have any questions regarding the auto symbols or associated descriptions contained in your policy, please contact us.

Premium	\$17,333.00
ESTIMATED PROGRAM COST	\$17,333.00



Vehicles:

VEH#	YEAR	MAKE MODEL	VIN	COST NEW	GARAGE ADDRESS	RADIUS	RATING CLASS	DEDUCT OTC	DEDUCT COLL
1	1995	Utility TR / Goldstar	TD49	\$5,000	Gilberts, IL	1	68499	\$1,000	\$1,000
2	2007	Ford / Ranger	7894	\$25,000	Gilberts, IL	1	01499	\$1,000	\$1,000
3	2008	Ford / Ranger - Xcab	929	\$25,000	Gilberts, IL	1	01499	\$1,000	\$1,000
4	2003	Dodge / Durango	8576	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
5	2011	Ford / Crown Victoria	156	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
6	2006	Ford / Crown Victoria	6226	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
7	2006	Ford / Crown Victoria	6227	\$30,000	Gilberts, IL	1	73980	\$1,000	\$1,000
8	2009	Chevrolet / Impala	7423	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
9	2015	Ford / Explorer	6669	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
10	1987	Ford / F350 Truck	2526	\$30,000	Gilberts, IL	1	01499	\$1,000	\$1,000
11	1989	Chevrolet / 1T Truck	818	\$35,000	Gilberts, IL	1	01499	\$1,000	\$1,000
12	2005	Ford / F350 Truck	6745	\$30,000	Gilberts, IL	1	01499	\$1,000	\$1,000
13	2005	Ford / F550 Dump Truck	7021	\$57,000	Gilberts, IL	1	21479	\$1,000	\$1,000
14	2006	Truck / International	127	\$46,000	Gilberts, IL	1	21499	\$1,000	\$1,000
15	2010	Trailer / Unknown	TBD1	\$5,000	Gilberts, IL	1	68499	\$1,000	\$1,000
16	2009	Ford / F550 Truck	8004	\$40,000	Gilberts, IL	1	21499	\$1,000	\$1,000
17	2009	Ford / F550 Truck	8003	\$40,000	Gilberts, IL	1	21499	\$1,000	\$1,000
18	2012	Ford / Expedition	3006	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
19	2013	Ford / Fusion	8099	\$19,971	Gilberts, IL	1	73980	\$1,000	\$1,000
20	2013	Ford / Interceptor	2142	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
21	2015	Ford / Explorer	1529	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
22	2015	Ford / Taurus	2073	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
23	2015	Chevrolet / Colorado	8934	\$23,356	Gilberts, IL	1	01499	\$1,000	\$1,000
24	2015	Ford / F-350	525	\$40,436	Gilberts, IL	1	01499	\$1,000	\$1,000
25	2016	Ford / F-550	6926	\$57,362	Gilberts, IL	1	21499	\$1,000	\$1,000
26	2017	Ford / Utility Police	7257	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000
27	2017	Chevrolet / Silverado	1GCVKNEC7HZ349034	\$35,790	Gilberts, IL	1	01499	\$1,000	\$1,000
28	2017	Ford / Explorer	1FM5K8AR8HGD59042	\$35,000	Gilberts, IL	1	79110	\$1,000	\$1,000

Radius: 1 Local 0-50 miles
 2 Intermediate 50-200 miles
 3 Over 200 miles

Coverage: Automobile
Carrier: American Family Home Insurance Company (Munich)
Policy Period: 12/31/2020 to 12/31/2021

Coverage:

DESCRIPTION	AMOUNT	COVERED AUTOS
Covered Autos Liability	\$1,000,000	1, 8, 9
Auto Medical Payments – Each Person	\$10,000	2
Uninsured Motorists – Each Accident	\$250,000	6
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage) – Each Accident	\$250,000	6
Comprehensive	ACV Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	7, 8
Collision	ACV Or Cost Of Repair, Whichever Is Less, Minus Deductible For each Covered Auto	7, 8
Non-Owned & Hired Auto Liability	\$1,000,000	

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Comprehensive	\$1,000
Deductible	Collision	\$1,000

Endorsements include, but are not limited to:

DESCRIPTION
Common Policy Declarations - AM CL 100 11 09
Common Policy Conditions (IL 01 46 in Washington) - IL 00 17 (11-98)
Illinois Changes - Civil Union - IL 01 47 (09-11)
Illinois Changes - defense Costs - IL 01 62 (10-13)
Business Auto Declarations - CA DS 03 (10-13)
Business Auto Coverage Form - CA 00 01 (10-13)
Audio, Visual and Data Electronic Equipment Coverage - Fire, Police and Emergency Vehicles - CA 20 02 (10-13)
Professional Services not Covered - CA 20 18 (10-13)
Auto Medical Payments Coverage - CA 99 03 (10-13)
Illinois Changes - CA 01 20 (01-15)
Illinois Changes - Cancellation and Nonrenewal - CA 02 70 (01-18)
Illinois Uninsured Motorists Coverage - CA 21 30 (01-15)
Illinois Underinsured Motorists Coverage - CA 21 38 (10-13)

Endorsements include, but are not limited to:

DESCRIPTION
Schedule of Covered Autos You Own - AU 500 (12-13)
Signature Endorsement - AFH VL 101 11 09
Schedule of Forms and Endorsements
Illinois Notice to Policyholders Regarding the Religious Freedom Protection and Civil Union Act - IL N 175 11 11

Exclusions include, but are not limited to:

DESCRIPTION
Excluded Drivers
Expected or Intended Injury
Contractual
Workers' Compensation
Employers' Liability
Property Damage to Property Owned or Transported by you
Pollution
Other standard policy exclusions apply
Terrorism
Exclusion of Terrorism - CA 23 84 (10-13)

Binding Requirements:

DESCRIPTION
- The Producer Must Complete a State-Specific Surplus Lines Diligent Search Form and Send it to US with a Binding Request.
- Signed Application and Favorable MVR's
- Signed Illinois Uninsured Motorists Coverage and Underinsured Motorists Coverage Selection/Rejection
- Acceptable Loss Control

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION
Policy term premium is minimum & deposit, unless otherwise noted in the attached quote(s).
TRIA Status: NOT APPLICABLE
Hired Or Borrowed Covered Auto: Estimated Annual Cost Of Hire For Each State: \$2,500: State: IL
Non-ownership Covered Autos Liability: Number Of Employees: 20

Auto Disclaimer:

Commercial Auto policies utilize a set of coverage symbols to stipulate a category of covered autos. One or more symbols are assigned to each coverage purchased indicating which autos that coverage applies to. Please refer to your policy and make certain that you read and understand the various auto symbols and associated descriptions. Specific symbols may apply to either a particular kind of vehicle or the vehicle's ownership status. The symbols could also differ depending upon whether the coverage is for liability or physical damage. Also, in certain circumstances, an insurance company may agree to provide coverage for an auto scenario that is not described in the auto symbols. When this occurs, a unique symbol and related

description is used. If you have any questions regarding the auto symbols or associated descriptions contained in your policy, please contact us.

Premium	\$18,755.00
<hr/>	
ESTIMATED PROGRAM COST	\$18,755.00

Subject to Audit: Annually

Coverage: Umbrella

Carrier: Atlantic Specialty Insurance Company (Intact)

Policy Period: 12/31/2020 to 12/31/2021

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Umbrella	Occurrence	Not Applicable	Not Applicable

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
Aggregate Limit	Limit	\$7,000,000	All Claims excess of Underlying Insurance
Each Claim Limit	Limit	\$7,000,000	Each Claim excess of Underlying Insurance

Underlying Policies:

COVERAGE	DESCRIPTION	LIMIT	CARRIER NAME	EFFECTIVE DATE	EXPIRATION DATE
General Liability	General Aggregate	\$2,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
General Liability	Products/Completed Operation Aggregate	\$2,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
General Liability	Coverage A Bodily Injury and Property Damage - Each Occurrence	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
General Liability	Coverage B Personal and Advertising Injury	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Public Officials Errors & Omissions	Each Wrongful Act	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Public Officials Errors & Omissions	Aggregate	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Public Officials Employment Practices	Each Offense	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Public Officials Employment Practices	Aggregate	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Public Officials Employee Benefits Administration	Each Offense	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Public Officials Employee Benefits Administration	Aggregate	\$3,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021

Underlying Policies:

COVERAGE	DESCRIPTION	LIMIT	CARRIER NAME	EFFECTIVE DATE	EXPIRATION DATE
Law Enforcement Liability	Each Wrongful Act	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Law Enforcement Liability	Aggregate	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021
Automobile	Liability Insurance	\$1,000,000	Atlantic Specialty Insurance Company	12/31/2020	12/31/2021

Endorsements include, but are not limited to:

DESCRIPTION
Policyholder Notice - Policy Holder Benefit: 'Prevent & Protect' Portal For Employment Liability Prevention Training & Information - GRS PHN 004 11 18
II Notice - Religious Freedom & Civil Union Act - IL N 175 11 11
U.S. Treasury Department Office Of Foreign Assets Notice (OFAC) - IL P 001 01 04
Informational Notice To Policyholders - NOTICE IISS 03 20
Policyholder Disclosure Notice Of Terrorism Insurance Coverage - PHN 003-A IL 01 15
Table Of Contents - Commercial Property Coverage Part - PHN 051 CP 03 19
II Important Notice To Policyholders - VGN 637 IL 04 10
Common Policy Declarations - 4 VIL 100 10 98
Premium Statement - ASC 00 02 01 98
Common Policy Conditions- (N/A To VA Auto) - VIL 001 02 05
Premium Detail Summary - VIL 500 07 06
Schedule 1 - List Of Common Dec Forms - ASC 00 11 01 98
Excess Liability Coverage Part Declarations - GRS EL 100 07 07
Excess Liability Coverage Form - GRS EL 101 01 16
Amendatory Endorsement - VIL 644 IL 07 18
Non-Policy Forms - ASC 00 14 01 98
Illinois Changes – Civil Union - VIL 754 IL 06 12

Exclusions include, but are not limited to:

DESCRIPTION
Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Laws
Pollution (Hostile Fire Exception)
Asbestos
Physical Damage to Property in Insured's Care, Custody, or Control
Auto First-party Coverage

Exclusions include, but are not limited to:

DESCRIPTION
Pollution (Auto)
Products Recall
Employment Related Practices Exclusion
Total Pollution Exclusion
Professional Liability Exclusion
Retained Limit
Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism - OBITRIAEX 002-1OBGR 06 17

Binding Requirements:

DESCRIPTION
Subject to:
- Selection or Rejection of Terrorism Insurance Coverage

Premium	\$7,675.00
ESTIMATED PROGRAM COST	\$7,675.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	\$77.00

Coverage: Umbrella
Carrier: American Family Home Insurance Company (Munich)
Policy Period: 12/31/2020 to 12/31/2021

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Umbrella	Occurrence	Not Applicable	Not Applicable

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Each Occurrence Limit	Limit	\$4,000,000
Aggregate Limit	Limit	\$4,000,000

Underlying Policies:

COVERAGE	DESCRIPTION	LIMIT	CARRIER NAME	EFFECTIVE DATE	EXPIRATION DATE
Employers' Liability	Bodily Injury by Accident - Each Accident	\$500,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Employers' Liability	Bodily Injury by Disease - Each Policy	\$500,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Employers' Liability	Bodily Injury by Disease - Each Employee	\$500,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Commercial General Liability	Each Occurrence	\$1,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Commercial General Liability	General Aggregate (other than Products Completed Operations)	\$3,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Commercial General Liability	Products Completed Operations Aggregate	\$3,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Commercial General Liability	Personal and Advertising Injury	\$1,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Automobile Liability	Combined Single Limit	\$1,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Police Professional Liability	Each Occurrence	\$1,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Police Professional Liability	Aggregate	\$3,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021



Underlying Policies:

COVERAGE	DESCRIPTION	LIMIT	CARRIER NAME	EFFECTIVE DATE	EXPIRATION DATE
Employee Benefits Liability	Each Occurrence	\$1,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021
Employee Benefits Liability	Aggregate	\$2,000,000	American Family Home Insurance Company	12/31/2020	12/31/2021

Endorsements include, but are not limited to:

DESCRIPTION
Commercial Excess Liability Declarations - CXD 01 12 13
Schedule of Controlling Underlying Insurance - CXS 01 02-10
Schedule of Forms and Endorsements Commercial Excess Liability - CXD 01 12 13
Commercial Excess Liability Coverage Form - CX 00 01 04-13
Illinois Changes - Defense Costs - CX 01 22 09-08
Illinois Changes - Cancellation and Nonrenewal - CX 02 14 01-18
Cap on Losses from Certified Acts of Terrorism - CX 21 30 01-15
Auto coverage - Amended Terrorism Provisions - CX 21 55 09-08
Employee Benefits Excess Liability Coverage - CXE 01 49 12-19
Sublimited Coverages Endorsement - CXE 02 79 12-13
Disclosure Pursuant to Terrorism Risk Insurance Act - IL 09 85 12-20
Illinois Notice to Policyholders Regarding the Religious Freedom Protection and Civil Union Act - IL N 175 11 11

Exclusions include, but are not limited to:

DESCRIPTION
Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Laws
Pollution (Hostile Fire Exception)
Asbestos
Physical Damage to Property in Insured's Care, Custody, or Control
Auto First-party Coverage
Pollution (Auto)
Products Recall
Employment Related Practices Exclusion
Total Pollution Exclusion
Professional Liability Exclusion
Retained Limit
Nuclear Energy Liability Exclusion Endorsement - CX 21 01 09-08
Total Aircraft Liability Exclusion - CXE 01 03 12-19

Exclusions include, but are not limited to:

DESCRIPTION

Asbestos Exclusion - CXE 01 06 02-10

Damage to Real Property - Total Exclusion - CXE 02 17 02-10

War Exclusion - CXE 02 45 02-10

Illinois Sexual Abuse or Sexual Harassment Exclusion - CXE IL 11 18 12-13, Sexual Abuse & Molestation

IMPORTANT EXCLUSIONS:

Mold, Bacteria & Fungi

Sublimited Coverages

Pollution Exclusion Public Entity

Binding Requirements:

DESCRIPTION

- A Signed and Dated Terrorism Disclosure Notice Must Accompany all Binding Requests Designating an Acceptance or Rejection of Quoted Terrorism Coverage.

- Acceptable Loss control

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

Total Premium Includes terrorism Premium of \$0

Policy term premium is minimum & deposit, unless otherwise noted in the attached quote(s).

Coverage can only be bound with a written request from the insured. This policy quoted/bound cannot be assigned to another without the written consent of the Insurer.

Premium	\$12,895.00
ESTIMATED PROGRAM COST	\$12,895.00
Deposit Premium -	\$12,895.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Subject to Audit: Not Auditable

Coverage: Crime
Carrier: Hanover Insurance Company
Policy Period: 12/31/2020 to 12/31/2021

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Crime	Claims Made	Not Applicable	Not Applicable

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
1. Employee Theft - Per Loss	Limit	\$500,000
3. Forgery Or Alteration	Limit	\$100,000
4. Inside The Premises - Theft of Money And Securities	Limit	\$100,000
5. Inside The Premises - Robbery Or Safe Burglary of Other Property	Limit	\$100,000
6. Outside The Premises	Limit	\$100,000
7. Computer Fraud	Limit	\$100,000
8. Funds Transfer Fraud	Limit	\$100,000
9. Money Orders And Counterfeit Money	Limit	\$10,000

Deductibles / Self Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	1. Employee Theft - Per Loss	\$2,500
Deductible	3. Forgery Or Alteration	\$1,000
Deductible	4. Inside The Premises - Theft of Money And Securities	\$1,000
Deductible	5. Inside The Premises - Robbery Or Safe Burglary of Other Property	\$1,000
Deductible	6. Outside The Premises	\$1,000
Deductible	7. Computer Fraud	\$1,000
Deductible	8. Funds Transfer Fraud	\$1,000
Deductible	9. Money Orders And Counterfeit Money	\$250
Deductible	Add Faithful Performance of Duty Coverage for Government Employees	\$2,500
Deductible	Include Expenses Incurred to Establish Amount of Covered Loss	\$5,000
Deductible	Funds Transfer - False Pretenses Coverage	\$5,000

Additional Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Add Faithful Performance of Duty Coverage for Government Employees	Limit	\$500,000
Funds Transfer - False Pretenses Coverage	Limit	\$100,000

Endorsements include, but are not limited to:

DESCRIPTION

- Government Crime Policy - CR 00 26 05 06
- Include Specified Non-compensated Officers as Employees - CR 25 08 08 07
- Include Treasurers or Tax Collectors as Employees - CR 25 12 08 07
- Include Chairperson and Members of Specified Committees as Employees - CR 25 06 08 07
- Add Faithful Performance of Duty Coverage for Government Employees - CR 25 19 05 06
- Include Expenses Incurred to Establish Amount of Covered Loss - CR 25 40 08 07
- Delete Employee Exclusions - 181-1515 03/17
- Crime Advantage - 181-1640-G 03/17
- Amend Computer Fraud Insuring Agreement - 181-1661 03/16
- Funds Transfer - False Pretenses Coverage - 181-1663 09/18

Exclusions include, but are not limited to:

DESCRIPTION

- Third Party Employee Dishonesty
- Government Action Exclusion
- Accounting or Arithmetic Errors
- Voluntary Parting of Property
- Loss in which the existence of such loss is only proved by a profit and loss comparison or inventory records
- Any theft or criminal act committed by a partner of the insured
- Employee Dishonesty (does not apply to Employee Theft Coverage)

Premium	\$1,012.00
ESTIMATED PROGRAM COST	\$1,012.00

Coverage: Cyber Liability
Carrier: BCS Insurance Company
Policy Period: 12/31/2020 to 12/31/2021
Form Number: 94.200 (07/19)

Form Type:

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Cyber Liability	Claims Made	Full Prior Acts	Full Prior Acts

Defense Limitations:

COVERAGE TYPE	DEFENSE COST DOLLAR LIMIT	DEFENSE LIMIT	DEFENSE COST TYPE / COMMENTS
Cyber Liability	Applies	N/A	Other / Claims Expenses Shall Reduce the Applicable Limits of Liability

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Aggregate Limit of Liability	Limit	\$1,000,000
Sublimit of Liability for Individual Coverage® Purchased	Sublimit	\$1,000,000
A. Privacy Liability (including Employee Privacy)	Sublimit	\$1,000,000
B. Privacy Regulatory Claims Coverage	Sublimit	\$1,000,000
C. Security Breach Response Coverage	Sublimit	\$1,000,000
D. Security Liability	Sublimit	\$1,000,000
E. Multimedia Liability	Sublimit	\$1,000,000
F. Cyber Extortion	Sublimit	\$1,000,000
G. Business Income and Digital Asset Restoration		
1. Business Income Loss	Sublimit	\$1,000,000
2. Restoration Costs	Sublimit	\$1,000,000
3. Reputation Business Income Loss	Sublimit	\$1,000,000
4. Systems Integrity Restoration Loss	Sublimit	\$250,000
H. PCI DSS Assessment	Sublimit	\$1,000,000
I. Electronic Fraud		
1. Phishing Loss	Sublimit	\$50,000
2. Services Fraud Loss	Sublimit	\$100,000
3. Reward Fund Loss	Sublimit	\$50,000
4. Personal Financial Loss	Sublimit	\$250,000
5. Corporate Identify Theft Loss	Sublimit	\$250,000
6. Telephone Hacking Loss	Sublimit	\$100,000
7. Direct Financial Loss (Funds Transfer Fraud)	Sublimit	\$100,000



DESCRIPTION	LIMIT TYPE	AMOUNT
8. Cyber Deception**	Sublimit	\$100,000

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Retention	A. Privacy Liability (including Employee Privacy) - Each Claim or Event & Aggregate	\$2,500
Retention	B. Privacy Regulatory Claims Coverage - Each Claim or Event & Aggregate	\$2,500
Retention	C. Security Breach Response Coverage - Each Claim or Event & Aggregate	\$2,500
Retention	D. Security Liability - Each Claim or Event & Aggregate	\$2,500
Retention	E. Multimedia Liability - Each Claim or Event & Aggregate	\$2,500
Retention	F. Cyber Extortion - Each Claim or Event & Aggregate	\$2,500
Retention	G. Business Income and Digital Asset Restoration - Each Claim or Event & Aggregate	\$2,500
Retention	H. PCI DSS Assessment - Each Claim or Event & Aggregate	\$2,500
Retention	I. Electronic Fraud - Each Claim or Event & Aggregate	\$2,500
Retention	1. Phishing Loss - Each Claim or Event & Aggregate	\$2,500
Retention	2. Services Fraud Loss - Each Claim or Event & Aggregate	\$2,500
Retention	3. Reward Fund Loss - Each Claim or Event & Aggregate	\$2,500
Retention	4. Personal Financial Loss - Each Claim or Event & Aggregate	\$2,500
Retention	5. Corporate Identify Theft Loss - Each Claim or Event & Aggregate	\$2,500
Retention	6. Telephone Hacking Loss - Each Claim or Event & Aggregate	\$2,500
Retention	7. Direct Financial Loss (Funds Transfer Fraud) - Each Claim or Event & Aggregate	\$2,500
Retention	8. Cyber Deception - Each Claim or Event	\$5,000
Deductible	Waiting Period - Waiting Period	12 Hours

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within 30 days of the expiration date. The cost of this extended reporting period is 100% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within 90 days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

DESCRIPTION
"Claim" means::
1. A written demand received by "You" for money or services, including the service of a civil suit or institution of arbitration proceedings;
2. Initiation of a civil suit against "You" seeking injunctive relief;
3. A written notice of an alleged "Privacy Wrongful Act" or "Security Wrongful Act" from a third party.
4. Solely with respect to Coverage B., a "Regulatory Claim" made against "You"; or



Definition of Claim:

DESCRIPTION

5. Solely with respect to Coverage H., written notice to "You" of a "PCI DSS Assessment".

Multiple "Claims" arising from the same or a series of related or repeated "Wrongful Acts", acts, errors, or omissions or from any continuing "Wrongful Acts", acts, errors or omissions shall be considered a single "Claim" for the purposes of this Policy, irrespective of the number of claimants or "You" involved therein. All such related "Claims" shall be deemed to have been first made at the time the earliest such "Claim" was made or deemed made under Section IX.A.

Incident or Claim Reporting Provision:

REPORTING CONDITION TYPE

Additional Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
A. Court Attendance Costs	Sublimit	\$100,000
B. Bodily Injury / Property Damage Liability	Sublimit	\$250,000
C. TCPA	Sublimit	\$100,000
D. HIPAA Corrective Action Plan Costs	Sublimit	\$50,000
E. Post Breach Response	Sublimit	\$25,000
F. Independent Consultant	Sublimit	\$25,000
G. Outsourced Provider	Sublimit	\$250,000
H. Computer System	Sublimit	\$250,000

Endorsements include, but are not limited to:

DESCRIPTION

- Cyber and Privacy Liability Insurance Policy - 94.111 (07/19)
- Cyber and Privacy Liability Policy Form - 94.200 (07/19)
- Cyber Deception Endorsement (If elected) - 94.510 IL (07/19)
- Breach Response Team Endorsement - 94.805 (06/17)
- Illinois Amendatory Endorsement - 94.801 IL (07/19)
- Coverage for Certified Acts of Terrorism (Included only if Terrorism coverage is elected at 1% additional premium) - 94.551 (01 15)
- War and Terrorism Endorsement - 94.552 IL (04 15)
- IL Notice - BCSI-X010 IL (01 15)

Exclusions include, but are not limited to:

DESCRIPTION

- Nuclear Incident Exclusion - 94.102 (01 15)
- Radioactive Contamination Exclusion - 94.103 (01 15)

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

Cyber Deception Premium: \$143.00 (if Elected)

Territorial Limits Worldwide

Retroactive Date Full Prior Acts

Choice of Law : Illinois

Premium	\$3,002.00
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RPS Fee	\$ 100.00
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ESTIMATED PROGRAM COST	\$3,102.00
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TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	\$30.00
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Coverage: Workers' Compensation

Carrier: Illinois Public Risk Fund

Policy Period: 1/1/2021 to 1/1/2022

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
Coverage A - Workers' Compensation		Statutory	
Employers' Liability Limits: Bodily Injury by Accident	Limit	\$3,000,000	Each Accident
Employers' Liability Limits: Bodily Injury by Disease	Limit	\$3,000,000	Per Employee
Employers' Liability Limits: Bodily Injury by Disease	Limit	\$3,000,000	Policy Limit

Deductibles / Self-Insured Retention

TYPE	COVERAGE	AMOUNT
Deductible	Workers' Compensation	None

States:

DESCRIPTION	STATE
States Covered:	IL
States Excluded:	OH, ND, WA, WY

Endorsements include, but are not limited to:

DESCRIPTION
Broad Form All States for Employee Travel - IPRF WC 00 001 18
Federal Employers' Liability Act Coverage - IPRF WC 00 002 18
Foreign Voluntary Workers' Compensation and Employers' Liability - For Traveling Employees - IPRF WC 00 003 18
Longshoremen's and Harbor Workers' Compensation Act Coverage - IPRF WC 00 004 18
Maritime Coverage - IPRF WC 00 005 18
Voluntary Compensation - IPRF WC 00 006 18

Exclusions include, but are not limited to:

DESCRIPTION
Voluntary Compensation
Longshore & Harbor Workers' Act
Owners or Officers
Bodily Injury to an Employee While Employed in Violation of Law
Bodily Injury Intentionally Caused by Insured
Federal Employers' Liability Act

Exclusions include, but are not limited to:

DESCRIPTION	
Assumptions under Contract	
Premium	\$47,329.00
Fees	
Administrative Fee	\$1,420.00
Total Fees	\$1,420.00
ESTIMATED PROGRAM COST	\$48,749.00
Minimum Earned Premium - Applicable In the Event that the Policy is Cancelled Prior to the Expiration Date	100.00%
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Subject to Audit: At Expiration

Auditable Exposures 2021 - 2022:

STATE	CLASS CODE	DESCRIPTION	EXPOSURE	RATE PER \$100
IL	5506	Street Maintenance	\$220,934.00	7.821
IL	7520	Waterworks	\$166,720.00	2.941
IL	7580	Sewage Disposal	\$182,336.00	3.007
IL	7720	Policeman	\$844,292.00	1.977
IL	8810	Clerical	\$312,652.00	0.104
IL	9410	Municipal Employees	\$83,550.00	3.168

Workers Compensation Payroll & Rate Comparison YOY

STATE	CLASS CODE	DESCRIPTION	2020 – 2021 PAYROLL	2020-2021 RATE PER \$100	2021-2022 PAYROLL	2021-2022 RATE PER \$100
IL	5506	Street Maintenance	\$161,627	8.208	\$220,934	7.821
IL	7520	Waterworks	\$150,437	3.205	\$166,720	2.941
IL	7580	Sewage Disposal	\$150,437	3.077	\$182,336	3.007
IL	7720	Policeman	\$844,165	2.082	\$844,292	1.977
IL	8810	Clerical	\$355,301	0.128	\$312,652	0.104
IL	9410	Municipal Employees	\$80,704	4.145	\$83,550	3.168
Total			\$1,742,671		\$1,810,484	

Exposure & Premium Comparison:

<i>Exposure</i>	<i>2019-2020</i>	<i>2020-2021</i>	<i>Change %</i>
Property Values	\$24,454,355	\$24,454,355	0.00%
Inland Marine	\$534,724	\$550,999	3.04%
Vehicle Count	29	30	3.45%
Vehicle Value	\$933,301	\$968,301	3.75%
Operating Expense	\$8,323,276	\$5,870,552	-29.47%
Payroll	\$1,742,671	\$1,810,484	3.89%

RECOMMENDED

<i>Line of Coverage</i>	<i>Premium 2019-2020</i>	<i>Intact renewal 2020 - 2021</i>	<i>Change %</i>	<i>Munich Option #1 2020 - 2021</i>	<i>Munich Change %</i>
Package	\$37,432	\$41,086	9.91%	\$38,486	2.74%
Auto	\$15,096	\$17,333	14.82%	\$18,755	19.51%
Umbrella	\$7,807	\$7,675	-0.61%	\$12,895	39.46% *
Boiler & Machinery	\$3,101	\$3,343	7.80%	\$3,343	7.80%
Crime	\$1,012	\$1,012	0.00%	\$1,012	0.00%
Cyber Liability	\$3,072	\$3,102	0.98%	\$3,102	0.98%
WC	\$45,416	\$48,749	7.34%	\$48,749	7.34%
Total	\$112,936	\$122,300	8.29%	\$126,342	10.61%

*Munich only offers \$4MM umbrella limit



**ILLINOIS PUBLIC RISK FUND
GRANT PROGRAM**

VILLAGE OF GILBERTS

the Illinois Public Risk Fund has reserved

\$5,334

Congratulations!

Your organization has qualified for a Preferred Loss Ratio Grant of \$3,125 which is included in the above amount.

Please visit www.iprf.com
for additional information and to complete the Grant Application.
Grant deadline is December 1, 2021.

(subject to the program terms and conditions.)

Premium Summary

The estimated program cost for the options are outlined in the following table:

LINE OF COVERAGE	EXPIRING PROGRAM		PROPOSED PROGRAM(S)	
	ESTIMATED COST	PROGRAM 1	PROGRAM 2	
Package- Property, General Liability, Law enforcement Liability, Public Official Liability, & EPLI	Premium TRIA Premium	Brit Global Specialty \$37,432.00 \$551.00	Atlantic Specialty Insurance Company (White Mountains Insurance Group) - Intact	American Family Home Insurance Company (Munich Re America Corporation Group) \$41,086.00 \$616.00 \$38,486.00 Included
Equipment Breakdown	Premium TRIA Premium	Hartford Steam Boiler Inspection & Insurance Co. \$3,101.00	Hartford Steam Boiler Inspection & Insurance Co.	Hartford Steam Boiler Inspection & Insurance Co. \$3,343.00 \$0.00 \$3,343.00
Automobile	Premium TRIA Premium	Brit Global Specialty USA \$15,096.00 N/A	Atlantic Specialty Insurance Company (White Mountains Insurance Group)- Intact	American Family Home Insurance Company (Munich Re America Corporation Group) \$17,333.00 N/A \$18,755.00 N/A
Umbrella	Premium TRIA Premium	Brit Global Specialty USA \$7,807.00 \$195.00	Atlantic Specialty Insurance Company (White Mountains Insurance Group) - Intact	American Family Home Insurance Company (Munich Re America Corporation Group) \$7,675.00 \$77.00 \$12,895.00 Included
Crime	Premium TRIA Premium	Hanover Insurance Companies \$1,012.00 N/A	Hanover Insurance Company	Hanover Insurance Company \$1,012.00 N/A \$1,012.00 N/A
Cyber Liability	Premium TRIA Premium	BCS Insurance Company \$3,072.00 \$31.00	BCS Insurance Company)	BCS Insurance Company \$3,102.00 \$30.00 \$3,112.00 \$30.00

LINE OF COVERAGE	EXPIRING PROGRAM		PROPOSED PROGRAM(S)	
	ESTIMATED COST		PROGRAM 1	PROGRAM 2
Workers' Compensation	Premium Total Fees	Illinois Public Risk Fund	Illinois Public Risk Fund	Illinois Public Risk Fund
	Estimated Cost	\$44,093.00 \$1,323.00 \$45,416.00	\$47,329.00 \$1,420.00 \$48,749.00	\$47,329.00 \$1,420.00 \$48,749.00
	TRIA Premium	Included	Included	Included
Total Estimated Program Cost		\$112,936.00	\$122,300.00	\$126,342

Quote from Atlantic Specialty Insurance Company (White Mountains Insurance Group) is valid until 12/31/2020

Quote from Atlantic Specialty Insurance Company (White Mountains Insurance Group) is valid until 12/31/2020

Quote from BCS Insurance Company (BCS Insurance Company) is valid until 12/31/2020

Quote from American Family Home Insurance Company (Munich Re America Corporation Group) is valid until 12/31/2020

Quote from Hartford Steam Boiler Inspection & Insurance Co. (Hartford Steam Boiler Inspection & Insurance Co.) is valid until 12/31/2020

Quote from Illinois Public Risk Fund (Illinois Public Risk Fund) is valid until 1/1/2021

Quote from Hanover Insurance Company (Hanover Insurance Companies) is valid until 12/31/2020

Quote from American Family Home Insurance Company (Munich Re America Corporation Group) is valid until 12/31/2020

Quote from American Family Home Insurance Company (Munich Re America Corporation Group) is valid until 12/31/2020

Quote from Atlantic Specialty Insurance Company (White Mountains Insurance Group) is valid until 12/31/2020

Gallagher is responsible for the placement of the following lines of coverage:

- Package
- Equipment Breakdown
- Automobile
- Umbrella
- Crime
- Cyber Liability
- Workers' Compensation

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Payment Plans

CARRIER / PAYABLE CARRIER	LINE OF COVERAGE	PAYMENT SCHEDULE	PAYMENT METHOD
American Family Home Insurance Company (Munich Re America Corporation Group)	Package	Payment due in full within 20 days of binding.	Agency Bill
Atlantic Specialty Insurance Company (White Mountains Insurance Group) - Intact	Package	Payment in Full within 20 days of binding	Agency Bill
Hartford Steam Boiler Inspection & Insurance Co.	Equipment Breakdown	Payment due in full within 20 days of binding	Agency Bill
Atlantic Specialty Insurance Company (White Mountains Insurance Group)	Automobile	Payment due in full within 20 days of binding	Agency Bill
American Family Home Insurance Company (Munich Re America Corporation Group)	Automobile	Payment due in full within 20 days of binding	Agency Bill
Atlantic Specialty Insurance Company (White Mountains Insurance Group) Intact	Umbrella	Payment Due in Full within 20 days of binding	Agency Bill
American Family Home Insurance Company (Munich Re America Corporation Group)	Umbrella	Payment due in full within 20 days of binding	Agency Bill
Hanover Insurance Company	Crime	Payment due in full within 20 days of binding	Agency Bill
BCS Insurance Company	Cyber Liability	Payment due in full within 20 days of binding	Agency Bill
Illinois Public Risk Fund	Workers' Compensation	Annual	Direct Bill

Coinsurance Illustration

Coinsurance Formula:

$$\text{Insurance Carried} \div \text{Insurance Required} \times \text{Loss} - \text{Deductible} = \text{Settlement}$$

Example of Coinsurance formula applied to a hypothetical loss situation:

Property Value	=	\$1,000,000
Coinsurance Amount	=	80%
Deductible	=	\$500
Insurance Required	=	\$800,000 (80% of \$1,000,000)
Insurance Carried	=	\$400,000
Loss Incurred	=	\$200,000

Settlement determined by applying the coinsurance formula:

\$400,000

(Insurance Carried)

\$800,000

(Insurance Required)

$$\times \$200,000 (\text{Loss}) - \$500 (\text{Deductible}) = \$99,500 \text{ Settlement}$$

Note: If the property in the above example is insured for the full insurance required (\$800,000), the insured will recover \$199,500. In the above example, the insured will suffer a \$100,000 penalty for not being insured to the proper limit.

Proposal Disclosures

Proposal Disclosures

The following disclosures are hereby made a part of this proposal. Please review these disclosures prior to signing the Client Authorization to Bind or e-mail confirmation.

Proposal Disclaimer

IMPORTANT: The proposal and/or any executive summaries outline certain terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. The insurance policies themselves must be read to fully understand the terms, coverages, exclusions, limitations and/or conditions of the actual policy contract of insurance. Policy forms will be made available upon request. We make no warranties with respect to policy limits or coverage considerations of the carrier.

Compensation Disclosure

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary based on market conditions and the insurance product placed for the client.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.
3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.
4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third-parties, please contact Gallagher via e-mail at Compensation_Complaints@ajg.com or by regular mail at:

Chief Compliance Officer
Gallagher Global Brokerage
Arthur J. Gallagher & Co.
2850 Golf Rd.
Rolling Meadows, IL 60008

TRIA/TRIPRA Disclaimer

If this proposal contains options to purchase TRIA/TRIPRA coverage, the proposed TRIA/TRIPRA program may not cover all terrorism losses. While the amendments to TRIA eliminated the distinction between foreign and domestic acts of terrorism, a number of lines of coverage excluded under the amendments passed in 2005 remain excluded including commercial automobile, burglary and theft insurance; surety insurance, farm owners multiple perils and professional liability (although directors and officers liability is specifically included). If such excluded coverages are required, we recommend that you consider purchasing a separate terrorism policy. Please note that a separate terrorism policy for these excluded coverages may be necessary to satisfy loan covenants or other contractual obligations. TRIPRA includes a \$100 billion cap on insurers' aggregate liability.

The TRIPRA program increases the amount needed in total losses by \$20 million each calendar year before the TRIPRA program responds from the 2015 trigger of \$100 million to \$200 million by the year 2020.

TRIPRA is set to expire on December 31, 2020. There is no certainty of extension, thus the coverage provided by your insurers may or may not extend beyond December 31, 2020. In the event you have loan covenants or other contractual obligations requiring that TRIA/TRIPRA be maintained throughout the duration of your policy period, we recommend that a separate "Stand Alone" terrorism policy be purchased to satisfy those obligations.

Carrier Ratings and Admitted Status

PROPOSED INSURANCE COMPANIES	A.M. BEST'S RATING & FINANCIAL SIZE CATEGORY *	ADMITTED/NON-ADMITTED **
American Family Home Insurance Company	A+ XV	Admitted
Atlantic Specialty Insurance Company	A+ XV	Admitted
BCS Insurance Company	A- VIII	Admitted
Hanover Insurance Company	A XV	Admitted
Hartford Steam Boiler Inspection & Insurance Co.	A++ X	Admitted
Illinois Public Risk Fund	Not Rated (1)	Admitted

*Gallagher companies use A.M. Best rated insurers and the rating listed above was verified on the date the proposal document was created.

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**If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines or non-admitted carrier, and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund.

Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.

(1) The Illinois public Risk Fund is a Self-Funded program established in 1985 solely for the purpose of providing Workers' Compensation coverage to public entities in Illinois. Reinsurance is provided by Safety National Casualty Corporation, which is rated A+ XII by A.M. Best.

Client Signature Requirements



Coverages for Consideration

Overview

- A proposal for any of the coverages can be provided.
- The recommendations and considerations summarized in this section are not intended to identify all exposures.

Umbrella

- Increased Limits



Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/1/2020, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

COVERAGE/CARRIER	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Package
<input type="checkbox"/> Option # 1	Atlantic Specialty Insurance Company - Intact
<input type="checkbox"/> Option # 2	American Family Home Insurance Company - Munich
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Equipment Breakdown
	Hartford Steam Boiler Inspection & Insurance Co.
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Automobile
<input type="checkbox"/> Option # 1	Atlantic Specialty Insurance Company - Intact
<input type="checkbox"/> Option # 2	American Family Home Insurance Company - Munich
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Umbrella
<input type="checkbox"/> Option # 1	Atlantic Specialty Insurance Company - Intact
<input type="checkbox"/> Option # 2	American Family Home Insurance Company - Munich
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Crime
	Hanover Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability
	BCS Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Workers' Compensation
	Illinois Public Risk Fund
<i>TRIA Cannot Be Rejected</i>	

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

Producer/ Insured Coverage Amendments and Notes:

Exposures and Values

We confirm the payroll, values, schedules, and other data contained in the proposal, and submitted to the underwriters, are compiled from information provided by you and we acknowledge it is our responsibility to see that such information is updated and maintained accurately. For renewal policies, if no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies.

Provide Quotations or Additional Information on the Following Coverage Considerations:

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By rejecting a quotation for this valuable coverage, you understand that there will be no coverage and agree to hold Gallagher harmless in the event of a loss.

Umbrella

Yes No - Increased Limits

Gallagher's liability to Client arising from any acts or omissions of Gallagher shall not exceed \$20 million in the aggregate. Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages or attorneys' fees. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with this Agreement or any Services provided hereunder may be brought by either party any later than two (2) years after the accrual of such claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>.

I have read, understand and agree that the above information is correct and has been disclosed to us prior to authorizing Gallagher to bind coverage and/or provide services to us.

By: _____
Print Name

Title

Signature

Date: _____



Appendix

Claims Reporting By Policy

Direct Reporting

Immediately report all claims for the following lines of coverage to the insurance carrier:

- **Package, Auto, Umbrella (Intact)**
 - Atlantic Specialty Insurance Company
 - Phone# : 877-284-5602
 - Fax# : 866-894-1633
 - Email : OBGRCLAIMS@onebeacongov.com

- **Equipment Breakdown**
 - Hartford Steam Boiler Inspection and Insurance Co
 - Phone: 888.472.5677
 - Fax: 888.329.5677
 - Email: New_Loss@hsb.com

- **Crime**
 - Citizens Insurance Company of America (Hanover)
 - Address: Hanover Insurance Company
333 W Pierce Rd
Itasca, IL 60143
Attn: Ginger Johnson, Fidelity Claims
Ginger's phone number is 630-760-3464 & email gjohnson@hanover.com

- **Workers Compensation**
 - Illinois Public Risk fund
 - Phone: (888) 532-6981
 - Fax: (888) 223-1638
 - Email: www.iprf.com

- **Cyber Liability**
 - BCS Insurance Company
 - Phone#: 1-866-288-1705
 - Email: rps cyberclaims@clydeco.us

- **Package, Umbrella, Automobile (Munich)**
 - American Family Home Insurance Company
 - All claims are reported via RPS
 - Phone# : 844-777-8323
 - Website: <https://rpsins.com/claimsfnol>

Bindable Quotations & Compensation Disclosure Schedule

Client Name: Village of Gilberts

COVERAGE(S)	CARRIER NAME(S)	WHOLESALE, MGA, OR INTERMEDIARY NAME ¹	EST. ANNUAL PREMIUM ²	COMM.% OR FEE ³	GALLAGHER U.S. OWNED WHOLESALER, MGA, OR INTERMEDIARY %
Package					
Property					
Inland	American Family Home Insurance Company (Munich Re America Corporation Group)	Risk Placement Services	\$38,486.00	10 %	5 %
Marine					
General Liability					
Package					
Property					
Crime	Atlantic Specialty Insurance Company (White Mountains Insurance Group)-Intact	Intact Insurance Company	\$41,086.00	15 %	*
Inland					
Marine					
General Liability					
Equipment Breakdown	Hartford Steam Boiler Inspection & Insurance Co.	Risk Placement Services	\$3,343.00	20 %	10 %
Automobile	Atlantic Specialty Insurance Company (White Mountains Insurance Group)-Intact	Intact Insurance Company	\$17,333.00	15 %	*
Automobile	American Family Home Insurance Company (Munich Re America Corporation Group)	Risk Placement Services	\$18,755.00	10 %	5 %
Umbrella	Atlantic Specialty Insurance Company (White Mountains Insurance Group) - Intact	One Beacon Services LLC	\$7,675.00	15 %	*
Umbrella	American Family Home Insurance Company (Munich Re America Corporation Group)	Risk Placement Services	\$12,895.00	10 %	5 %

COVERAGE(S)	CARRIER NAME(S)	WHOLESALE, MGA, OR INTERMEDIARY NAME ¹	EST. ANNUAL PREMIUM ²	COMM.% OR FEE ³	GALLAGHER U.S. OWNED WHOLESALE, MGA, OR INTERMEDIARY %
Crime	Re America Corporation Group)				
	Hanover Insurance Company Insurance Companies)	Risk Placement Services	\$1,012.00	10 %	10 %
Cyber Liability	BCS Insurance Company	Risk Placement Services	\$3,002.00	15 %	7.5 %
Workers' Compensation	Illinois Public Risk Fund	Boyle, Flagg and Seamon, Inc. (BF&S Insurance)	\$48,749.00	10 %	\$100.00 3 %

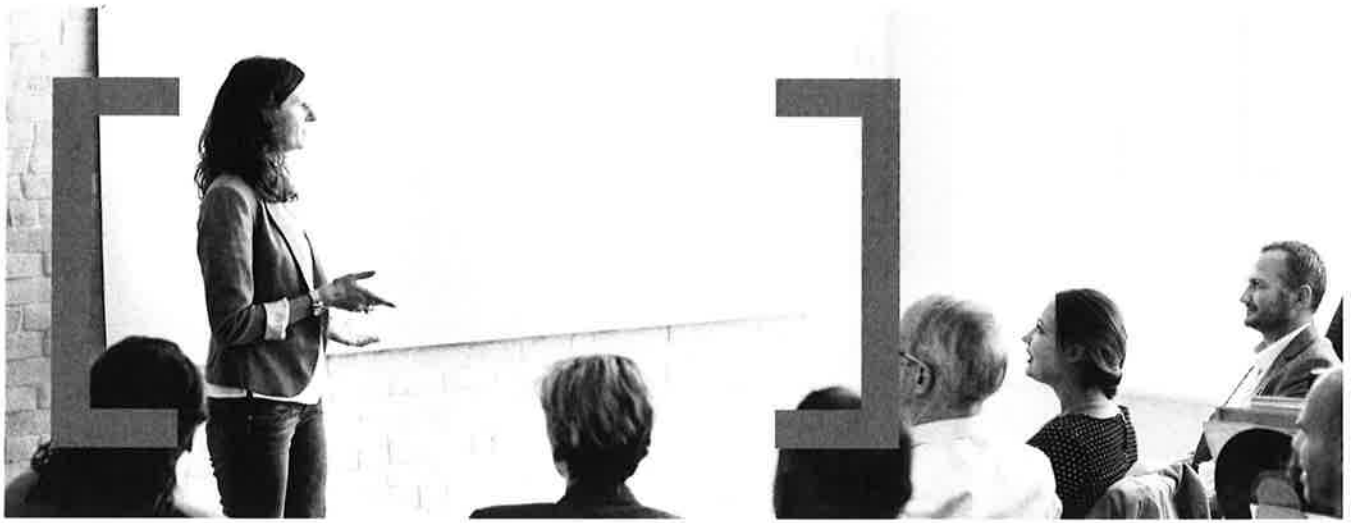
¹ We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.

² If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.

³ The commission rate is a percentage of annual premium excluding taxes & fees.

* Gallagher is receiving ___% commission on this policy. The fee due Gallagher will be reduced by the amount of the commissions received.



Intact Public Entities | Risk Control Services

Our skilled team of public sector risk management specialists is dedicated to partnering with you to manage risks specific to your community. Our team has deep expertise — averaging more than 20 years of experience serving public entities — and we are well equipped to deliver high-quality solutions.

Intact Public Entities understands your community is unique. As local government specialists with a deep understanding of property and casualty insurance solutions, we know how to properly protect your assets and minimize your risks.

Our target segments include:

- Cities and towns
- Counties
- Public water districts
- Sanitation districts
- Fire districts
- Emergency response
- Other publicly-funded districts

On Site Training Seminars

- Accident Investigation
- Automobile Risk Management
- Contractual Risk Transfer
- Employment Practices Liability including Harassment Prevention & Diversity
- Law Enforcement Overview for Risk Managers
- Law Enforcement Distracted Driving
- Law Enforcement Liability for Law Enforcement Supervisors
- Jail Liability for Jail Supervisors
- Property: Cleaning Up Your Property Schedules
- Public Officials Liability: More than Just Zoning
- Risk Management 101

- Sewer Backup
- Slips and Falls
- Volunteers
- Who's the Most Distracted Driver

Train-the-Trainer

- Emergency Vehicle Operators Course (EVOC)
- Coaching the Experienced Driver
- Coaching the Public Works Vehicle Operator

Online/On-Demand Training

- Dedicated online portal for EPL policyholders
- Access to over 300 online courses through LocalGovU
- Online resource center with access to industry articles and risk management knowledge



Visit intactspecialty.com/public-entities for more information or contact **John Roy** at 781.332.8814 or jroy@intactinsurance.com.

Risk Control Services are Available Virtually

While face-to-face meetings are the most effective way to maximize our risk management services, they're not always possible. Whether a large group of employees isn't easily accessible, or extenuating circumstances prevent on-site visits from occurring, our remote options deliver extended reach and convenience while still providing our value-added benefits — at no added cost to you.

Our risk management team is available to consult with you on enhancing your existing risk management training program, or starting one from scratch. We conduct free manager-level risk control seminars on such topics as law enforcement liability, sexual harassment and other training programs designed for your specific risk control needs.

Same Services, New Virtual Format!

Our Risk Control services are available virtually until we can begin traveling and meeting in person again.

- Collaborative exposure analysis and specific problem identification
- Virtual seminars and educations
- Claims analysis to help manage your loss trends
- Online training provided by Lexipol

Questions to Consider:

- When was the last time you reviewed your departmental practices and policies?
- Have you reviewed your employment practices handbook this year?
- What fleet policies do you have in place?
- How are you evaluating the effectiveness of your law enforcement training?

Live Video Streaming: What to Expect

- Prior to the meeting, your Risk Control Consultant will forward a WebEx link and dial-in details.
- Most virtual meetings are conducted at your workstation with audio and the ability for both parties to see a shared document on-screen.
- Occasionally, it is beneficial for you to virtually walk us through a building or show us an accident location. Smart phones or tablets work great for this. Your Risk Control Consultant will develop a walk-through plan, if needed, listing items to view and a suggested path for the camera person.
- After the meeting, your Risk Control Consultant will follow up with a detailed written recap of everything discussed as well as any next steps.

About Intact Insurance Specialty Solutions

Throughout the United States, Intact Insurance Specialty Solutions' underwriting companies offer a broad range of specialty insurance products through independent agencies, regional and national brokers, wholesalers and managing general agencies. Each business is managed by an experienced team of specialty insurance professionals focused on a specific customer group or industry segment, and providing distinct products and tailored coverages and services. Targeted solutions include group accident and health; commercial and contract surety; entertainment; environmental; excess property; financial institutions; financial services; inland marine; management liability; ocean marine; public entities; technology; and tuition refund. For further information about U.S. products and services visit: intactspecialty.com.

Intact Insurance Specialty Solutions is the marketing brand for the insurance company subsidiaries of Intact Insurance Group USA LLC, a member of Intact Financial Corporation (TSX: IFC), the largest provider of property and casualty insurance in Canada and a leading specialty insurance carrier in North America. The insurance company subsidiaries of Intact Insurance Group USA LLC include Atlantic Specialty Insurance Company, a New York insurer, Homeland Insurance Company of New York, a New York insurer, Homeland Insurance Company of Delaware, a Delaware insurer, OBI America Insurance Company, a Pennsylvania insurer, OBI National Insurance Company, a Pennsylvania insurer, and The Guarantee Company of North America USA, a Michigan insurer. Each of these insurers maintains its principal place of business at 605 Highway 169 N, Plymouth, MN 55441, except The Guarantee Company of North America USA, which is located at One Towne Square, Southfield, MI 48076. For information about Intact Insurance Specialty Solutions products and services available in Canada, visit: intactspecialty.ca and for information about Intact Financial Corporation, visit: intactfc.com.



Visit intactspecialty.com/public-entities for more information or contact **John Roy** at 781.332.8814 or jroy@intactinsurance.com.

PUBLIC OFFICIALS ERRORS AND OMISSIONS COVERAGE FORM
CLAIMS-MADE
for Government Risks

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered. We have no duty to provide coverage unless there has been full compliance with all the **SECTION VI – CONDITIONS** contained in this coverage part.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this coverage part. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under **SECTION IV – WHO IS AN INSURED**.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION VII – DEFINITIONS**.

SECTION I – COVERAGES

A. Insuring Agreement – Liability for Wrongful Acts

1. We will pay those sums that the insured becomes legally obligated to pay as "damages" for a "claim" resulting from a "wrongful act" to which this insurance applies. This insurance DOES NOT apply to any "claim" resulting from a "wrongful act" which takes place in whole or in part prior to the Retroactive Date shown in the Declarations or subsequent to the termination of this policy.
2. We will have the right and duty to defend the insured against any "suit" seeking those "damages". However, we will have no duty to defend the insured against any "suit" seeking "damages" for a "wrongful act" to which this insurance does not apply. We may, at our discretion, investigate any "wrongful act" and settle any "claim" that may result.

However:

- a. The amount we will pay for "damages" is limited as described in **SECTION V – LIMITS OF INSURANCE**; and
- b. Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **Supplementary Payments (Section I. D.)**.

3. This insurance applies to "damages" resulting from a "wrongful act" only if:
 - a. The "wrongful act" was first committed:
 - (1) By an insured in the course and scope of his, her or its duties for you; and
 - (2) On or after the Retroactive Date shown in the Declarations and before the end of the policy period; and

- b. A "claim" for "damages" is first made in writing against any insured during the policy period or any Extended Reporting Period we provide under **SECTION VIII – EXTENDED REPORTING PERIODS**.

A "claim" will be deemed to have been made when written notice of such "claim" is received by any insured or by us, whichever comes first. All "claims" resulting from a "wrongful act" or a series of "related wrongful acts" will be deemed to have been made when the first of those "claims" is made against any insured.

Notice to us that:

- all or part of any insured's acts or omissions may in the future be discovered to be a "wrongful act"; or
 - any insured may in the future receive written notice of a "wrongful act" or "claim";
- is not notice of a "wrongful act".

4. We will consider each "wrongful act" in a series of "related wrongful acts" to have been committed on the date of the first "wrongful act", including any continuation, change or resumption of such "wrongful act".
5. This insurance applies to "damages" arising out of a "wrongful act" committed anywhere in the world, but only if the insured's liability for "damages" is determined in:
 - a. A final judgment or adjudication in a "suit" on the merits brought in the United States of America, including its territories and possessions and Puerto Rico, or Canada; or
 - b. A settlement agreed to by us.

B. Insuring Agreement – Liability for Employment Practices Offense

1. We will pay those sums that the insured becomes legally obligated to pay as "damages" for a "claim" resulting from an "employment practices offense" to which this insurance applies. This insurance DOES NOT apply to any "claim" resulting from an "employment practices offense" which takes place in whole or in part prior to the Retroactive Date shown in the Declarations or subsequent to the termination of this policy.
2. We will have the right and duty to defend the insured against any "suit" seeking those "damages". For the purposes of this Coverage B, "suit" shall include an Equal Employment Opportunity Commission (EEOC) hearing or proceeding or equivalent state or local agency hearing or proceeding. However, we will have no duty to defend the insured against any "suit" seeking "damages" for an "employment practices offense" to which this insurance does not apply. We may, at our discretion, investigate any "employment practices offense" and settle any "claim" that may result.

However:

- a. The amount we will pay for "damages" is limited as described in **SECTION V – LIMITS OF INSURANCE**; and
- b. Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **Supplementary Payments (Section I. D)**.

3. This insurance applies to "damages" resulting from an "employment practices offense" only if:
 - a. The "employment practices offense" was committed:
 - (1) By an insured in the course and scope of his, her or its duties for you; and

(2) On or after the Retroactive Date shown in the Declarations and before the end of the policy period;
and

b. A "claim" for "damages" is first made in writing against any insured during the policy period or any Extended Reporting Period we provide under **SECTION VIII – EXTENDED REPORTING PERIODS**.

A "claim" will be deemed to have been made when written notice of such "claim" is received by any insured or by us, whichever comes first. All "claims" resulting from an "employment practices offense" or a series of "related employment practices offenses" will be deemed to have been made when the first of those "claims" is made against any insured.

Notice to us that:

- all or part of any insured's acts or omissions may in the future be discovered to be an "employment practices offense"; or
- any insured may in the future receive written notice of an "employment practices offense" or "claim";
is not notice of an "employment practices offense".

4. We will consider each "employment practices offense" in a series of "related employment practices offenses" to have been committed on the date of the first "employment practices offense", including any continuation, change or resumption of such "employment practices offense".
5. This insurance applies to "damages" arising out of an "employment practices offense" committed anywhere in the world, but only if the insured's liability for "damages" is determined in:
 - a. A final judgment or adjudication in a "suit" on the merits brought in the United States of America, including its territories and possessions and Puerto Rico, or Canada; or
 - b. A settlement agreed to by us.

C. Insuring Agreement – Liability for Employee Benefit Administration Offenses

1. We will pay those sums that the insured becomes legally obligated to pay as "damages" for a "claim" resulting from an offense in the "administration" of your "employee benefit plans" to which this insurance applies. This insurance DOES NOT apply to any "claim" resulting from an offense in the "administration" of "employee benefit plans" which takes place in whole or in part prior to the Retroactive Date shown in the Declarations or subsequent to the termination of this policy.
2. We will have the right and duty to defend the insured against any "suit" seeking those "damages". However, we will have no duty to defend the insured against any "suit" seeking "damages" for an offense in the "administration" of "employee benefit plans" to which this insurance does not apply. We may, at our discretion, investigate any offense in the "administration" of "employee benefit plans" and settle any "claim" that may result.

However:

- a. The amount we will pay for "damages" is limited as described in **SECTION V – LIMITS OF INSURANCE**;
and
- b. Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **Supplementary Payments (Section I. D.)**.

3. This insurance applies to "damages" resulting from an offense in the "administration" of "employee benefit plans" only if:
 - a. The offense in the "administration" of "employee benefit plans" was committed on or after the Retroactive Date shown in the Declarations and before the end of the policy period; and
 - b. A "claim" for "damages" is first made in writing against any insured during the policy period or any Extended Reporting Period we provide under **SECTION VIII – EXTENDED REPORTING PERIODS**.

A "claim" will be deemed to have been made when written notice of such "claim" is received by any insured or by us, whichever comes first. All "claims" resulting from an offense in the "administration" of your "employee benefit plans" or a series of related offenses will be deemed to have been made when the first of those "claims" is made against any insured.

Notice to us that:

- all or part of any insured's acts or omissions may in the future be discovered to be an offense; or
 - any insured may in the future receive written notice of an offense or "claim";
- is not notice of an offense in the "administration" of your "employee benefit plans".

4. We will consider each offense in the "administration" of "employee benefit plans" in a series of related offenses to have been committed on the date of the first such offense including any continuation, change or resumption of such offense.
5. This insurance applies to "damages" arising out of an offense in the "administration" of "employee benefit plans" committed anywhere in the world, but only if the insured's liability for "damages" is determined in:
 - a. A final judgment or adjudication in a "suit" on the merits brought in the United States of America, including its territories and possessions and Puerto Rico, or Canada; or
 - b. A settlement agreed to by us.

D. Supplementary Payments

We will pay, with respect to any "claim" we investigate or settle, or any "suit" against an insured we defend, subject to your Deductible Amount:

1. All "loss adjustment expenses".
2. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds, nor will we be a principal under these bonds.
3. Up to \$1,000 a day for loss of earnings (but not other income) because of attendance at hearings or trials at our request.
4. All court costs taxed against the insured in the "suit", but only for that portion of the judgment we are obligated to pay. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured. Instead, those costs, if awarded or paid in a settlement for a covered "claim", will be subject to **SECTION V – LIMITS OF INSURANCE**.
5. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.
6. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have

paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

7. The costs of any required appeal bond, but only for bond amounts for that portion of the judgment that is for "damages" that we are obligated to pay and which are within the applicable limit of insurance. We will pay or reimburse you for the cost of higher appeal bond amounts if we are required to do so. We do not have to furnish these bonds, nor will we be a principal under these bonds.

These payments will not reduce the limits of insurance. However, our duty to make such payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

SECTION II – Your Deductible

Our obligation to pay "damages" and Supplementary Payments on your behalf applies only to the amount of "damages" and Supplementary Payments, including "loss adjustment expenses", in excess of any Deductible Amount shown in the policy Declarations for Coverage A, Coverage B or Coverage C.

1. Limits of Insurance applicable to each "wrongful act", "employment practices offense", or an offense in the "administration" of your "employee benefit plans" will not be reduced by the Deductible Amount. The aggregate limit applicable to Coverage A, Coverage B or Coverage C will not be reduced by the application of the Deductible Amount.
2. The Deductible Amount applies to all "damages" and Supplementary Payments, including "loss adjustment expenses", for each "wrongful act", for each "employment practices offense", or for each offense in the "administration" of your "employee benefit plans" regardless of the number of insureds, persons, or organizations making "claims" or "claims" made because of such "wrongful act", "employment practices offense", or offense in the "administration" of your "employee benefit plans".
3. The terms of this insurance, including those with respect to:
 - a. Our right and duty to defend any "suits" seeking those "damages"; and
 - b. Your duties in the event of a "wrongful act", "employment practices offense", offense in the "administration" of your "employee benefit plans" or "claim";apply irrespective of the application of the Deductible Amount.
4. We may pay any part or all of the Deductible Amount to effect settlement of any "claim" and, upon notification of the action taken, you shall promptly reimburse us for such part of the Deductible Amount paid by us.

SECTION III – EXCLUSIONS

This insurance does not apply to:

1. Asbestos, Fungi or Bacteria, Nuclear

Any "claim" arising directly or indirectly out of, or in any way related to:

- a. Asbestos or asbestos-containing materials;
- b. Any radioactive matter or nuclear material; or
- c. "Fungi" or bacteria.

2. Bodily Injury, Property Damage, Personal and Advertising Injury

"Bodily injury", "property damage" or "personal and advertising injury".

This exclusion does not apply to "personal and advertising injury" when resulting from a covered "employment practices offense" under Coverage B of this Coverage Part.

This exclusion does not apply to loss of use or value of tangible property that is not physically impaired as a result of a land use approval process or permitting process associated with land use or building.

3. Claims Against Other Insureds

Any "claim" against any insured by any other insured.

This exclusion does not apply to Coverage B of this Coverage Part.

4. Contracts

Any "claim" arising directly or indirectly out of, or in any way related to:

- a. Liability assumed under any contract or agreement;
- b. Breach of contract or agreement to which any insured is a party or a third-party beneficiary;
- c. Any representations made in connection with a contract or agreement; or
- d. Tortious interference with a contract, agreement or business relations.

5. Dishonest, Malicious, Fraudulent Or Criminal Acts Or Willful Violations

Any "claim" arising directly or indirectly out of, or in any way related to any dishonest, malicious, fraudulent or criminal act or the willful violation of any statute, ordinance or regulation committed by or with the knowledge of the insured.

However, we will defend the insured for a "suit", subject to the other terms of this coverage part, until either a final judgment or adjudication establishes such an act or willful violation, or the insured confirms such act or willful violation.

6. Debt Financing

Any "claim" arising directly or indirectly out of, or in any way related to debt financing issued by or for you.

7. Declaratory & Injunctive Relief

Any "claim" or any part of any "claim" seeking injunctive, declaratory or equitable relief and related costs inclusive of any attorneys' fees or attorneys' expenses. This includes any amount required to comply with a court or administrative order, judgment, ruling, or decree that results from any action or demand, including, but not limited to, costs of physical alterations required to comply with the Americans with Disabilities Act or similar laws.

This exclusion does not apply to our duty to defend an EEOC or similar state or local agency administrative hearing or proceeding under Coverage B of this Coverage Part.

8. Eminent Domain or Condemnation

Any "claim" arising directly or indirectly out of, or in any way related to any impairment, deprivation or destruction of property, including loss of use or diminution in value thereof, resulting from proceedings in eminent domain or from inverse condemnation, by whatever name called.

9. Employment Practices

Any "claim" arising directly or indirectly out of, or in any way related to your "employment practices offenses". This exclusion does not apply to Coverage **B** of this Coverage Part.

10. ERISA, COBRA, OSHA, WARN and NLRA Act Liability

Any "claim" arising directly or indirectly out of, or in any way related to an insured's obligations under:

- a. The Employee Retirement Income Security Act of 1974 (ERISA);
- b. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA);
- c. Fair Labor Standards Act of 1938 (except Equal Pay Act);
- d. The Worker Adjustment and Retraining Notification Act, Public Law 100-379 (1988) (WARN);
- e. Occupational Safety and Health Act (OSHA);
- f. National Labor Relations Act of 1947 (NLRA); or
- g. Any similar federal, state, or local laws or regulations;

including subsequent amendments or any regulations promulgated thereunder.

This exclusion does not apply to a retaliation offense under Coverage **B** of this Coverage Part.

11. Failure to Maintain Insurance

The failure to effect or maintain:

- a. Insurance of any kind, including adequate limits of insurance; or
- b. Suretyship or bonds.

This exclusion does not apply to Coverage **C** of this Coverage Part.

12. Governmental Enforcement Action

Any "claim" by any federal, state or local government arising directly or indirectly out of, or in any way related to an insured's willful violation of any federal, state, or local law, rule, or regulation.

13. Health Care and Social Services

Any "claim" arising directly or indirectly out of, or in any way related to a "health care and social services wrongful act", or services provided by any medical doctor, wherever provided, or any services provided by a nurse at a nursing home, hospice or similar residential facility.

This exclusion does not apply to:

- a. An "employment practices offense" involving your health care or social service agency under Coverage **B** of this Coverage Part; or
- b. An offense in the "administration" of "employee benefit plans" involving your health care or social service agency under Coverage **C** of this Coverage Part.

14. Known Prior Acts

Any "claim" arising directly or indirectly out of, or in any way related to any "wrongful act", "employment practices offense" or any offense in the "administration" of "employee benefit plans" which takes place prior to

the inception date of this Coverage Part or any continuous Coverage Part issued by us or any affiliated insurance company, if any of your officers, your legal department or an "employee" you designate to give or receive notice of a "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" knew or reasonably should have foreseen that such "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" might give rise to a "claim".

A "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" will be considered known to have taken place at the earliest time when any of your officers, your legal department or an "employee" you designate to give or receive notice of a "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" or "claim":

- a. Reports all, or any part, of the "wrongful act", "employment practices offense" or any offense in the "administration" of "employee benefit plans" to us or any other insurer;
- b. Receives a written or verbal demand or "claim" for damages; or
- c. Becomes aware by any other means that a "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" has taken place or has begun to take place.

15. Law Enforcement

Any "claim" arising directly or indirectly out of, or in any way related to any "law enforcement activity". This exclusion does not apply to:

- a. An "employment practices offense" committed by your law enforcement agency under Coverage **B** of this Coverage Part; or
- b. An offense in the "administration" of "employee benefit plans" committed by your law enforcement agency under Coverage **C** of this Coverage Part.

16. Performance of Employee Benefit Plans

Any "employment practices offense" or any offense in the "administration" of "employee benefit plans" arising directly or indirectly out of, or in any way related to:

- a. Failure of any investment program, individual securities or savings program to perform as held forth by or represented by an insured;
- b. Advice given by an insured in connection with participation or non-participation in stock subscription plans, savings programs or any other "employee benefit plan";
- c. Errors in providing information or failing to provide information on past performance of investment vehicles;
- d. Failure of any insured or any insurer, fiduciary, trustee or fiscal agent to perform any of their duties or obligations or to fulfill any of their guarantees with respect to the payment of benefits under "employee benefit plans" or the providing, handling or investment of funds;
- e. The liability of others which is assumed by any insured under a contract or agreement, except to the extent the insured would have been liable in the absence of the contract or agreement;
- f. Any "claim" for the return of compensation paid by any insured if a court determines that the payment was illegal; or
- g. Any "claim" for benefits that are lawfully paid or payable to a beneficiary from the funds of an "employee benefit plan".

17. Pollution

- a. Any "claim" arising directly or indirectly out of, or in any way related to the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.
- b. Any "claim" arising directly or indirectly or in any way related to any:
 - (1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
 - (2) Any "claim" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

18. Profit, Advantage or Remuneration

Any "claim" arising directly or indirectly out of, or in any way related to any insured gaining any profit, advantage or remuneration to which that insured is not legally entitled.

19. Sexual Abuse

Any "claim" arising directly or indirectly out of, or in any way related to "sexual abuse" of any person or the negligent:

- a. Employment;
- b. Investigation;
- c. Supervision;
- d. Reporting to the proper authorities, or failing to so report; or
- e. Retention;

of any person who actually or allegedly committed or attempted to commit "sexual abuse" for whom any insured is or ever was legally responsible.

20. Strikes, Riot, Civil Commotion or Mob Action

Any "claim" arising directly or indirectly out of, or in any way related to any lockout, strike, picket line, replacement or other similar actions resulting from labor disputes or labor negotiations or any act or omission in connection with the prevention or suppression of a riot, civil commotion or mob action.

21. Tax Assessments

Any "claim" arising directly or indirectly out of, or in any way related to any tax assessments or adjustments, or the collection, refund, disbursement or application of any taxes. This exclusion does not apply to the use or prioritization of your operating funds.

22. War

Any "claim", however caused, arising directly or indirectly out of, or in any way related to:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

23. Workers' Compensation and Similar Laws

Any "claim" arising directly or indirectly out of, or in any way related to any obligation of any insured under a workers' compensation, disability benefits or unemployment compensation law, or any similar law.

24. Employee Benefits, Perquisites and Perks

Any "claim" for benefits, perquisites or perks of any kind, including benefits under "employee benefits plans".

This exclusion does not apply to Coverage **A** or **C** of this Coverage Part.

SECTION IV – WHO IS AN INSURED

If you are designated in the Declarations as a governmental unit, you are an insured. Each of the following is also an insured:

1. Your current or previously elected or appointed officials, but only for the conduct of their duties as your elected or appointed officials.
2. Any of your authorities, boards, commissions, councils, districts or other governmental units and their employees, which you control and which are funded and operated as part of your total operating budget, and for which no other similar insurance is available.
3. Your "employees" or "volunteer workers" but only for acts within the course and scope of their employment or volunteer activities by or for you.
4. Any person or organization providing services to you under any mutual aid or similar agreement, but only within the scope of the mutual aid or agreement
5. If a person qualifies as an insured under Paragraphs 1., 2. or 3. above, his or her spouse is also an insured.
6. Upon death of an insured, his or her legal representative, but only with respect to duties as such. That representative will have all the rights and duties of such insured.

SECTION V – LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. "Claims" made; or
 - c. Persons or organizations making "claims".
2. The most we will pay for the sum of all "damages" resulting from the same "wrongful act" or "related wrongful acts" is the Each Wrongful Act Limit shown in the Declarations.
3. The most we will pay for the sum of all "damages" resulting from the same "employment practices offense" or "related employment practices offenses" is the Each Employment Practices Offense Limit shown in the Declarations.

4. The most we will pay for the sum of all "damages" resulting from the same offense or series of related offenses in Employee Benefit Administration is the Each Employee Benefit Administration Offense Limit shown in the Declarations.
5. The most we will pay for all "damages", "claims", "suits" or actions under Coverage A is the Wrongful Act Aggregate Limit shown in the Declarations.
6. The most we will pay for all "damages", "claims", "suits" or actions under Coverage B is the Employment Practices Offense Aggregate Limit shown in the Declarations.
7. The most we will pay for all "damages", "claims", "suits" or actions under Coverage C is the Each Employee Benefit Administration Aggregate Limit shown in the Declarations.

SECTION VI – CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of A Wrongful Act, Employment Practices Offense, Employee Benefit Administration Offense, Claim Or Suit

a. You must see to it that we are notified as soon as practicable of a "wrongful act", "employment practices offense", an offense in the "administration" of your "employee benefit plans", or an offense which may result in a "claim". To the extent possible, notice should include:

- (1) How, when and where the "wrongful act", "employment practices offense", or an offense in the "administration" of your "employee benefit plans", took place;
- (2) The names and addresses of any injured persons and witnesses;
- (3) The nature and location of any injury or "damage" arising out of the "wrongful act", "employment practices offense", or an offense in the "administration" of your "employee benefit plans"; and
- (4) The manner in which each insured first became aware of the circumstances involved.

Notice of a "wrongful act", "employment practices offense" or an offense in the "administration" of "employee benefit plans" is not notice of a "claim".

b. If a "claim" is made against any insured, you must:

- (1) Immediately record the specifics of the "claim" and the date received; and
- (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the "claim" as soon as practicable.

c. You and any other involved insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "claim";
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the "claim" or defense against the "suit"; and

(4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of "damages" to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- a. To join us as a party or otherwise bring us into a "suit" asking for "damages" from an insured; or
- b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured, but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to any insured for a loss we cover under Coverages A, B or C of this Coverage Part, our obligations are limited as follows:

Other Insurance means insurance, or the funding of losses, that is provided by or through:

- Another insurance company;
- Any of our affiliated insurance companies;
- Any risk retention group;
- Any self-insurance, group self-insurance, or similar risk transfer approach, other than any funded by you and to which this coverage part applies.

However, other insurance does not mean umbrella or excess insurance issued to you to apply in excess of the limits of this coverage part.

a. Primary Insurance

This insurance is primary except when Paragraph b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph c. below.

b. Excess Insurance

- (1) This insurance is excess over any other insurance available to you covering liability for "damages" arising out of "wrongful acts", "employment practices offense" or an offense in the "administration" of "employee benefit plans".
- (2) This insurance is excess over any other insurance that is available during any applicable Supplemental Reporting Period, whether on a primary, excess, contingent, or any other basis.
- (3) When this insurance is excess, we will have no duty under Coverages A, B or C to defend any insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

- (4) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (5) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

d. Risk Transfer

Whenever you enter into an agreement with another party requiring the other party to provide liability insurance to you, this Coverage Part will be excess over any other valid and collectible insurance that has been provided to you, except insurance specifically arranged to be excess of this Coverage Part.

When this insurance is excess, we will have no duty under Coverages **A**, **B** or **C** to defend any insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

5. Premium Audit

- a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.
- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.
- d. We may waive this condition at our option.

6. Representations

By accepting this policy, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this policy in reliance upon your representations.

The unintentional error or omission in any information provided by you will not be deemed to be a misrepresentation. However, this provision does not affect our right to collect additional premium or to exercise our rights of cancellation or non-renewal.

7. Separation Of Insureds

Except with respect to all exclusions contained within **SECTION I – COVERAGES, SECTION V – LIMITS OF INSURANCE**, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom "claim" is made.

8. Transfer Of Rights Of Recovery Against Others To Us

If any insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION VII – DEFINITIONS

1. "Administration" means any of the following acts that you do or authorize a person to do:
 - a. Counseling "employees", "volunteer workers" or elected or appointed officials, other than giving legal advice, on "employee benefit plans";
 - b. Interpreting your "employee benefit plans";
 - c. Handling records for your "employee benefit plans"; and
 - d. Effecting enrollment, termination or cancellation of "employees", "volunteer workers" or elected or appointed officials under your "employee benefit plans".
2. "Bodily injury" means physical harm, sickness or disease sustained by a person, including death resulting from any of these at any time. "Bodily injury" also includes mental anguish, emotional distress or illness if the mental anguish, emotional distress or illness results from such physical harm, sickness or disease at any time. "Bodily injury" also includes loss of care or services resulting from such physical harm, sickness or disease at any time.
3. "Claim(s)" means an oral or written demand for payment of money "damages", including a "suit".
4. "Damages" means money damages.

"Damages" does not include:

 - a. Amounts awarded as liquidated damages pursuant to any federal or state statute;
 - b. The multiple portion of any multiplied damage award;

- c. Fines, penalties, taxes, sanctions or assessments;
 - d. Non-monetary relief;
 - e. Payment, restitution, return or disgorgement of any fees, profits, commissions, charges, or any funds allegedly wrongfully or unjustly held or obtained;
 - f. Amounts payable under **Supplementary Payments (Section I. D)**;
 - g. Punitive or exemplary damages, unless insurable under applicable law; or
 - h. Any matter uninsurable under applicable law.
5. "Discrimination" means violation of a person's civil rights with respect to such person's race, color, national origin, religion, gender, marital status, age, sexual orientation or preference, physical or mental condition, or any other protected class or characteristic established by any federal, state or local statutes, rules or regulations.
 6. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
 7. "Employee benefit plans" means group life insurance, group accident or health insurance, profit sharing plans, pension plans, employee stock subscription plans, employee travel, vacation, or savings plans, workers compensation, unemployment insurance, social security and disability benefits insurance, and any other similar benefit program applying to "employees", "volunteer workers" or elected or appointed officials.
 8. "Employment practices offense(s)" means any of the following involving an actual, prospective, or former "employee", "volunteer worker" or elected or appointed official:
 - a. Demotion or failure to promote, negative evaluation, reassignment or discipline of your current "employee", "volunteer worker" or elected or appointed official or wrongful refusal to employ;
 - b. Wrongful termination, meaning the actual or constructive termination of an "employee", "volunteer worker" or elected or appointed official;
 - c. Negligent hiring or supervision which results in any of the other offenses listed in this definition;
 - d. Retaliatory action against an "employee", "volunteer worker" or elected or appointed official;
 - e. Coercing an "employee", "volunteer worker" or elected or appointed official to commit an unlawful act or omission within the scope of that person's employment;
 - f. Work-related harassment or "sexual harassment";
 - g. Employment-related libel, slander, invasion of privacy, defamation, humiliation or misrepresentation; or
 - h. Other work-related verbal, mental or emotional abuse arising from "discrimination", including physical symptoms resulting from such abuse.
 9. "Fungi" means any type or form of fungus, including mold or mildew and any mycotoxins, spores, scents or by-products produced or released by "fungi".
 10. "Health care and social services wrongful act" means a negligent error, omission or act:
 - a. In the performance of or failure to perform health care services by your "employee" or "volunteer worker" who is a first responder, nurse, emergency medical technician or paramedic, but only while acting within the scope of his or her duties to you and while handling a patient:

- (1)** At the place where the patient is accepted for movement into or onto a means of transport to a medical facility;
 - (2)** During transport to a medical facility; or
 - (3)** During movement from the means of transport into the medical facility where the patient is delivered.
 - b.** In the performance of or failure to perform social services by your "employee" or "volunteer worker" who is any licensed, certified or trained to perform social services, including counseling, advice and instruction, but only while acting within the scope of his or her duties to you and while handling a patient or client at your:
 - (1)** Social services department;
 - (2)** Department of health and human services;
 - (3)** Health clinic; or
 - (4)** Substantially similar department or operation.
 - c.** Relating to the dispatching of, including the failure or refusal to dispatch, personnel to provide any of the services in **a.** above.
- 11.** "Law enforcement activity(ies)" means:
 - a.** Any official activity conducted in the course of your law enforcement operations;
 - b.** Any officially sanctioned off-duty activity conducted in the course of law enforcement operations;
 - c.** Ownership, maintenance, operation or use of any premises by your law enforcement operations;
 - d.** Any criminal prosecution activity by judicial officers, prosecution attorneys and their staff, other than public defenders, criminal defense attorneys and their staff; or
 - e.** Emergency services dispatch operations conducted by you.
- 12.** "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- 13.** "Loss adjustment expenses" means our expenses incurred to adjust a "claim" and include fees paid to attorneys, experts, and investigators used to defend a "suit". "Loss adjustment expenses" does not include the cost of our salaried claims staff and their office expenses or independent adjusters
- 14.** "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
 - a.** False arrest, detention or imprisonment;
 - b.** Malicious prosecution;
 - c.** The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
 - d.** "Publication" of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
 - e.** "Publication" of material that violates a person's right of privacy;

- f. The use of another's advertising idea in your advertisement; or
 - g. Infringing upon another's copyright, trade dress or slogan in your advertisement.
15. "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
16. "Property damage" means:
- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
 - b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

17. "Publication" means any method of announcing or disseminating any material to any third party.
18. "Related employment practices offenses" means any multiple, repeated or continuous "employment practices offense" that is logically or causally connected by facts or circumstances or a series of any "employment practices offenses" logically or causally connected by facts or circumstances
19. "Related wrongful acts" means any multiple, repeated or continuous "wrongful act" that is logically or causally connected by facts or circumstances or a series of any "wrongful acts" logically or causally connected by facts or circumstances.
20. "Sexual abuse" means any actual, attempted or alleged sexual conduct by a person, or by persons acting in concert, which causes injury. "Sexual abuse" includes sexual molestation, sexual assault, sexual exploitation or sexual injury, but does not include "sexual harassment".
21. "Sexual harassment" means any actual, attempted or alleged unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature by a person, or by persons acting in concert, which causes injury. "Sexual harassment" includes:
- a. The above conduct when submission to or rejection of such conduct is made either explicitly or implicitly a condition of a person's employment, or a basis for employment decisions affecting a person; or
 - b. The above conduct when such conduct has the purpose or effect of unreasonably interfering with a person's work performance or creating an intimidating, hostile or offensive work environment.
22. "Suit" means a civil proceeding alleging "damages" to which this insurance applies. "Suit" includes:
- a. An arbitration proceeding in which "damages" are claimed and to which the insured must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which "damages" are claimed and to which the insured submits with our consent.
23. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

24. "Volunteer worker" means a person who is not your "employee" and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you.
25. "Wrongful act(s)" means any actual or alleged act, error, misstatement, misleading statement, omission, neglect or breach of duty by an insured.

SECTION VIII – EXTENDED REPORTING PERIODS

1. We will provide one or more Extended Reporting Periods, as described below, if:
 - a. This Coverage Part is cancelled or not renewed; or
 - b. We renew or replace this Coverage Part with insurance that:
 - (1) Has a Retroactive Date later than the date shown in the Declarations of this Coverage Part; or
 - (2) Does not apply to a "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" on a claims-made basis.
2. Extended Reporting Periods do not extend the policy period or change the scope of coverage provided. They apply only to "claims" for a "Wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" that take place before the end of the policy period but not before the Retroactive Date, if any, shown in the Declarations.

Once in effect, Extended Reporting Periods may not be cancelled and the entire premium shall be deemed fully earned and non-refundable upon payment.

3. A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the policy period and lasts for sixty days. During this period, you will have the right, subject to Paragraph 2. of this section, to report "claims" made and consistent and in accordance with paragraph 2.a. of **SECTION VI – CONDITIONS**, any "wrongful act", "employment practices offense" or offense in the "administration" of "employee benefit plans" which may later result in a "claim".

The Basic Extended Reporting Period does not apply to "claims" that are covered under any subsequent insurance you purchase, or that would be covered but for exhaustion of the amount of insurance applicable to such "claims".

4. The Basic Extended Reporting Period does not reinstate or increase the Limits of Insurance.
5. A Supplemental Extended Reporting Period is available, but only by an endorsement and for an extra charge. This supplemental period starts when the Basic Extended Reporting Period, set forth in paragraph 3. above, ends.

You must give us a written request for the endorsement within 60 days after the end of the policy period. The Supplemental Extended Reporting Period will not go into effect unless you pay the additional premium promptly when due and you have fulfilled all other duties, and complied with all other conditions and requirements, under this Coverage Part.

We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:

- a. The exposures insured;
- b. Previous types and amounts of insurance;

- c. Limits of Insurance available under this Coverage Part for future payment of "damages"; and
- d. Other related factors.

The additional premium will not exceed 200% of the annual premium for this Coverage Part

This endorsement shall set forth the terms, not inconsistent with this Section, applicable to the Supplemental Extended Reporting Period, including a provision to the effect that the insurance afforded for "claims" first received during such period is excess over any other valid and collectible insurance available under policies in force after the Supplemental Extended Reporting Period starts.

- 6. If the Supplemental Extended Reporting Period is in effect, we will provide the supplemental aggregate limits of insurance described below, but only for "claims" first received and recorded during the Supplemental Extended Reporting Period.

The supplemental aggregate limits of insurance will be equal to the dollar amount shown in the Declarations in effect at the end of the policy period for such of the following limits of insurance for which a dollar amount has been entered:

Each Wrongful Act

Each Employment Practices Offense

Each Employee Benefit Administration

Wrongful Act Aggregate Limit

Employment Practices Offense Aggregate Limit

Employee Benefit Administration Aggregate Limit

SECTION V – LIMITS OF INSURANCE of this coverage part will be amended accordingly.

SPECIMEN

VII. RETENTIONS

The retention for each Coverage is stated in ITEM 4 of the Declarations. The applicable retention shall be first applied to "Damages", "Claims Expenses" and "Loss" covered by this Policy and "You" shall make direct payments within the retention to appropriate other parties designated by "Us". "We" shall be liable only for the amounts in excess of the retention, not to exceed the applicable "Sublimit(s) of Liability" or "Policy Aggregate Limit". Each single "Claim", single "Event" or "Combined Matter" shall be deemed to be one single potentially covered matter, and only one retention shall apply thereto. Where multiple Coverages potentially apply to a single "Claim", single "Event" or "Combined Matter"; only one retention shall apply and this shall be the highest retention applicable to such Coverages.

No retention is applicable to "Breach Response Counsel" fees and expenses.

With respect to Coverage G. 1, the applicable retention amount set forth in the Declarations applies once the "Period of Restoration" resulting from a "Network Disruption" has exceeded the "Waiting Period" in hours set forth in the Declarations; then the "Business Income Loss" to which such retention amount applies shall be computed as of the commencement of such "Network Disruption".

At "Our" sole and absolute discretion, "We" may pay all or part of the applicable retention, in which case "You" agree to repay "Us" immediately after "We" notify "You" of the payment; and such payment or repayment of any amount within the retention shall be first applied to "Damages", "Claims Expenses" and "Loss" covered by this Policy.

VIII. EXTENDED REPORTING PERIOD

- A. Basic "Extended Reporting Period": In the event of cancellation or non-renewal of this Policy by "You" or "Us", an "Extended Reporting Period" of sixty (60) days immediately following such cancellation or non-renewal shall be automatically granted hereunder at no additional premium. Such "Extended Reporting Period" shall cover "Claims" first made and reported to "Us" during such sixty (60) day "Extended Reporting Period" but only in respect of any act, error, or omission committed prior to the date of cancellation or non-renewal, and subject to all other terms, conditions, and exclusions of this Policy. No "Claim" in such sixty (60) day extended reporting period shall be covered under this Policy if "You" are entitled to indemnity under any other insurance or would have been entitled to indemnity under such insurance but for the exhaustion thereof.
- B. Optional "Extended Reporting Period": In the event of cancellation or non-renewal of this Policy by "You" or "Us", "You" shall have the right, upon payment in full and not proportionally or otherwise in part, of hundred percent (100%) of the annual premium shown in the Policy, to have issued an endorsement providing a twelve (12) month optional "Extended Reporting Period" after the end of the "Policy Period".
 1. Such optional "Extended Reporting Period" shall cover "Claims" made and reported to "Us" during this optional "Extended Reporting Period", but only in respect of any "Claim" arising out of any act, error, or omission committed prior to the date of cancellation or non-renewal, and subject to all other terms, conditions, and exclusions of the Policy.
 2. In order for "You" to invoke the optional "Extended Reporting Period", the payment of additional premium as stated in this provision must be paid to "Us" within thirty (30) days after the end of the "Policy Period".
 3. At the commencement of the optional "Extended Reporting Period", the entire premium shall be deemed fully earned, and in the event "You" terminate the optional "Extended

Reporting Period" for whatever reason prior to its natural expiration, "We" will not be liable to return any premium paid for the optional "Extended Reporting Period".

C. Terms and conditions of basic and optional "Extended Reporting Period"

1. At renewal of this Policy, "Our" quotation of different premium, retention or limit of indemnity or changes in policy language shall not constitute non-renewal by "Us" for the purposes of granting the optional "Extended Reporting Period".
2. The right to the "Extended Reporting Period" shall not be available to "You" where "We" cancel or non-renew due to non-payment of premium.
3. The limit of liability for the "Extended Reporting Period" shall be part of, and not in addition to, the limit of liability for the "Policy Period".
4. All notices and premium payments with respect to the "Extended Reporting Period" shall be directed to "Us" through the entity named in the Policy.

IX. TERMS AND CONDITIONS

A. NOTICE OF CLAIM OR CIRCUMSTANCE THAT MIGHT LEAD TO A CLAIM

1. If any "Claim" is made against "You" during the "Policy Period" (or an "Extended Reporting Period", if applicable), or an "Event" first occurs during the "Policy Period", then as soon as practicable after a member of the "Control Group" becomes aware of such "Claim" or "Event", "You" must provide notice thereof to "Us" through the person identified in ITEM 8. in the Declarations, during the "Policy Period" (or an "Extended Reporting Period", if applicable), including every demand, notice, summons or other process "You" or "Your" representative receive.
2. If during the "Policy Period" a member of the "Control Group" becomes aware of any situation, circumstance, "Wrongful Act", act, error or omission that might reasonably give rise to a "Claim", and if "You" give written notice to "Us" through the person identified in ITEM 8. in the Declarations, as soon as practicable during the "Policy Period", of:
 - a. The specific details of the situation, circumstance, "Wrongful Act", act, error or omission that might reasonably give rise to a "Claim";
 - b. The possible damage which may result or has resulted from the situation, circumstance, "Wrongful Act", act, error or omission;
 - c. A description of how "You" first became aware of the situation, circumstance, "Wrongful Act", act, error or omission; and
 - d. Any "Computer System" security and event logs which provide evidence of the situation, circumstance, "Wrongful Act", act, error or omission,then any subsequent "Claim" made against "You" arising out of such situation, circumstance, "Wrongful Act", act, error or omission which is the subject of the written notice will be deemed to have been first made at the time written notice complying with the above requirements was first given to "Us".
3. A "Claim" shall be considered to be reported to "Us" when notice is first given to "Us" through the person identified in ITEM 8. in the Declarations or when notice of a situation, circumstance, "Wrongful Act", act, error or omission which might reasonably give rise to a "Claim" is first provided in compliance with Section IX.A.2 above. An "Event" shall be considered reported to "Us" when notice is first given to "Us" through the person identified in ITEM 8. in the Declarations.
4. Whenever coverage under this Policy would be lost due to non-compliance of Section IX.A.1.'s notice requirements because of the failure to give such notice, or concealment of such failure,

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/1/2020, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

COVERAGE/CARRIER	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Package
<input type="checkbox"/> Option # 1	Atlantic Specialty Insurance Company - Intact
<input type="checkbox"/> Option # 2	American Family Home Insurance Company - Munich
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Equipment Breakdown
	Hartford Steam Boiler Inspection & Insurance Co.
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Automobile
<input type="checkbox"/> Option # 1	Atlantic Specialty Insurance Company - Intact
<input type="checkbox"/> Option # 2	American Family Home Insurance Company - Munich
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Umbrella
<input type="checkbox"/> Option # 1	Atlantic Specialty Insurance Company - Intact
<input type="checkbox"/> Option # 2	American Family Home Insurance Company - Munich
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Crime
	Hanover Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability
	BCS Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Workers' Compensation
	Illinois Public Risk Fund
<i>TRIA Cannot Be Rejected</i>	

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

Producer/ Insured Coverage Amendments and Notes:

Exposures and Values

We confirm the payroll, values, schedules, and other data contained in the proposal, and submitted to the underwriters, are compiled from information provided by you and we acknowledge it is our responsibility to see that such information is updated and maintained accurately. For renewal policies, if no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies.

Provide Quotations or Additional Information on the Following Coverage Considerations:

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By rejecting a quotation for this valuable coverage, you understand that there will be no coverage and agree to hold Gallagher harmless in the event of a loss.

Umbrella

Yes No - Increased Limits

Gallagher's liability to Client arising from any acts or omissions of Gallagher shall not exceed \$20 million in the aggregate. Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages or attorneys' fees. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with this Agreement or any Services provided hereunder may be brought by either party any later than two (2) years after the accrual of such claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>.

I have read, understand and agree that the above information is correct and has been disclosed to us prior to authorizing Gallagher to bind coverage and/or provide services to us.

By: _____
Print Name

Title

Signature

Date: _____



ILLINOIS NOTICE AND WAIVER OF MINE SUBSIDENCE COVERAGE

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the Policy (including its endorsements), the provisions of the Policy (including its endorsements) shall prevail.

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning mine subsidence coverage, which applies to your new or renewal policy being issued by us.

Notice Concerning The Waiver Of Mine Subsidence Coverage In Illinois

Illinois law requires that every insurer that issues a new or renewal policy for a residence, commercial building or living unit must provide Mine Subsidence Coverage, unless waived in writing by the insured, and the insurer must continue to charge the premium level set for that coverage by the Illinois Mine Subsidence Insurance Fund.

This form shall serve as notice that if Mine Subsidence Coverage is in force when mine subsidence damage first becomes reasonably observable as confirmed by the Illinois Mine Subsidence Insurance Fund, coverage thereafter may not be necessary and is optional, but continued coverage on the damaged residence or commercial building shall terminate only upon written waiver by you. Mine subsidence premiums paid for coverage on a damaged residence or commercial building subsequent to the established date of loss shall be refunded within 60 days after you provide the following signed waiver of Mine Subsidence Coverage to us.

Waiver Of Mine Subsidence Coverage In Illinois

I confirm that I have fully read and understood the aforementioned Notice.

I, the first named insured/applicant, have fully read and understood the above noted information and hereby: (check the following)

affirmatively waive this offer.

I understand and agree that this waiver shall be construed to be applicable to the Policy or binder of insurance described below, on all future renewals of the Policy and on all replacement policies unless I make a written request for such coverage.

Name Of First Named Insured/Applicant: VILLAGE OF GILBERTS

Signature Of First Named Insured/Applicant:

Date:

Policy/Binder #: 000000000-0000

Insurer: Atlantic Specialty Insurance Company

Producer Name: ARTHUR J. GALLAGHER RISK MANAGEMENT
SERVICES, INC.

Producer Code: 1202738

ILLINOIS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Applicant/Named Insured: VILLAGE OF GILBERTS 87 GALLIGAN RD GILBERTS, IL 60136-9015	Producer: ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC. 2850 GOLF ROAD ROLLING MEADOWS, IL 60008
Policy Effective Date: 12/31/2020	Policy Number: 000000000-0000

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Please indicate your choice from **A.** and **B.** by initialing next to the appropriate item(s) and signing below.

A. Bodily Injury Uninsured And Underinsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Bodily Injury Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Every automobile liability policy must include Bodily Injury Uninsured Motorists Coverage at a limit equal to your Combined Single Limit for Liability Coverage except as described below.

If your Bodily Injury Liability Coverage limit exceeds a Combined Single Limit of \$50,000 for each accident, you may select a limit that is lower than your Combined Single Limit for Liability Coverage for your Bodily Injury Uninsured Motorists Coverage BUT you may not select a Bodily Injury Uninsured Motorists Coverage limit less than a Combined Single Limit of \$50,000 for each accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limit is greater than a Combined Single Limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limit will be equal to your Uninsured Motorists Coverage limit.

Please indicate your choice by initialing next to the appropriate item if you are selecting Uninsured Motorists Coverage at limits less than the Bodily Injury Liability limit of your policy.

(Initials)			
I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Combined Single Limit for Liability Coverage and select the following lower limit.			
(Initials)	Combined Single Limit	(Initials)	Combined Single Limit
_____	\$ 50,000*	_____	\$ 350,000
_____	\$ 70,000	_____	\$ 400,000
_____	\$ 100,000	_____	\$ 500,000
_____	\$ 125,000	_____	\$ 600,000
_____	\$ 150,000	_____	\$ 750,000
_____	\$ 200,000	_____	\$ 1,000,000
_____	\$ 250,000	_____	\$ 1,500,000
_____	\$ 300,000	_____	

*** IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.**

B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

Please indicate your choice by initialing next to the appropriate item(s) below.

(Initials)	
_____	I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 for the following vehicle(s).
	(Specify Year/Make/Model):

	Premium: \$
_____	I reject Property Damage Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured

Date

Insured Name and Address:

VILLAGE OF GILBERTS

87 GALLIGAN RD

GILBERTS, IL 60136-9015

Quote Number: 2576201-7

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act (the Act), as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM TO BE CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

The prospective premium required for your terrorism coverage is: \$ 694.

If you wish to reject this offer of coverage, you should check the box below, sign this notice and send it to your agent. An **exclusion** of terrorism losses, as defined by the Act, will then be made part of your policy.

<input type="checkbox"/>	I hereby reject the offer of terrorism coverage. I understand that I will have no coverage for losses arising from acts of terrorism, as defined in the act.
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Cyber Liability And Privacy Coverage Application - Illinois

94.001-4 IL (07/19)

CERTAIN COVERAGES OFFERED ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION(S). PLEASE READ THE POLICY CAREFULLY.

"You", "Your Organization", and "Applicant" mean all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

Name of Applicant	Village of Gilberts
Mailing Address	87 Galligan Rd
City	Gilberts
State	Illinois
ZIP Code	60136-9015
Description of Applicant's Operations	Government

II. REVENUES

Indicate the following as it relates to the Applicant's fiscal year end (FYE):	Prior FYE
Operating expenditures	\$5,870,552

III. NETWORK SECURITY SYSTEM

1. Do "You", or an outsourced firm, back up your data and systems at least once a week, and store these backups in an offsite location? Yes No
2. Do "You" have anti-virus software and firewalls in place that are regularly updated (at least quarterly)? Yes No
3. After inquiry of the "Control Group", as defined, are "You" aware of any or have any grounds for suspecting any circumstances which might give rise to a claim? Yes No
4. Within the last 5 years, has "Your Organization" suffered any system intrusions, tampering, virus or malicious code attacks, loss of data, loss of portable media, hacking incidents, extortion attempts, or data theft, resulting in a claim in excess of \$25,000 that would be covered by this insurance? Yes No

If the "Applicant" represents a Healthcare organization, Financial Institution or Legal Services (consumer) then the following question MUST be answered:

5. Do "You" have a written policy which requires that personally identifiable information stored on mobile devices (e.g. laptop computers / smartphones) and portable media (e.g. flash drives, back-up tapes) be protected by encryption? Yes No

* With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any member of the "Control Group" of the "Applicant" had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

"Control Group" means:

The board members, executive officers, Chief Technology Officer, Chief Information Officer, Risk Manager and General Counsel or their functional equivalents of "Your Organization". This does not include any administrative staff who work in the offices of these named positions.

IV. CYBER DECEPTION

1. Does the "Applicant" have procedures in place requiring two people, processes, or devices to verify any changes in transfer details and obtain authorization when transferring funds in excess of \$10,000 to external parties? Yes No
2. Does the **Applicant** provide training for staff members who transact funds in excess of \$10,000 externally? Yes No
3. Have there been any losses for a "Cyber Deception Event" in the past year in excess of \$10,000? Yes No
4. After inquiry of the "Control Group", as defined, have there been any claims or circumstances arising from "Cyber Deception Events" which may give rise to a claim that could be covered by the Cyber Deception coverage being applied for? Yes No

Please note that the Cyber Deception Coverage applied will not attach to those matters identified above that are claims or may be reasonably expected to give rise to a claim, under the Cyber Deception Coverage.

"Cyber Deception Event" means:

1. The good faith transfer by "You" of "Your Organization's" funds or the transfer of "Your Goods", in lieu of payment, to a third party as a direct result of a "Cyber Deception", whereby "You" were directed to transfer "Goods" or pay funds to a third party under false pretences; or
2. The theft of "Your Organization's" funds as a result of an unauthorized intrusion into or "Security Compromise" of "Your" "Computer System" directly enabled as a result of a "Cyber Deception".

"Control Group" means:

The board members, executive officers, Chief Technology Officer, Chief Information Officer, Risk Manager and General Counsel or their functional equivalents of "Your Organization". This does not include any administrative staff who work in the offices of these named positions.

REQUIRED FRAUD WARNING LANGUAGE:

A policy may not be rescinded, defeated or voided unless the misrepresentation is stated in policy, endorsement or rider attached thereto, or in the written application therefore, and was made with the actual intent to deceive, or materially affected either the acceptance of the risk or the hazard assumed by the company.

Signature of Applicant's Authorized
Representative

Name (Printed)

Title

Date

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

94.553 (01/15)

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS.

UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase terrorism coverage for a prospective premium of \$30.00

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date



Insurance | Risk Management | Consulting

12/1/2021

Village of Gilberts
87 Galligan Road
Gilberts, IL 60136

Re: Workers Compensation
01/01/2021 to 01/01/2022
Illinois Public Risk Fund

Dear Taunya:

As a follow-up to our proposal, and in the interest of providing you insurance consistent with your requirements, we have confirmed that Workers Compensation coverage is available from Illinois Public Risk Fund.

This company is an Illinois Public Risk Fund sponsored by Boyle, Flagg and Seaman Insurance. Your affiliation with Arthur J. Gallagher Risk Management Services, Inc. qualifies you to place coverage with this company. Because this company is a highly specialized market, only offering coverage to members of Illinois, we will use this company only with your approval. We are also enclosing the following information for your review:

AM Best for Safety National Casualty Corporation
Illinois Public Risk Fund By Laws
Illinois Public Risk Fund Pooling Agreement
Illinois Public Risk Fund Financial Stability Rating

Please review this and other available information with your accountant and/or attorney to assist you in judging the acceptability of this carrier.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

The undersigned, a duly authorized officer or representative acting in said capacity, acknowledges receipt of the information contained herein. Notwithstanding this information, the undersigned hereby authorizes and directs Arthur J. Gallagher & Co. and any of its subsidiary companies to bind the coverage outlined above.
By:

Rich Stokluska
Area Assistant Vice President

Name

Title

Print Name

Date