

Safety National Casualty Corporation

WILLIAMSON COUNTY

100 WILCO WAY SUITE HR101 GEORGETOWN, TX 78626

Policy Effective Date 10/01/2023

Policy Expiration Date

We are pleased to present the following proposal for your consideration and review, which is contingent upon binding the Excess Workers' Compensation program with Safety National. This proposal is valid until the effective date indicated in this proposal.

QUOTE INFORMATION

Issuing Company: Safety National Casualty Corporation

Named Insured and WILLIAMSON COUNTY

Mailing Address: 100 WILCO WAY, SUITE HR101

GEORGETOWN, TX 78626

Policy Period: 10/01/2023

10/01/2024

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

Annual Premium: \$ 1,112,077 Terrorism (additional): \$ 1,096 \$ 1,113,173

Indicated premiums are based on all quoted Coverage Parts being bound according to the terms and conditions included within this proposal. Any taxes, surcharges, assessments and other program costs are included within the premium offered by Safety National Casualty Corporation. Please refer to the terms and conditions, as detailed within this proposal, to identify the specific program component costs associated with each of these items.

Safety National may consider providing revised or additional quote options subject to further underwriting review and approval. This proposal is valid until the effective date indicated in this proposal.

SUBJECTIVITIES

- Receipt of signed terrorism form prior to binding.
- Receipt of unmanned aircraft schedule to be covered under this program upon binding, if coverage is desired.
- It is understood that the Public Officials and Employment Practices Self-Insured Retention will increase to \$200,000 for the policy period of 10/01/24-10/01/25. Upon evaluation of the loss experience during the 24-25 renewal, this retention may increase further.

GENERAL CONTINGENCIES AND COMMENTS

| Installments/Dayment | All lines are an an ANNI IAL DAYMENT |
|------------------------|---|
| - | Compensation program with Safety National. Premiums quoted are based on all coverages offered within this proposal by Safety National and written by Safety National Casualty Corporation. |
| Coverage Contingencies | The casualty program is contingent upon also binding the Excess Workers' |
| MAP Client Services® | The attached MAP Client Services® brochure(s) describe the value of the online resources provided to Safety National policyholders. |
| A.M. Best Rating | A++ XV |

Installments/Payment Schedule

All lines are on an ANNUAL PAYMENT.

Claims Administration

TRISTAR CLAIMS MANAGEMENT SERVICES, INC. will be the Third Party Administrator. TPA fees are NOT included within the premium or costs of the quoted Safety National program.

Claims must be handled either by a licensed TPA or Self-Administered by experienced claim handlers. Safety National must approve, in writing, the Claims Administration for all

Coverage Parts prior to binding

Annual Audits

Not auditable.

Coverages and Form

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

COVERAGE HIGHLIGHTS

- Admitted Paper
- Coverage available for Automobile Liability, General Liability, Law Enforcement Liability, Public Officials And Employment Practices Liability and Educators Legal Liability And Employment Practices Liability
- Defense costs inside the Retained Limit and outside the Limits of Indemnity
- Pay on behalf insurance form
- Occurrence form with claims-made coverage available for Public Officials And Employment Practices Liability and Educators Legal Liability And Employment Practices Liability
- Who Is An Insured section tailored to exposures typical to public entities
- Blanket additional insured where required by written contract available under the General Liability and Automobile Liability Coverage Parts
- Sexual abuse coverage available
- Expanded pollution coverage for standard public exposures (hostile fire, sewer backup, water treatment operations, street and road maintenance, weed abatement or spraying, mace, tear gas or pepper spray used in law enforcement activities)
- Expanded coverage for incidental medical exposures typical to public entities

SELF-INSURED RETAINED LIMIT

| General Liability | \$ 100 | ,000 Each occurrence |
|---|----------------------------|--|
| Automobile Liability | \$ 100 | ,000 Each occurrence |
| Law Enforcement Liability | Not Cove | ered Each occurrence |
| Public Officials and Employment Practices Liability | \$ 150 | ,000_ Each wrongful act |
| Educators Legal Liability and Employment Practices Liability | Not Cove | ered_ Each wrongful act |
| LIMITS OF INDEMNITY | | |
| General Liability | | Each occurrence |
| - | \$ 500,000 \$ 4,000,000 | Damage To Premises Rented To You, any one premises General Liability Aggregate |
| <u>-</u> | | Products-Completed Operations Aggregate |
| Employee Benefits Liability | | Each employee Employee Benefits Annual Aggregate Retroactive Date: Full Prior Acts |
| Automobile Liability | \$ 1,000,000 | Each occurrence |
| Law Enforcement Liability | | Each occurrence Law Enforcement Liability Aggregate |
| Public Officials and Employment Practices Liability | | Each wrongful act Public Officials and Employment Practices |
| - | \$ 4,000,000 | Liability Aggregate Retroactive Date: 10/01/2021 |
| Educators Legal Liability and Employment Practices Liability | | Each wrongful act |
| - | | Educators Legal Liability and Employment Practices Liability Aggregate |

SCHEDULE OF FORMS AND ENDORSMENTS

| Form/Endorsement Number | Form/Endorsement Name |
|----------------------------|---|
| PEERLL 00 00 12 22 | Public Entity Excess Retained Limits Liability Insurance Policy |
| SNIL PN 001 42 0723 | Texas - Important Notice |
| PE 10 00 01 22 | Public Entity Excess Retained Limits Liability Insurance Policy Declarations |
| CP 99 03 05 19 | Commercial Policy Cover |
| PN 99 02 02 09 | Privacy Statement |
| IL P 001 01 04 | U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To |
| | Policyholders |
| IL N 001 09 03 | Fraud Statement |
| IL 10 06 12 08 | Schedule Of Forms And Endorsements |
| PE 013 00 02 22 | Employee Benefits Liability Coverage |
| PE 006 00 02 22 | Prior Acts Coverage (POL/EPL) |
| PE 021 00 01 22 | Scheduled Unmanned Aircraft (to be covered upon receipt of schedule) |
| Manuscript | Failure to Supply Limitation of Coverage: \$2,000,000 per Occ / \$4,000,000 Agg |
| PEM-AL 001 | Garagekeepers Liability Coverage: \$250,000 limit with \$100,000 comp/coll deductible |

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE (Excess Liability)

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended, extended, and/or reauthorized, 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 THUS BE REDUCED.

| Acceptance or Rejection of Terrorism Insurance Coverage with regard to Excess Liability | | | |
|---|---|--|--|
| | I hereby elect to purchase terrorism coverage for a prospective premium of \$1,096. | | |
| | 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 Signat | Safety National Casualty Corporation® ture Insurance Company | | |
| Insured Name | | | |
| Date Signed | | | |