

AMWINS

BROKERAGE

4725 Piedmont Row Drive, Suite 600
Charlotte, North Carolina 28210
Tel: 704-943-2008 FAX: 704-943-9015

Broker: AssuredPartners NL, LLC	Quotation Issued: 10/24/2025
Attention: Lyndon McKee	Quotation Expiration Date: 12/31/2025
New Business: Renewal: X	

*We are pleased to offer the following Quotation subject to the rates and conditions as detailed below. **Please review this Quotation and all policy forms carefully. A Request to Bind indicates acceptance of all the terms as quoted.***

PROSPECT NAME:	City of Kingsport, TN	
MAILING ADDRESS:	225 West Center Street, Kingsport, TN 37660	
LOCATION OF RISK:	Tennessee	
INSURER:	Midwest Employers Casualty	LICENSING: Admitted (A+ XV)

COVERAGE PERIOD: Effective Date: 1/1/2026

Expiration Date: 1/1/2028

COVERAGE: Specific Excess and Aggregate Workers Compensation/Employers Liability

POLICY LIMIT: **Coverage A:** Statutory **Coverage B:** \$1,000,000 / \$1,000,000

SIR: \$750,000

AGGREGATE:

- **Aggregate Limit:** \$1,000,000
- **Rate as a % of Normal Premium:** 223.79%
- **Estimated Aggregate Retention:** \$3,850,517
- **Minimum Aggregate Retention:** \$3,773,507
- **Aggregate Loss Limitation:** \$500,000

RATE: \$0.139 per \$100 of payroll estimated at \$118,683,000

POLICY PREMIUM: \$329,938 Payable in two annual installments of **\$164,969**

MINIMUM PREMIUM: \$296,945

** Please note this policy will be subject to audit upon expiration based on final payroll. The audit may generate an additional premium or return premium subject to minimum premium. **

TERMS & CONDITIONS:

- MEC must be notified of any aircraft changes occurring during the policy period.

ENDORSEMENTS:

- CMB-11 Amendment to Schedule Item 11
- CMB-199 Policyholder Disclosure Notice of Terrorism Insurance
- ISI-254-EXC Aircraft Exclusion
- ISI-260 Authorized Volunteers
- ISI-TN Tennessee
- CMB-187 Two Year Policy Short Rate Table
- ISI-285 More Than One Premium Adjustment

Forms applicable are subject in all respects to the terms, conditions, and limitations of the policy/certificate in current use by the Insurer, unless otherwise specified.

COMMISSION: 15%

TO BIND: Please provide the following in order to bind coverage:

- A properly executed written **Order to Bind**.

POLICY PAYMENT TERMS: Total policy cost due 20 days from inception unless indicated otherwise. Payment on your brokerage check is required. Checks should be made payable to Amwins Insurance Brokerage and submitted to the address indicated on your invoice. **NO FLAT CANCELLATION PERMITTED.** If the Total Policy Cost is not paid within 20 days of inception, a request will be made of the Insurer to cancel the insurance outlined in this Quotation.

CANCELLATION: Once bound, this Coverage CANNOT BE CANCELLED FLAT. In the event of cancellation by the Prospect/Insured, earned premium will be calculated short-rate subject to any applicable minimum premium, terms, and conditions. If cancelled by the Insurer, earned premium will be calculated pro-rata.

Note to Brokers: Please note that this quote is based on the information received from you and includes only the coverage listed. Pricing and terms are subject to change pending carrier review and approval. Please do not assume coverage, values, limits, or any other terms not listed. This Quotation may reflect different and/or reduced coverage and/or limits from your original request or the expiring policy(ies). Policy forms, including endorsements, are available at your request. It is your responsibility to review these documents on behalf of your Prospect. Amwins Insurance Brokerage makes no warranties or representations that the coverage, values, limits or any other terms and conditions are adequate or otherwise appropriate to your Prospect's needs. You agree herein that your company is acting as Agent/Broker on behalf of your Prospect and, therefore, accept professional responsibility for the recommendation and implementation of all coverage to which this Quotation applies.

Quoted by: John Cooper
Date: October 24, 2025
Amwins Insurance Brokerage
4725 Piedmont Row Drive, Suite 600
Charlotte, North Carolina 28210

ORDER TO BIND

Named Insured: _____

Agency/Brokerage Response: [] Yes, please **BIND** as quoted, effective: _____

Agency Representative Printed Name: _____ Date: _____