

PREMIUM SUMMARY

Presented By:

Illinois Counties Risk Management Trust

Named Insured:

Cortland, Town of

Quote Number:

R3-1001066-2324-01

Policy Year:

DEC 01, 2023 - DEC 01, 2024

Coverage Parts

General Liability

Law Enforcement Liability

Auto

Public Officials Liability - Claims Made

Property

Inland Marine

Equipment Breakdown

Sales Tax Interruption

Crime

Cyber Liability

Excess Liability

Package Premium

Workers' Compensation

Total Annual Premium

Premium

Included

Included

Included

Included

Included

Included

Included

Not Covered

Included

Not Covered

Included

\$76,249

Not Covered

\$76,249



Government Crime Proposal

Option 1

Policy Period:

Inception Date: 12/31/2023 Expiration Date: 12/31/2026

Insuring Agreements / Limits of Insurance / Deductible:

<u>Insuring Agreement:</u>	<u>Limits of Insurance</u>	<u>Deductibles</u>
1. Employee Theft – Per Loss Coverage	\$1,000,000	\$5,000
2. Employee Theft – Per Employee Coverage	N/A	N/A
3. Forgery Or Alteration	\$100,000	\$1,000
4. Inside The Premises – Theft Of Money And Securities	\$100,000	\$1,000
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$100,000	\$1,000
6. Outside The Premises	\$100,000	\$1,000
7. Computer And Funds Transfer Fraud	\$1,000,000	\$5,000
8. Money Orders And Counterfeit Money	N/A	N/A

Insuring Agreements / Limits of Insurance / Deductible added by endorsement:

<u>Insuring Agreement:</u>	<u>Limits of Insurance</u>	<u>Deductibles</u>
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Premium and Tax Year 1:	Premium:	\$1,355.00
	Surcharges/Taxes:	
	Total:	\$1,355.00
Premium and Tax Year 2:	Premium:	\$1,355.00
	Total:	\$1,355.00
Premium and Tax Year 3:	Premium:	\$1,355.00
	Total:	\$1,355.00

Forms and Endorsements Applicable to this Government Crime Policy:

<u>Form No.</u>	<u>Ed. Date</u>	<u>Title</u>
CR DS 04	08 13	Government Crime Declarations
SIG-1100	11 17	Signature Page
CR 00 26	11 15	Government Crime Policy (Discovery Form)
CR 02 02	01 18	Illinois Changes
CR 25 08	10 10	Include Specified Non-Compensated Officers as Employees
CR 25 19	08 13	Faithful Performance of Duty
181-1802	02 22	Exclude False Pretenses
181-1806	02 22	Exclude Cyber Extortion CW
181-1836	10 20	Delete Exclusions for Bonded Employee, Treasurer And Tax Collector
181-1844	02 22	Difference in Conditions with Prior Policy
181-1851	02 22	Amend Computer And Funds Transfer Fraud Insuring Agreement

Titles and headings in this proposal are solely for convenience and form no part of the terms and conditions of coverage. Please read all forms and endorsements carefully.

Terms And Conditions

This quotation is expressly subject to the conditions listed below. If such conditions are not met or information is not received as required, and approved by us upon such receipt, this quotation will automatically expire without further action or notice.

This quotation is valid for 30 days from this letter or the effective date quoted whichever is sooner. If between the date of this quotation and the effective date of the policy, there is a significant change in the condition of the applicant or an occurrence of an event which could substantially change the underwriting evaluation of the applicant, then, at the sole discretion of the Allmerica Financial Benefit Company this quotation may be withdrawn or modified. In the event of any conflict or ambiguity between the proposed Policy and any statements made concerning this coverage, the proposed Policy shall control.

This proposal does not apply to the extent that trade or economic sanctions laws or other laws or regulations prohibit us from offering or providing insurance. To the extent that any such prohibitions apply, this proposal is void ab initio.

www.hanover.com
Allmerica Financial Benefit Company
440 Lincoln Street, Worcester, MA 01653

Executive Risk Quote Form
Town of Cortland
Effective Date: 12/14/2023

Minimizing 

Limits and Retentions

Item	Expiring - CFC	Renewing - CFC
Cyber Limits/Retention	\$2M/\$5k	\$2M/\$5k
Cyber Retro Date	Full Prior Acts	Full Prior Acts
Premium	\$4,221	\$3,610

Cyber

Item	Expiring - CFC	Renewing - CFC
Aggregate Limit	\$2M	\$2M
Network Information Security & Employee Privacy Limit	Included	Included
Communication and Media Liability Limit	Included	Included
Regulatory Defense Expense Limit	Included	Included
Business Interruption and Business Income Expense	Included	Included
Business Interruption Waiting Period	8 hours	8 hours
Dependent Business Interruption	Included	Included
Business Interruption Systems Failure	Included	Included
Dependent Business Interruption Systems Failure	Included	Included
Data Recovery Costs	Included	Included
Cyber Extortion	Included	Included
Cyber Breach Response Expenses	Included (outside the limit)	Included (outside the limit)
Crisis Management Expense Limit	Included (outside the limit)	Included (outside the limit)
Forensic Expenses	Included (outside the limit)	Included (outside the limit)
Forensic - Choice of firm	Panel	Panel
PCI	Included	Included
Reputational Harm Coverage	Included	Included
Telecomm Theft	\$100k/\$5k	\$100k/\$5k
Phishing Attacks - Client Phishing/Invoice Manipulation	\$50k/\$5k	\$50k/\$5k
Unauthorized Use of Computer Resources (Cryptojacking)	\$100k/\$5k	\$100k/\$5k
Funds Transfer Fraud Limit	\$100k/\$5k	\$100k/\$5k
Social Engineering	\$100k/\$5k	\$100k/\$5k
Cyber Terrorism	Included	Included
Choice of Counsel	Carrier	Carrier
Defense	Duty to defend	Duty to defend
Settlement- Hammer Clause	80/20	80/20
Change in Exposure	20%	20%
Extended Reporting Period	1yr-100%/2yr-150%/3yr-200%	1yr-100%/2yr-150%/3yr-200%
Premium	\$4,221	\$3,610

This list is not intended to be all inclusive, and you should review your policy for additional or different exclusionary language.

Proposal Disclaimer:

The coverages represented in this proposal are summaries of important elements of the actual insurance programs and coverages being procured. The policies, as issued by the carriers, will contain complete details of the coverage, and therefore, supersede this proposal. At your request, copies of all policies being presented herein are available for review prior to purchasing these coverages. The proposal is based on limits of insurance and exposure bases that were provided to us by you.

Subjectivities

CFC - Signed version of the application form submitted, dated within 30 days of the required inception date. (14 days post binding)

Internal

Agency Bill or Direct Bill
Payment Plan

Agency Bill
In Full



Envision Healthcare HRA Fee Schedule

Set-up Fee (one time).....	\$575.00
CMS Reporting-	\$100.00 annually per group
Plan Change -.....	As determined by Envision (not less than \$100)
2nd Year Renewal Meeting (Voluntary)-.....	\$250.00 plus travel expenses (per location)

All HRA plans administered by Envision include:

- Plan document creation and maintenance
- Setup of participant records and claim system programing
- Employee confirmation statements
- Daily HRA claim adjudication
- Claims received via fax, email, or mail.
- Checks mailed bi-weekly and directly to providers
- On-line account access for both client and member
- Consulting with updates on government legislation
- Toll-free customer service line

HRA Fees Per Member Per Month

Employer Direct reporting- BCBS submits claims directly to Envision Healthcare for claims processing, Envision applies claims to the claims system funding formula and sends a report to the employer so that they may reimburse on 15th or 30th..... **\$5.50 pepm without direct deposit**

Employee Direct payment- BCBS submits claims directly to Envision Healthcare for claims processing, Envision applies claims to the claims system funding formula and sends a report to the employer 3 banking days prior to ACH of funds taking place or 6 days before checks/ direct deposits leave our office. Employees are reimbursed for medical claims on the closest business day to the 15th or 30th**Starting at \$7.00pepm***

Provider Direct payment - BCBS submits claims directly to Envision Healthcare for claims processing, Envision applies claims to the claims system funding formula and sends a report to the employer for elligible payments approximately 3 banking days prior to ACH of funds taking place. Providers are reimbursed for medical claims on the closest business day to 15th or 30th**Starting at \$9.00pepm**

*pricing may require direct deposit participating if reimbursing the members directly

Envision Healthcare, Inc.

P.O. Box 5047 • Oak Brook, IL 60523

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