

Renewal Proposal for **Williamson County**

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Table of Contents

Property Quote

Wind/Hail Deductible Buy-Down

Casualty Quote

Law Enforcement Liability

Excess Law Enforcement

Workers' Compensation

Cyber & Crime Extension

Property Coverage

Travelers Insurance Company



PROPERTY/BOILER QUOTATION

Re: WILLIAMSON COUNTY
100 WILCO WAY, SUITE HR101
GEORGETOWN, TX 78626-0000

Effective from: 10/01/2022 **to** 10/01/2023

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS QUOTATION. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS QUOTATION HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS QUOTATION CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

Insuring Company: Travelers Lloyds Insurance Company

Policy Territory: The United States of America and Canada

Coverage, Limits and Deductibles:

See the attached outline of the coverage forms, Limits of Insurance and policy amendments provided in this quotation.

THIS QUOTATION DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY THE TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

Total Insured Values: \$446,474,249

Premium: \$975,000

The premium is based on total insured value as outlined in the quotation. Any fees, taxes and/or surcharges which carriers are required to collect on behalf of local jurisdictions, are in addition to the policy premium shown.

Rate: .2184

Payment Plan: Lump sum as provided by the Agency Bill System

Terms and Conditions:

1. Please accept this proposal as the Broker for the captioned account.
2. The policy will be subject to all state-mandated endorsements.
3. Consult Policy for Actual Terms and Conditions.
4. The attached is subject to your compliance with our reasonable engineering recommendations.
5. The policy includes an Exclusion of New "Frame Buildings" in the Course of Construction.
6. The Exclusion - "Certain computer related losses due to dates or times" applies.
7. Please forward a signed and completed Business Income Worksheet prior to issuance.

This proposal expires automatically on 09-30-22.

INDEX OF FORMS

Declarations	MS 01 00 10 18
Named Insured	MS C0 01 07 99
Index of Forms	MS C0 02 07 99
Supplemental Coverage Declarations	MS C0 03 10 18
Property Coverage Form	MS C1 00 10 18
Business Income and/or Rental Value Coverage Form Excluding Extra Expense	MS C1 02 10 18
Extra Expense Coverage Form	MS C1 03 10 18
Earthquake, Volcanic Eruption, Landslide and Mine Subsidence	MS C2 04 10 18
Flood	MS C2 06 10 18
Boiler and Machinery	MS C2 10 10 18
Electronic Vandalism	MS C2 19 10 18
Exclusion of Nuclear Hazard, War, Military Action and Pathogenic or Poisonous	
Biological or Chemical Materials	MS C2 37 09 02
Contractors Equipment	MS C3 09 10 18
Expediting Expenses	MS C3 19 07 99
Utility Services - Direct Damage	MS C3 27 10 18
Leasehold Interest Coverage	MS C3 32 10 18
Covered Animals - Direct Damage	MS C3 36 10 18
Utility Services - Time Element	MS C4 09 10 18
Policy Conditions, Additional Provisions and Definitions Form	MS C5 01 10 18
Replacement Cost	MS C5 05 10 18
Errors and Omissions	MS C5 26 10 18
Extra Expense Deductible	MS C5 27 10 18
ACTUAL CASH VALUE DEFINITION	MS C5 60 07 22
High Hazard Wind Areas - U.S.A.	MS C6 06 10 15
High and Moderate Hazard Earthquake, Volcanic Eruption, Landslide and Mine	
Subsidence Areas - U.S.A.	MS C6 09 10 15
Additional Benefits	MS C7 18 06 19
Texas Changes	MS C9 63 07 20
Attorney in Fact	MS C9 64 02 21
IMPORTANT NOTICE-INFO OR COMPLAINTS-TX	PN T0 22 12 15
JURISDICTIONAL INSPECTIONS OF EQUIP IN THE USA(INCL ITS	
TERRITORIES/POSSESSIONS)	PN T1 89 10 15
IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER	
COMPENSATION	PN T4 54 01 08
IMPT NOTICE- FILE CLAIM WIND/HAIL-TEXAS	PN T9 70 03 13
IMPORTANT NOTICE - FLOOD - TEXAS	PN U3 53 06 19
Terrorism Disclosure	TR IA 01 01 21
Cap on Certified Terrorism	TR IA 04 01 15
POLICY CHANGES	Endorsement 1
CONTRACTORS EQUIPMENT - CHANGES	Endorsement 2

Supplemental Coverage Declarations

READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.

A. POLICY LIMIT: In no event shall liability under this policy arising out of one occurrence exceed \$300,000,000, nor shall liability exceed any specific Limit of Insurance applying to any insured loss, coverage or location(s).

B. LIMITS OF INSURANCE – For application of Limits of Insurance, refer to Conditions A.2. and A.3. in the Policy Conditions, Additional Provisions and Definitions Form:

1.	Buildings, in any one occurrence: Included means, included in the Policy Limit.		Included
2.	Business Personal Property excluding Personal Property of Others, in any one occurrence: Included means, included in the Policy Limit.		Included
3.	Personal Property of Others, in any one occurrence:	\$	250,000
4.	"Electronic Data Processing Data and Media", in any one occurrence:	\$	5,000,000
5.	Accounts Receivable, in any one occurrence:	\$	2,500,000
6.	Valuable Papers and Records, in any one occurrence:	\$	2,500,000
7.	"Fine Arts", in any one occurrence: Subject to a maximum per item of:	\$ \$	1,000,000 10,000
8.	Newly Constructed or Acquired Property, at any one building, in any one occurrence: Number of days 120.	\$	5,000,000
9.	"Outdoor Property" including Debris Removal, in any one occurrence: Trees, shrubs and plants are subject to a maximum per item of:	\$ \$	250,000 2,500
10.	Covered Property in Transit, in any one occurrence:	\$	250,000
11.	Debris Removal, in any one occurrence: a. 25% of the sum of the amount paid for Covered Property loss and the applicable deductible. b. Additional Debris Removal Expense:		
		\$	250,000
12.	"Pollutant" Cleanup and Removal – Direct Damage, aggregate in any one policy year:	\$	250,000
13.	Claim Data Expense – Direct Damage, in any one occurrence:	\$	50,000

14. Ordinance or Law		
Loss to the Undamaged Portion of Buildings, in any one occurrence:	\$	25,000,000
Demolition Cost, in any one occurrence:		Included
Increased Cost of Construction, in any one occurrence:		Included
Included means, included in the Limit shown for Loss to the Undamaged Portion of Buildings.		
15. Limited "Fungus", Wet Rot and Dry Rot Coverage – Direct Damage:		
a. In any one occurrence:	\$	100,000
b. Aggregate in any one policy year:	\$	250,000
16. Business Income, in any one occurrence:		
Rental Value, in any one occurrence:	\$	1,500,000
Included means, included in the Limit shown for Business Income.		
Ordinary Payroll: Excluded		
Extended Business Income or Rental Value at 60 days.		
Civil Authority 30 days.		
Ingress or Egress, in any one occurrence:	\$	25,000
Number of miles 1.		
Number of days 30.		
Ordinance or Law - Increased "Period of Restoration", in any one occurrence:	\$	250,000
Newly Acquired Premises – Time Element, in any one occurrence:	\$	500,000
Number of days 120.		
Undescribed Premises – Time Element, in any one occurrence:	\$	100,000
Claim Data Expense – Time Element, in any one occurrence:	\$	25,000
"Pollutant" Cleanup and Removal – Time Element, aggregate in any one policy year:	\$	25,000
Limited "Fungus", Wet Rot and Dry Rot Coverage – Time Element 30 days.		

The Rental Value Limit shown above is subject to the following limitation:

In no event shall liability in any one occurrence for loss of Rental Value at any one building exceed 110% of the individually stated Rental Value amount for that building shown in the latest Statement of Values or other documentation on file with the Company. If, at the time of loss, the Rental Value amounts shown on the latest Statement of Values or other documentation on file with the Company are not individually stated for each building, the Rental Value amount for each building will be developed by multiplying the reported Rental Value amount that includes the Rental Value amount for the

individual building that is damaged by the proportion that the square footage of that individual building bears to the total square footage of all buildings contemplated in that reported Rental Value amount.

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| 17. | Extra Expense, in any one occurrence: | \$ 5,000,000 |
| | Civil Authority 30 days. | |
| | Ingress or Egress, in any one occurrence: | \$ 25,000 |
| | Number of miles 1. | |
| | Number of days 30. | |
| | Ordinance or Law - Increased "Period of Restoration", in any one occurrence: | \$ 50,000 |
| | Newly Acquired Premises – Extra Expense, in any one occurrence: | \$ 50,000 |
| | Number of days 120. | |
| | Undescribed Premises – Extra Expense, in any one occurrence: | \$ 50,000 |
| | Claim Data Expense – Extra Expense, in any one occurrence: | \$ 25,000 |
| | "Pollutant" Cleanup and Removal – Extra Expense, aggregate in any one policy year: | \$ 25,000 |
| | Limited "Fungus", Wet Rot and Dry Rot Coverage – Extra Expense 30 days. | |
| 18. | Earthquake, Volcanic Eruption, Landslide and Mine Subsidence– aggregate in any one policy year, for all losses covered under this policy, commencing with the inception date of this policy: | |
| | a. Occurring in Alaska, Hawaii or Puerto Rico: | Not Covered |
| | b. Occurring in California: | Not Covered |
| | c. Occurring in High and Moderate Hazard Earthquake, Volcanic Eruption, Landslide and Mine Subsidence Areas as per MS C6 09: | Not Covered |
| | d. Occurring anywhere else in the Policy Territory: | \$ 25,000,000 |
| | If more than one Annual Aggregate Limit applies in any one occurrence, the most the Company will pay is the highest involved Annual Aggregate Limit. The most the Company will pay during each annual period is the largest of the Annual Aggregate Limits shown. | |
| 19. | Flood – aggregate in any one policy year, for all losses covered under this policy, commencing with the inception date of this policy: | |

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|----|--|---------------|
| a. | Occurring in the Policy Territory resulting from Flood to buildings, structures or property in the open within Flood Zone A or Zones prefixed A as classified under the National Flood Insurance Program or to property in or on buildings or structures located within such Flood Zones: | \$ 2,500,000 |
| b. | Occurring in the Policy Territory resulting from Flood to buildings, structures or property in the open within Flood Zone V or Zones prefixed V as classified under the National Flood Insurance Program or to property in or on buildings or structures located within such Flood Zones: | Not Covered |
| c. | Occurring in the Policy Territory resulting from Flood to buildings, structures or property in the open within Flood Zone B, Zone X (shaded) or Zone X-500 as classified under the National Flood Insurance Program or to property in or on buildings or structures located within such Flood Zones: | \$ 10,000,000 |
| d. | Occurring anywhere else in the Policy Territory: | \$ 25,000,000 |

Any loss resulting from Flood to a building, structure or property in the open which is, at the time of loss, within more than one Flood Zone will be subject to the insurance and Annual Aggregate Limit, if any, that would apply under this policy if that building, structure or property in the open was wholly located within the most hazardous of the Flood Zones, as identified in MS C2 06, in which it is located. The Flood Zone that applies to a building or structure will also apply to any property in or on such building or structure.

If, at the time of loss resulting from Flood, the community in which property is located has been suspended from the National Flood Insurance Program, the Flood Zone(s) that applied prior to the suspension will be used in determining the Flood Zone(s) that apply to the property.

If more than one Annual Aggregate Limit applies in any one occurrence, the most the Company will pay is the highest involved Annual Aggregate Limit. The most the Company will pay during each annual period is the largest of the Annual Aggregate Limits shown.

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| 20. | Boiler and Machinery (Insured's premises only): | |
| | Property Damage, in any one Accident: | Included |
| | Business Income and Rental Value, in any one Accident: | Included |
| | Extra Expense, in any one Accident: | Included |
| | Leasehold Interest, in any one Accident: | Included |

Hazardous Substance, in any one Accident:		
Ammonia Contamination:	\$	250,000
Any other substance:	\$	250,000
Water Damage, in any one Accident:		
	\$	250,000
Consequential Damage, in any one Accident:		
	\$	250,000
Included means, included in the Limit of Insurance that otherwise applies under this policy to the coverage for which included is indicated.		
Boiler and Machinery (Insured's premises only) all coverages combined, maximum in any one Accident:		
	\$	100,000,000
21. Limited Electronic Vandalism Cause of Loss Coverage, aggregate in any one policy year:	\$	50,000
22. Contractors Equipment, in any one occurrence:	\$	5,000,000
Subject to a maximum per item of:	\$	100,000
Newly Acquired Contractors Equipment, in any one occurrence:	\$	100,000
Equipment Rental Expense, in any one occurrence:		Not Covered
23. Expediting Expenses, in any one occurrence:	\$	250,000
24. Leasehold Interest, in any one occurrence:	\$	1,000,000
25. Covered Animals – Direct Damage, in any one occurrence:	\$	100,000
Subject to a maximum per animal of:	\$	15,000
26. Errors and Omissions, in any one occurrence:	\$	1,000,000
27. Utility Services – in any one occurrence:		
Utility Services, combined Direct Damage and Time Element, including Boiler and Machinery:	\$	2,500,000
28. Unscheduled Leased or Rented Contractors Equipment, as per Endorsement 2, in any one occurrence:	\$	250,000
Subject to a maximum per item of:	\$	50,000
C. DEDUCTIBLES: For application of Deductibles, refer to the Application of Deductibles conditions in the Policy Conditions, Additional Provisions and Definitions Form.		
1. To Business Income Coverage and Rental Value Coverage for which no other deductible is stated, in any one occurrence:	Hours	48
2. To Extra Expense Coverage for which no other deductible is stated, in any one occurrence:	Hours	48
3. By Earthquake, Volcanic Eruption, Landslide and Mine Subsidence, in any one occurrence:	\$	100,000

As respects Business Income, the deductible is

included in the occurrence deductible.

As respects Rental Value, the deductible is included in the occurrence deductible.

As respects Extra Expense, the deductible is included in the occurrence deductible.

4. By Flood:

- a.** Occurring within Flood Zone A or Zones prefixed A, as classified under the National Flood Insurance Program, the deductible, in any one occurrence for each building or structure and its contents separately, will be the amount recoverable under the National Flood Insurance Program when the maximum amount of insurance permitted by the National Flood Insurance Program applies, whether or not the coverage is purchased or maintained. In the event the community in which the premises are located has been suspended from the National Flood Insurance Program, each such deductible shall instead be the amount that would have been recoverable under the National Flood Insurance Program if the community had not been suspended and the maximum amount of insurance that would have been permitted by the National Flood Insurance Program applied.

In addition, the following deductible will apply to property not eligible and coverages not available under the National Flood Insurance Program that are covered under this policy, and any difference in the valuation between the policies, at each affected location, in any one occurrence:

\$ 100,000

- b.** Occurring anywhere else in the Policy Territory where Flood coverage applies, in any one occurrence:

\$ 100,000

As respects Business Income, the deductible is included in the occurrence deductible.

As respects Rental Value, the deductible is included in the occurrence deductible.

As respects Extra Expense, the deductible is included in the occurrence deductible.

Any loss resulting from Flood to a building, structure or property in the open which is, at the time of loss, within more than one Flood Zone will be subject to the Flood deductible, if any, that would apply under this policy if that building, structure or property in the open was wholly located within the most hazardous of the Flood Zones, as identified in MS C2 06, in which it is located. The Flood Zone that applies to a building or structure will also apply to any property in or on such building or structure.

If, at the time of loss resulting from Flood, the community in which property is located has been suspended from the National Flood Insurance Program, the Flood Zone(s) that applied prior to the suspension will be used in determining the Flood Zone(s) that apply to the property.

5. By "Windstorm" or Hail:

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|-----------|---|--------|-----------|
| a. | Occurring in High Hazard Wind Areas, as per MS C6 06, in any one occurrence:
Percentage applies per Unit | 5 % \$ | 1,000,000 |
| b. | Occurring anywhere else in the Policy Territory where "Windstorm" or Hail coverage applies, in any one occurrence:
Percentage applies per Unit | 3 % \$ | 1,000,000 |

As respects Business Income, any applicable percent deductible shown above applies.

As respects Business Income, if no percent deductible applies, the deductible for Business Income is included in the occurrence deductible.

As respects Rental Value, any applicable percent deductible shown above applies.

As respects Rental Value, if no percent deductible applies, the deductible for Rental Value is included in the occurrence deductible.

As respects Extra Expense, the deductible is included in the occurrence deductible.

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| 6. | By Boiler and Machinery, in any one Accident:
Applicable to Direct Damage only. | \$ | 25,000 |
| 7. | By Boiler and Machinery to Business Income and Rental Value, in any one Accident: | Hours | 48 |
| 8. | By Boiler and Machinery to Extra Expense, in any one Accident: | Hours | 48 |
| 9. | To Utility Services - Direct Damage, including Boiler and Machinery, in any one occurrence: | \$ | 25,000 |

- | | | | |
|-----|--|-------|---------|
| 10. | To Utility Services - Time Element, including Boiler and Machinery, in any one occurrence: | Hours | 72 |
| 11. | By "Water Damage", as per Endorsement 1, at each affected location, in any one occurrence: | \$ | 100,000 |
| 12. | To Covered Animals, in any one occurrence: | \$ | 5,000 |
| 13. | To any other covered loss, in any one occurrence: | \$ | 25,000 |
- D. VALUATION PROVISION:** Replacement Cost applies as per MS C5 05, except as otherwise stated within endorsement MS C5 05, within this Supplemental Coverage Declarations or elsewhere in this policy.
- E. SOLE AGENT PROVISION:** For any insurance afforded by this policy, WILLIAMSON COUNTY shall act on behalf of all Insureds with respect to the giving and receiving of notice of cancellation or nonrenewal, the payment of premiums, the receiving of return premiums, and the acceptance of any endorsement issued to form a part of this policy.
- F. PREMIUM ADJUSTMENT:** This policy will be adjusted as needed for any changes in values and premiums.
- G. ISSUING COMPANY:** The Travelers Lloyds Insurance Company (Texas Locations Only)

POLICY CHANGES

This endorsement modifies the insurance provided under this policy.

The following Deductible provision is added:

As respects any covered loss or damage caused by “water damage”, regardless of the cause of the “water damage”, the Company will not pay for loss or damage in any one occurrence until the amount of loss or damage exceeds the deductible amount shown in the Supplemental Coverage Declarations for “Water Damage”, unless a higher deductible applies to:

- a. The cause of the “water damage”;
- b. The property involved in the “water damage”; or
- c. Any coverage(s) involved in the “water damage” loss;

in which case the higher deductible will apply. The Company will then pay the amount of loss or damage in excess of the deductible up to the applicable Limit of Insurance.

This “Water Damage” deductible does not apply to any loss or damage from “water damage” that is itself caused by fire.

CONTRACTORS EQUIPMENT - CHANGES

This endorsement modifies the insurance provided under the Contractors Equipment endorsement.

The following Additional Coverage Extension is added:

Unscheduled Leased or Rented Contractors Equipment

1. The insurance provided for Contractors Equipment is extended to apply to direct physical loss or damage by a Covered Cause of Loss to Unscheduled Leased or Rented Contractors Equipment, other than newly acquired Contractors Equipment to which the Newly Acquired Contractors Equipment Additional Coverage Extension applies, that is:
 - a. Property of others leased or rented to the Insured while it is in the care, custody or control of the Insured;
 - b. Of a type similar to the Contractors Equipment described in the most recent Schedule of Contractors Equipment or other documentation on file with the Company; and
 - c. Not described in the most recent Schedule of Contractors Equipment or other documentation on file with the Company.
2. This coverage will end when one of the following first occurs:
 - a. This policy is canceled or expires;
 - b. The property is reported to the Company; or
 - c. The property is more specifically insured elsewhere.
3. The most the Company will pay for loss or damage in any one occurrence under this coverage is the Limit of Insurance specified for Unscheduled Leased or Rented Contractors Equipment shown in the Supplemental Coverage Declarations.

This is not additional insurance. Payments under this extension will not increase the Contractors Equipment Limit of Insurance.

Wind/Hail Deductible Buy-Down Coverage

AEGIS

THE FOLLOWING IS AN INSURANCE INDICATION.
NO COVER HAS BEEN GIVEN.
SUBJECT TO ACCEPTANCE BOTH SIDES

RISK DETAILS

TYPE: Deductible Buyback Insurance

NAME OF THE INSURED: **Williamson County**
and as stated or defined in the Policy/ies of the Overlying Insurers

ADDRESS OF THE INSURED: 100 Wilco Way, Suite HR101
Georgetown
TX 78626
United States of America

POLICY PERIOD: From: 01 October 2022
To: 01 October 2023
both days at the time as stated in the Policy/ies of the Overlying Insurers.

PERILS INSURED: Wind / Hail

THE PROPERTY OR INTEREST: Real and Personal Property owned, leased, used by the Insured
Time Element Coverage: Included
As defined in the Overlying Wording.

LIMIT OF THIS POLICY: This Policy shall pay the difference between the Deductible(s) of the Overlying Insurer(s) as stated below, and the Insured's Retention set forth below, subject always to the Maximum Amount Payable.

MAXIMUM AMOUNT PAYABLE UNDER THIS POLICY: USD 900,000 ,each and every occurrence

INSURED'S RETENTION: 3% per unit subject a minimum of USD 100,000 per occurrence

PROPERTY LOCATED OR CONTAINED AT: Various Locations located within the United States of America, as per schedule on file with the Insurers

**OVERLYING
POLICY
DETAILS:**

Deductible(s) for the Perils Insured by this Policy:	3% per unit subject to a minimum of USD 1,000,000
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CONDITIONS:

Wording: AEGIS Deductible Buy Down (US) - (01/2021) amended as attached.

Exclusions – Section III:

Chemical or Biological Materials – A.1.

Communicable Disease – A.2.

Cyber Loss – A.3.

Data – A.4.

Pre-Existing Damage – A.5.

Radioactive Contamination – A.6.

Terrorism – A.7.

War, Confiscation, Riot, Strike – A.8.

Sanctions – B.

60 days, 15 days for non-payment, Cancellation Clause – General Condition C.

False or Fraudulent Claim – General Condition F.

U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause – LMA 5390

**NOTIFICATION
OF CLAIMS TO:**

Amy White (Besso Limited)
2 Minster Court, London, EC3R 7PD
amy.white@besso.co.uk

NOTICES:

Data Protection Short Form Information Notice LMA9151 amended
Texas Surplus Lines Clause LMA 9079
Texas Complaints Notice LMA 9080D

**CHOICE
OF LAW
AND
JURISDICTION:**

This insurance shall be governed by the laws of the State of TX and subject to the jurisdiction of a court of competent jurisdiction within the United States

**595
BES**

Quotation Number: NQ2278448

Page 3 of 4

of America, as determined in accordance with the provisions of the Service of Suit, Condition 9 of this insurance.

Nominee for Service of Suit:

Lloyd's: Lloyd's America, Inc, Attention: Legal Department, 280 Park Avenue, East Tower, 25th Floor, New York, New York 10017

PREMIUM: USD 160,000 (100%) Annual

100% Minimum Earned Premium is deemed earned at inception.

Total Premium including Taxes/Fees: \$167,880

**PREMIUM
PAYMENT
TERMS:**

45 days from the end of the month of inception due to London Broker.

**TAXES PAYABLE
BY THE
INSURED AND
ADMINISTERED
BY INSURERS:**

None.

INFORMATION

The following Information was provided to Insurer(s) to support the assessment of the risk at the time of underwriting:

Information per Presentation which seen by Insurers.

Total Insurable Value: USD 393,692,964

Approximate breakdown of values as per Schedule contained within Submission which noted and agreed by Insurer(s).

Loss Record as seen.

Casualty Coverage

SAFETY NATIONAL

Named Insured: Williamson County, TX

We are pleased to present the following proposal for your consideration and review. This proposal is valid until the effective date indicated in this proposal.

Line of Coverage	Premium and Surcharges
General Liability Coverage	\$172,778
Commercial Automobile Liability Coverage	\$352,888
Commercial Automobile Physical Damage Coverage	\$130,886
**Public Officials Liability Coverage	\$330,356*
Excess Liability Coverage	\$103,311
Total	\$1,090,219*

*SLT&F Required: \$16,270.04

Total Premium Including Taxes/Fees: \$1,106,489.04

Optional TRIA Coverage: (excluded in pricing above)

Line of Coverage	Premium and Surcharges
GL TRIA	\$1,279
Excess TRIA	\$2,066

Indicated premiums are based on all quoted lines of coverage being bound according to the terms and conditions included within Safety National's proposal. With the exception of Surplus Lines, the taxes, surcharges, assessments and other program costs are included within the premium for each line of coverage offered by Safety National Casualty Corporation®. Premiums are fully earned when bound.

** These coverages are offered by Safety Specialty Insurance Company®, a Surplus Lines Carrier. Premium does not include any surplus lines taxes and fees. Filing, collection and remittance of all Surplus Lines taxes and fees will be your responsibility.

Safety National® may consider providing revised or additional quote options for individual lines of coverage subject to further underwriting review and approval.

Unless otherwise noted, all references in this proposal to policy coverage parts and forms, depicts the product offering of Safety National. These may deviate from the coverage requests or wording contained within the Producer Specifications or other portions of the account submission.

Any deviations from this proposal must be approved and authorized by Safety National, in writing.

For additional information on the products and services proudly provided by Safety National, please visit our website: www.safetynational.com.

Commercial General Liability Proposal
Safety National Casualty Corporation
A.M. Best Rating A++ XV
Self-Insured Retention Program



Named Insured Williamson County, TX
 Effective Date 10/1/2022
 Expiration Date 10/1/2023

CGL Coverage Form (CG 00 01)

Limits of Liability

General Aggregate Limit	\$4,000,000 Other than Prod/Comp Ops
Products/Completed Operations Aggregate Limit	\$4,000,000
Each Occurrence Limit	\$2,000,000 Combined BI & PD
Personal and Advertising Injury Limit	\$2,000,000 Any One Person or Org
Damages to Premises Rented to You Limit	\$500,000 including Fire Damage Legal

Employee Benefits Liability Coverage

Limits of Liability

Claims Made Form (SNGL 054)

Aggregate Limit	\$4,000,000
Each Employee Limit	\$2,000,000
Retroactive Date	Full Prior Acts

Coverage Retention Form (SNGL 024)

Amount

ALAE Treatment

CGL - Each Occurrence	\$100,000	ALAE Within Retention Paid By Insured
Personal and Advertising Injury	\$100,000	
Damages to Premises Rented to You	\$100,000	
Employee Benefits Liability	\$100,000	

General Liability Coverages / Endorsements

Mandatory State Endorsements	As required by covered states
Total Pollution Exclusion W/ Hostile Fire Exception	CG 04 30 (TX)
Nuclear Energy Liability Exclusion	IL 00 21
Fungi or Bacteria Exclusion	CG 21 67
Silica Exclusion	CG 21 96
Asbestos Exclusion	SNGL 044
Lead Exclusion	SNGL 043
Employment Related Practices Exclusion	CG 26 39 (TX)
Law Enforcement Exclusion	CG 22 51
ERISA Exclusion	SNGL 002
Amended Definition of Bodily Injury	SNGL 004
Unintentional Failure to Disclose Hazards or Occurrences	SNGL 021
Co-Employee Exclusion Deleted	SNGL 012
Failure to Supply Exclusion	CG 22 50
Injury to Volunteer Firefighters Exclusion	CG 22 56
Deletion of Premium Audit Condition	SNGL 053
Designated Additional Insured (Broad Form)	SNGL 022
Governmental Subdivisions Endorsement	CG 24 09
Access or Disclosure of Confidential or Personal Information And Data-Related Liability Exclusion	CG 21 07
Employee Benefits Liability Coverage with Self-Insured Retention	SNGL 054
Coverage C- Medical Payments Exclusion	CG 21 35
Self-Insured Retention Endorsement	SNGL 024
Sexual Abuse or Molestation Coverage	Manuscript / GLM 007-2 0518
TRIA Policyholder Disclosure Notice	Per attached disclosure- Signed copy must be received prior to binding of coverage

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
(General Liability)**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended, extended, and/or re-authorized, 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 concurrence with the Secretary of State 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 80% 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. IF THE AGGREGATE INSURED LOSS FOR ALL INSURERS EXCEEDS \$100 BILLION IN A CALENDAR YEAR, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage with regard to General Liability

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$1,279.
<input checked="" type="checkbox"/>	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.

Applicant's Signature

Safety National Casualty Corporation®

Insurance Company

Insured Name

Date Signed

Commercial Auto Liability Proposal
Safety National Casualty Corporation
A.M. Best Rating A++ XV
Self-Insured Retention Program



Named Insured Williamson County, TX
Effective Date 10/1/2022
Expiration Date 10/1/2023

<u>CA Coverage Form (CA 00 01)</u>	<u>Symbol</u>	<u>Limits of Liability</u>
Auto Liability – Any One Accident	1	\$1,000,000 Combined Single Limit – Bodily Injury & Property Damage
Personal Injury Protection (PIP)		Reject Where Allowed / Minimum Where Required
Auto Medical Payments		Reject Where Allowed / Minimum Where Required
Uninsured/Underinsured Motorist (UM/UIM)		Reject Where Allowed / Minimum Where Required

<u>Physical Damage Coverage</u>	<u>Symbol</u>	<u>Limits of Liability</u>
Comprehensive Coverage	2	ACV
Collision Coverage	2	ACV

<u>Garagekeepers Liability</u>	<u>Limits of Liability</u>
Comprehensive Coverage	\$250,000 per location

<u>Coverage Retention Form (SNCA 022)</u>	<u>Amount</u>	<u>ALAE Treatment</u>
Auto Liability – Any One Accident	\$100,000	ALAE Within Retention Paid By Insured
Comprehensive Coverage	\$25,000	
Collision Coverage	\$25,000	
Garagekeepers	\$100,000	

Automobile Liability Coverages / Endorsements

Mandatory State Endorsements	As required by covered states
Self-Insured Retention Endorsement	SNCA 022
Public Entity Endorsement	SNCA 029
Broad Form Named Insured	SNCA 038
Unintentional Failure to Disclose Material Facts	SNCA 028
Unintentional Failure to Provide Notice of Accident or Loss	SNCA 030
Exclusion of Federal Employees Using Autos in Government Business	CA 04 42
Audio, Visual, & Data Electronic Equipment Coverage- Fire, Police, & Emergency Vehicles	CA 20 02
Emergency Services - Volunteer Firefighters' and Workers' Injuries Excluded	CA 20 30
Silica Exclusion	CA 23 94
Amphibious Vehicles	CA 23 97
Public Transportation Autos	CA 24 02
Hired Autos Specified as Covered Autos you Own	CA 99 16
Deletion of Premium Audit Condition	Manuscript / CAM 001 0817
Professional Services Not Covered	CA 20 18
Nuclear Energy Liability Exclusion	IL 00 21
Garagekeepers	CA 99 37
Auto Physical Damage Deductibles Applies to Fire & Lightning	Manuscript / CAM 002 0817
UM/UIM, PIP, and/or Med Pay coverage	If the insured's intent is to reject UM/UIM, PIP, and/or Med Pay coverage in states that allow total rejection and the state mandatory forms are not signed, dated and returned prior to a loss, the insured's SIR will apply to the claim, if payments are made.

Public Officials & Employment Practices Liability Proposal

Safety Specialty Insurance Company

A.M. Best Rating A++ XV

Self-Insured Retention Program



Named Insured Williamson County, TX

Effective Date 10/1/2022

Expiration Date 10/1/2023

POL/EPL Coverage Form (POEPCM 0416)

Limits of Liability

Claims Made Form

Annual Aggregate Limit	\$2,000,000
Each Wrongful Act	\$2,000,000

Coverage Retention Form (ILSIR 0716)

Amount

ALAE Treatment

Each Wrongful Act	\$100,000	ALAE Within Retention
Retroactive Date:	10/1/2021	Paid By Insured

Forms:

- Mandatory State Forms
- Non-Stacking of Limits Endorsement – Form ILNONSTACK 0416

Named Insured	Williamson County, TX
Effective Date	10/1/2022
Expiration Date	10/1/2023

Commercial Excess Coverage Form (CX 00 01) Limits of Liability

General Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$2,000,000

<u>Underlying Insurance</u>	<u>Limits of Liability</u>
-----------------------------	----------------------------

General Liability Coverage	\$2,000,000/\$4,000,000
Public Officials Liability Coverage	\$2,000,000/\$2,000,000

All underlying coverages must be bound through Safety National Casualty Corporation or Safety Specialty Insurance Company.

Exclusions:

In addition to all exclusions in the underlying Insurance, the following will also be excluded:

- | | |
|--|----------------------|
| 1.) Terrorism | CX 21 33 |
| 2.) Failure to Supply | XLM 001 / Manuscript |
| 3.) Nuclear Energy Liability Exclusion | CX 21 01 |

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
(Excess Liability)**

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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 80% 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.

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Acceptance or Rejection of Terrorism Insurance Coverage with regard to Excess Liability

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$2,066.
<input checked="" type="checkbox"/>	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.

Applicant's Signature

Safety National Casualty Corporation®

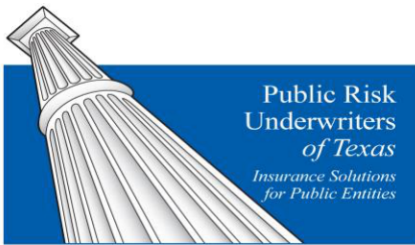
Insurance Company

Insured Name

Date Signed

Law Enforcement Liability Coverage

Q B E



LAW ENFORCEMENT LIABILITY QUOTATION

APPLICANT: Williamson County
100 Wilco Way, Suite HR101
Georgetown, TX 78626

INSURER: QBE SPECIALTY INSURANCE COMPANY
BEST RATING: A XIV
A SURPLUS LINES CARRIER

PROPOSED INCEPTION: October 1, 2022

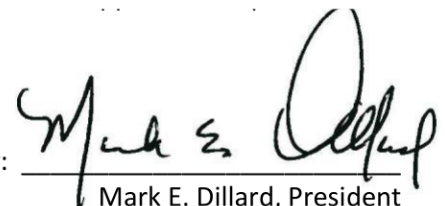
POLICY LIMITS:	SELF INSURED RETENTION:	ANNUAL PREMIUM
<u>Each Wrongful Act / Annual Agg.</u>	<u>Including LAE</u>	
\$1,750,000 / \$1,750,000	\$500,000	\$724,841

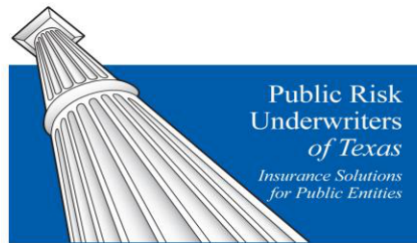
TERMS, CONDITIONS, AND SUBJECTIVITIES include but are not limited to:

**Total Premium Including
Taxes/Fees: \$760,906.66**

- \$350 Policy Fee in addition to the annual premium.
- Policy Form: QBLE-1000 (01-16)) A **CLAIMS MADE** form.
- Retroactive Date: 10/01/21
- Completed, **signed, and dated** PRU-TX application [Form: **PRU-TX LEL App (01/22)**] - prior to binding.
- Canine and handler training certification **within 30 days**.
- Trade or Economic Sanctions Endorsement (QBIL-0285 (08-14))
- Service of Process Endorsement (IL-2002 (07-22))
- Nuclear Energy Exclusion (QBLE-2044 (01-16))
- 25% Minimum Earned Premium Endorsement (QBLE-2045 (01-16))
- Line of Duty Death Endorsement (QBLE-2019 (01-16))
- Retroactive Date Endorsement (QBLE-2012 (01-16))
- Self-Insured Retention Endorsement (QBLE-2016 (04-16))
- Defense Inside the Limit Endorsement (QBLE-2017 (01-16))
- Exclusion Endorsement - Big Fish Entertainment LLC with respect to Live PD TV Series (QBLE-2005 (01-16))
- Communicable Disease Exclusion Endorsement (QBLE-2010 (10-20))
- Any Notices or Disclosures required by the state regulatory agency.

Proposal prepared by:


Mark E. Dillard, President



If there have been any material changes since the application has been signed, you must immediately report the applicable changes to Public Risk Underwriters of Texas. In the event of a difference, the policy will prevail.

This proposal is valid until 12:01 AM on October 1, 2022. If we have not received a written request to bind coverage by then, we will close our file. This proposal may not match the coverage requested. Forms and endorsements are available upon request. If you have any questions or would like alternative proposals, please contact us.

REMINDER: Only **PRU of Texas** has the authority to bind, alter, or cancel coverage on behalf of the carrier. Coverage cannot be assumed to be bound without written confirmation from an authorized representative of **PRU of Texas**.

An ERP is available for one, two, or three years for an additional fully earned premium equal to 75%, 125%, or 150%, respectively.

Excess Law Enforcement Liability Coverage

Kinsale

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)

Financial Size Category: X

QUOTE

RE: Williamson County Texas
100 Wilco Way, Suite HR101
Georgetown, TX 78626

We are pleased to offer the following quote. This quote is valid until 10/01/2022 unless extended and agreed to in writing by us. Please read carefully as the terms and conditions of coverage may differ from those requested. **THIS IS NOT A BINDER OF INSURANCE**

Company: Kinsale Insurance Company

Policy Term: 10/01/2022 - 10/01/2023

Coverage Form: Excess Casualty - Claims Made

Retro Date:Inception

Limits of Liability:

\$2,750,000 Each Occurrence

\$2,750,000 Annual Aggregate

Business Description:

Schedule of Underlying Insurance:

Law Enforcement

Carrier:	QBE Specialty Insurance Company	Each Occurrence	\$1,750,000
Policy Term:	10/01/2022 - 10/01/2023	General Aggregate	\$1,750,000
Coverage Form:	Claims Made (Retro Date: 10/01/2021)		

Premium: \$429,750

Minimum Earned Premium: 25.00%

Terrorism Premium (Optional): \$0

Total Premium: \$429,750

Company Fees: \$50

Total Amount Due: \$429,800

Premium after Taxes/Fees: \$450,967.50.

Premium is 100.00% minimum and deposit.
Company Fees, if applicable, are fully earned.

This quote is subject to the specified conditions and may be withdrawn at any time prior to acceptance and in no event will it remain open beyond the quote expiration date unless extended by us in writing. Changes in classifications, operations, exposure or risk specific information require notification to us and may result in changes to this quote. Coverage may not be bound without written confirmation from us. **Once bound, coverage may not be cancelled flat and the minimum earned premium will apply.**

Contingencies:

This Quote is subject to our receipt and acceptance of the following items:

- 1) Currently valued 5 year loss runs (valued within 30 days of the effective date)
- 2) Currently signed and dated version of the submitted application (within 30 day period prior to effective date).
- 3) Complete copies of all underlying policies within 60 days of binding coverage.
- 4) Copy of any subjectivity materials requested by the primary carrier.
- 5) Copy of primary binder

Contingency items must be submitted to a Kinsale Underwriter for favorable review prior to a bind request to confirm this quote remains valid. Quote subject to revision or withdrawal pending final review.

Exclusions and Endorsements:

PEX1000-1021 - Excess Liability Declarations

ADF9013-0419 - Notice - Where To Report A Claim

ADF9003-0122 - Kinsale Texas Important Notice

ADF4001-0110 - Schedule of Forms

PEX1001-1021 - Schedule of Underlying Insurance (FOLLOWED POLICY: Refer to Endorsement PEX2000 Policy Type: Limited to the Specified Coverage Section named below: Law Enforcement Liability)

PEX0001-1021 - Excess Follow Form Liability Insurance Policy

PEX2000-0622 - Limitation of Coverage to Specified Coverage Section of Followed Policy

PEX2002-1021 - Retroactive Date Endorsement (10/1/2022)

PEX3000-1021 - Exclusion - Prior or Pending Litigation (10/1/2022)

PEX3001-1021 - Exclusion - Pathogen and Related Hazards

PEX3006-1021 - Exclusion - Cyber-Attack

ADF9004-0110 - Signature Endorsement

ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

Workers' Compensation Coverage

BITCO

DIVIDER

PAGE

Producer No: 0006074
Pol Eff Dt: 10-01-2022

SAN: 01568810000000
Office: 10

Date Printed: 08-22-2022
Time Printed: 15:55:35

Trans Eff Dt: 10-01-2022
Insured Name: WILLIAMSON COUNTY
Quote Number: 313043-02
Policy No:
Trans Type: Renewal Quote
Oper Init: UND140
Company Abbr: BT
Release Version: 22.06

User-Selected Sets	Copies	Printer
Quote Proposal	01	PDF Only

QUOTE PROPOSAL

Item 1. Named Insured and Mailing Address

WILLIAMSON COUNTY
100 WILCO WAY
SUITE HR 101
GEORGETOWN TX 78626

Producer Name and Address

PUBLIC ENTITIES OF AMERICA, LLC
150 ROYALL ST., STE. 100; ALP1
CANTON MA 02021

Producer No. 0006074

This proposal does not bind coverage or obligate the company. This quote is valid for 1 days and subject to the following stipulations.

Item 2. Policy Period

From: 10-01-2022 To: 10-01-2023

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description:

Form of Business: MUNICIPAL

Assn No.:

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This quote consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)		Premium
Workers Compensation	\$	1,677,931.00
Total Quote Premium	\$	1,677,931.00

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
FORM PROPOSAL**

1. The Insured/ Mailing address

WILLIAMSON COUNTY
100 WILCO WAY
SUITE HR 101
GEORGETOWN TX 78626

☐ Individual ☐ Partnership
☐ Corporation or **MUNICIPAL**

2. Proposed Policy Period: The policy period is from **10-01-2022** to **10-01-2023** 12:01 A.M. Standard time.
at the Insured's mailing address.

3. Coverage:

A. Workers compensation Insurance: Part One of the policy applies to the Workers compensation Law of the states listed here:
TEXAS

B. Employers liability Insurance; Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	each employee
Bodily Injury by Disease	\$	1,000,000	policy limit

C. Other States insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT HAWAII, NEW HAMPSHIRE, NEW JERSEY, NORTH DAKOTA,
OHIO, WASHINGTON, WYOMING.

D. This policy includes these endorsements and schedules:

See schedule of forms and endorsements.

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Estimated Annual Premium	Rate Per \$100 of Remuneration	Premium Basis Total estimated Annual Remuneration	Code No.	Classifications
-----------------------------	--------------------------------------	---	-------------	-----------------

See attached schedule

\$ 1,677,931.00	Total Estimated Annual Premium	Deposit Premium	\$ 1,677,931.00	Minimum Premium	\$ 250.00
Premium Adjustment Period: ANNUAL					

Cyber & Crime Coverage

Extension - Travelers

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY EXTENSION ENDORSEMENT

This endorsement modifies the following:

CyberRisk, Government Entity Crime

It is agreed that:

The following replaces ITEM 2. of the Declarations:

ITEM 2:

POLICY PERIOD:

Inception Date: **October 01, 2021** Expiration Date: **November 01, 2022**

12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

Such extension will not provide a new, additional, or renewed limit(s) of liability.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

Issuing Company: **Travelers Casualty and Surety Company of America**
Policy Number: **107151511**

This endorsement changes the following:

CyberRisk

Policy Period Extension Endorsement

The Policy Period shown in the Declarations is extended as shown below.

Policy Period

Inception: October 01, 2021

Expiration: November 01, 2022

12:01 A.M. local time both dates at Principal Address.

Such extension does not provide a new or additional Limit of Coverage.

Issuing Company: **Travelers Casualty and Surety Company of America**

Policy Number: **107151511**

AFE-19025 Ed. 01-19

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Page 1 of 1



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Phone: (713) 877-8975 | Fax: (713) 877-8974
Mcgriff.com

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