



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: Joey Stafford/ 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:	The Gray Insurance Company	LICENSING: Admitted (A- IX)

COVERAGE PERIOD: Effective Date: 1/1/2026

Expiration Date: 1/1/2027

COVERAGE: Specific Excess Workers Compensation/Employers Liability

Option 1

INSURER'S LIMIT OF LIABILITY:	
Each accident or each employee for disease	
For Workers' Compensation	\$250,000.00
For Employers' Liability	\$250,000.00
<u>In Excess of an Ultimate Net Loss of:</u>	Excess Of
INSURED'S RETENTION:	
Each accident or each employee for disease	
For Workers' Compensation	\$500,000.00
For Employers' Liability	\$500,000.00
Rate (per \$100 Total Gross Payroll)	\$0.05463
Estimated Annual Total Payroll	\$118,683,000
Estimated Annual and Deposit Premium	\$64,837
Annual Minimum Premium	\$55,100

TERMS & CONDITIONS:

- Please note that the above indications are separate and cannot be combined without prior approval. Coverage shall be subject to the terms and conditions contained in our policy.
- This quote includes a rate guarantee for the 2027-2028 policy period.

Type of Insurance: Excess Insurance for Self-Insurer of Workers' Compensation and Employer's Liability

Basis of Acceptance: Excess of Loss

Effective Date: Coverage shall take effect at 12:01 A.M. Local Standard Time at the Insured's address shown above and on the date indicated above.

Exclusions:

- United States Longshore and Harbor Workers' Compensation Act (and any amendments thereto)
- Outer Continental Shelf Lands Act
- Defense Base Act
- Jones Act (Merchant Marine Act of 1920 and any amendments thereto)
- Death on the High Seas Act
- Migrant and Seasonal Agricultural Worker Protection Act
- Federal Employers Liability Act
- Federal Coal Mine and Safety Act
- Non-appropriated Fund Instrumentalities Act

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: 10%

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

- A properly executed written **Order to Bind**. (See Below)

** 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. **

POLICY PAYMENT TERMS: Total policy cost due 20 days from inception unless indicated otherwise. 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: _____