

Renewal Proposal for
Williamson County
Jail Medical Professional Liability: Dr. Barta

10100 Katy Freeway, Suite 400 | Houston, Texas 77043
Phone: (713) 877-8975 | Fax: (713) 877-8974
McGriff.com





1 Farm Glen Boulevard
Farmington, CT 06032
Ph: 860-561-3600
www.rtspecialty.com

022634649A

QUOTATION SUMMARY

McGriff Insurance Services, Inc.
Susan Golla
8200 IH-10 West, Suite 317
San Antonio, TX 78230

Outlined below is a summary of the attached quotation obtained for the above noted Insured. The full quote terms, conditions, limitations and exclusions can be found on the attached quote. Please pay special attention to those items found on the quote, and note that in the event of any discrepancies between the information found on this summary and the quote itself, the quote supersedes our summary. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, limitations and exclusions in the quote, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

NAMED INSURED:	Adam Barta, MD 508 South Rock Street Georgetown, TX 78626
PRIMARY RISK ZIP CODE:	78626
COVERAGE:	Medical Professional Liability Full Program
INSURER:	General Star Indemnity Company - Non-Admitted
POLICY TERM:	10/1/2022 - 10/1/2023
ESTIMATED POLICY PREMIUM:	\$49,847.00
OPTIONAL TRIA:	NOT APPLICABLE
FEES:	Brokerage Fee \$200.00
	TOTAL FEES: \$200.00
ESTIMATED SURPLUS LINES TAX:	
	Surplus Lines Tax \$2,427.28
	Stamping Office Fee \$37.54
	TOTAL TAXES: \$2,464.82
	TOTAL PREMIUM: \$52,511.82



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SPECIAL CONDITIONS / OTHER COVERAGES:

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For RT Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, RT Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

25% MINIMUM EARNED PREMIUM

Subjectivities:
Completed, Signed and Dated diligent effort form



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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

BINDING INSTRUCTIONS

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the following items must be submitted:

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage;
- and
- apply after the formation of the contract as conditions of continued coverage.

Failure to provide or comply with these subjectivities might results in a refusal to bind or cancellation of coverage, at the insurer's option. Please note that this is a quote only, and the Insurer reserves the right to amend or withdraw the quote if new, corrected or updated information is received. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the quote.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.

This quote summary, the quote, the fees quoted and our advice, is confidential. This quote summary and the quote constitutes the entire understanding and supersedes any and all agreements and communications respecting the insurance offered. If you need further information about the quote, our fee or the Insurer that is proposing to provide your insurance, please contact us.

This Face Page attaches to and becomes a part of the following policy:

Insured: Adam Barta, MD

Policy #:

Effective Date: 10/1/2022

Date Policy/Endorsement Received:

Zip Code of Risk Location: 78626

THIS INSURANCE CONTRACT IS WITH AN INSURER NOT LICENSED TO TRANSACT INSURANCE IN THIS STATE AND IS ISSUED AND DELIVERED AS SURPLUS LINE COVERAGE UNDER THE TEXAS INSURANCE STATUTES. THE TEXAS DEPARTMENT OF INSURANCE DOES NOT AUDIT THE FINANCES OR REVIEW THE SOLVENCY OF THE SURPLUS LINES INSURER PROVIDING THIS COVERAGE, AND THE INSURER IS NOT A MEMBER OF THE PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION CREATED UNDER CHAPTER 462, INSURANCE CODE, CHAPTER 225, INSURANCE CODE, REQUIRES PAYMENT OF A 4.85 PERCENT TAX ON GROSS PREMIUM.

Rev.4/1/09

Name and Address of Insurer:

General Star Indemnity Company

Name and Address of Surplus Lines Agent:

RT Specialty

180 N. Stetson Avenue, Suite 4600

Chicago, IL 60601

Premium:	\$49,847.00
TRIA Premium:	NOT APPLICABLE
Fees:	Brokerage Fee \$200.00
Surplus Lines Tax:	\$2,427.28
Stamping Fee:	\$37.54
Total:	\$52,511.82

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

General Star Indemnity Company

To get information or file a complaint with your insurance company or HMO:

Call: General Star Indemnity Company at (203) 328-5700

Toll-free:

Online:

Email:

Mail: 120 Long Ridge Road
Stamford, CT 06902

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

General Star Indemnity Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: General Star Indemnity Company al (203) 328-5700

Teléfono gratuito:

En línea:

Correo electrónico:

Dirección postal: 120 Long Ridge Road
Stamford, CT 06902

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-90



GENSTAR SPECIAL RISK PLUS PREMIUM INDICATION

09/20/2022

Subject to the following terms & conditions, we are pleased to offer a premium and coverage indication for our Physicians & Surgeons, claims-made Professional Liability Program:

Indication for:	Adam Barta, MD	App ID:	2546976
Medical Specialty:	Family/General Practice - No Obstetrics - Minor Invasive Surgery Specialty Code: 82421		
Underwriting Company:	GENERAL STAR INDEMNITY COMPANY		
Proposed Effective Date:	10/01/2022	Retroactive Date:	12/28/2010
Limits of Liability:	\$250,000	Each claim/	\$500,000 Annual Aggregate
Deductible:	\$10,000		
Annual Premium	\$49,847		
This Indication will expire on:	10/01/2022		

Percentage of Full Annual Premium for 12-Month Extended Reporting Period:	100%
Percentage of Full Annual Premium for 36-Month Extended Reporting Period:	150%
Percentage of Full Annual Premium for 60-Month Extended Reporting Period:	200%



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