



February 28, 2024

**RE: Benefit Plan:** CITY OF CARTERSVILLE  
PO BOX 1390  
CARTERSVILLE, GA 30120-1390

**Insurance Representative:** Watkins Insurance  
PO Box 1179  
CARTERSVILLE, GA 30120

**Expiring Policy Number:** 107607869

**Policy Period:** March 28, 2024 to March 28, 2025

On behalf of **Travelers Casualty and Surety Company of America** we are pleased to provide the attached proposal of insurance for your review.

The quotes contained in this document are valid until the expiration of your current policy, and are subject to the provision of, and Travelers' review and acceptance of, the required underwriting information noted in the Contingencies section. Travelers reserves the right to change the quotes in this document, or to refuse to bind coverage entirely, based on review of the required underwriting information or based on adverse change in the risk(s) to be insured prior to the quote expiration date noted in this document.

Please note that we require a response to this document prior to expiration of the Insured's current policy in order to facilitate policy renewal. The insured's current policy will expire and not be renewed in the absence of a request, and Travelers' agreement, to bind coverage.

Travelers is pleased to offer Risk Management PLUS+ Online<sup>®</sup>, the industry's most comprehensive program for mitigating your management liability exposures, which is available to you at no additional cost. Please visit [www.rmplusonline.com](http://www.rmplusonline.com) to view the services that are available. If you have additional questions about the site please contact your Underwriter.

Travelers Casualty and Surety Company of America, a subsidiary of The Travelers Companies, Inc., has consistently earned high ratings for financial strength and claims-paying ability from independent rating services, including a current A.M. Best rating of A++\*. Founded in 1853, The Travelers Companies, Inc. is a Fortune 500 company, a component of the Dow Jones Industrial Average, and a leading provider of property casualty insurance for businesses.

Thank you for considering Travelers for your client's insurance coverages. We look forward to discussing this opportunity with you.

\*A.M. Best's rating of A++ applies to Travelers Casualty and Surety Company of America as well as to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a listing of companies rated by A.M. Best and other rating services visit [www.travelers.com](http://www.travelers.com). Ratings listed herein are as of July 2023, are used with permission, and are subject to changes by the rating services. For the latest rating, access [www.ambest.com](http://www.ambest.com).

**Travelers Casualty and Surety Company of America**  
**QUOTE OPTION #1**

**LIABILITY COVERAGES:**

Coverage	Limit	Additional Defense Limit	Retention	Continuity Date	Prior & Pending Proceeding Date
Designated Benefit Plan Fiduciary Liability	\$2,000,000 for all Claims	N/A	\$5,000(A) for each Claim under Insuring Agreement A	09/21/2015	09/21/2015

**TOTAL ANNUAL PREMIUM - \$11,891.00**

(Other term options listed below, if available)

**COVERAGE DETAILS:**

Settlement Program Limit of Liability: \$250,000 for each **Settlement Program Notice**, which amount is included within, and not in addition to, any applicable Designated Benefit Plan Fiduciary limit of liability

HIPAA Limit of Liability: \$1,500,000 which amount is included within, and not in addition to, any applicable Designated Benefit Plan Fiduciary limit of liability

502(c) Penalties Limit of Liability: \$250,000 which amount is included within, and not in addition to, any applicable Designated Benefit Plan Fiduciary limit of liability

**EXTENDED REPORTING PERIOD AND RUN-OFF:**

Extended Reporting Period for Liability Coverages:

Additional Premium Percentage: 75%  
 Additional Months: 12

Run-Off Extended Reporting Period for Liability Coverages:

Additional Premium Percentage: N/A  
 Additional Months: N/A

**CLAIM DEFENSE FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE, LIABILITY COVERAGES AND/OR CYBER COVERAGE:**

Duty to Defend

**ANNUAL REINSTATEMENT:**

Liability Coverage Limit of Liability: N/A

**PREMIUM DETAIL:**

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$11,891.00	\$0.00	\$0.00	\$11,891.00	\$11,891.00

**POLICY FORMS APPLICABLE TO QUOTE OPTION # 1:**

DBP-15001-1112 Designated Benefit Plan Fiduciary Liability Coverage Declarations  
 DBP-16001-1112 Designated Benefit Plan Fiduciary Liability Coverage

**ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 1:**

AFE-19029-0719 Cap On Losses From Certified Acts Of Terrorism Endorsement  
 AFE-19030-0920 Federal Terrorism Risk Insurance Act Disclosure Endorsement  
 DBP-17010-1112 Georgia Changes Endorsement