

**Sirius America Insurance
Company
140 Broadway
New York, NY 10005**

APPLICATION FOR LIMITED BENEFIT HEALTH INSURANCE

Part I Proposed Policyholder

a. Full Legal Name of Proposed Policyholder

Effingham County Board of Commissioners

b. Address

601 North Laurel Street, Springfield, Georgia 31329

c. Proposed Policyholder is A correctional facility or authority of a state, county or municipality, or a management company providing health services to inmates

d. Requested Effective Date October 1, 2022

Policy will become effective on the Requested Effective Date only if (a) all required information is provided and (b) Sirius America has received the initial premium on or before that date.

e. Who will be insured? *Please check each category that applies*

- 1. Eligible Persons during Pursuit
- 2. Eligible Persons in Custody of a correctional facility of a state, county or municipality
- 3. Eligible Persons Incarcerated in a correctional facility of a state, county or municipality

Part II Plan of Insurance and Premium Calculation

a. Plan of Benefits

- 1. Maximum Benefit per Covered Inmate Per Policy Year \$ 300,000
- 2. Maximum Benefit for injuries sustained during Pursuit \$ Included Above to a Max of \$250,000
- 3. Policy Aggregate Maximum per Policy Year \$ 1,200,000
- 4. Deductible Per Covered Inmate Per Policy Year \$ 30,000

b. Premium Calculation

- 1. Rate Per Covered Inmate per month \$ 10.65
- 2. Number of Covered Inmates on the Policy Effective Date 187
- 3. Initial Premium \$ 23,898.60

Part III Acknowledgements and Signatures

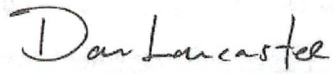
- a. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

- b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of Sirius America will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of Sirius America, and (d) only those persons eligible under the terms of an issued policy will be insured.

Dated at _____ on the 29th day of September, 2022



Signed for the **Proposed Policyholder**



Signed by **Licensed Agent**

Title County Manager

Agent License Number 2953125