AMWINS BROKERAGE

Amwins Brokerage of the Midwest, LLC
10 S. LaSalle Street
Suite 2000
Chicago, IL 60603

*amwins.com*

May 5, 2022

Jeremy Diller
Harding-Conley-Drawert-Tinch Insurance Agency
2161 NW Military Highway
Suite 210
San Antonio, TX 78213

RE: City of Richwood

## PROPERTY QUOTATION

Dear Jeremy:

Please find the attached revised property quotation for City of Richwood. Here is a summary of the terms and conditions:

| | |
|---|---|
| INSURED: | City of Richwood |
| MAILING ADDRESS: | 1800 N. Brazosport Blvd.<br>Richwood, TX 77531 |
| CARRIER: | Certain Underwriters at Lloyd's, London (Non-Admitted) |
| PROPOSED POLICY PERIOD: | From 5/10/2022 to 5/10/2023<br>12:01 A.M. Standard Time at the Mailing Address shown above |
| QUOTE EXPIRATION DATE: | See attached carrier quote |

POLICY PREMIUM:

| | |
|---|---|
| Premium | $46,325.00 |
| Fees | $2,100.00 |
| Surplus Lines Taxes and Fees | $2,384.93 |
| **Total** | **$50,809.93** |

| | |
|---|---|
| TRIA OPTIONS: | TRIPRA can be purchased for an additional premium of $2,316 plus applicable taxes and fees. Signed acceptance/rejection required at binding. |
| MINIMUM EARNED PREMIUM: | 35% |

-

| | |
|---|---|
| SUBJECTIVITIES: | See attached carrier quote |
| COMMENTS: | See attached carrier quote |

## SURPLUS LINES TAX SUMMARY

HOME STATE: Texas

## FEES:

| Fee | Taxable | Amount |
|---|---|---|
| Amwins Service Fee | Yes | $1,500.00 |
| Market Inspection Fee | Yes | $600.00 |
| **Total Fees** | | **$2,100.00** |

## SURPLUS LINES TAX CALCULATION:

| State | Description | Taxable Premium | Taxable Fee | Tax Basis | Rate | Tax |
|---|---|---|---|---|---|---|
| Texas | Surplus Lines Tax | $46,325.00 | $2,100.00 | $48,425.00 | 4.850% | $2,348.61 |
| | Stamping Fee | $46,325.00 | $2,100.00 | $48,425.00 | 0.075% | $36.32 |
| **Total Surplus Lines Taxes and Fees** | | | | | | **$2,384.93** |

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

**Anita Piotrowski**
Senior Associate Broker | Amwins Brokerage of the Midwest, LLC
**T** 312.601.9300 | anita.piotrowski@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

**Tom Ear**
Senior Vice President | Amwins Brokerage of the Midwest, LLC
**T** 312.601.9303 | **F** 312.601.9301 | tom.ear@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

In California: Amwins Brokerage of the Midwest Insurance Services, LLC | License 0F56578

# SURPLUS LINES DISCLOSURE

**Texas**

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462 Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Licensee Name: _____

## Texas Complaints Notice

### Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

**AmRisc, LLC**

To get information or file a complaint with your insurance company or HMO:

**Call: Complaints Department at 252-247-8760**

**Toll-free: 877-284-4900**

Online: www.AmRISC.com

Email: Complaints@AmRISC.com

Mail: AmRISC, LLC
Complaints Department
20405 State Highway 249, Suite 430
Houston, TX 77070

**The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

LMA9080D

06 January 2020

## TEXAS SURPLUS LINES NOTICE

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85% percent tax on gross premium.

LMA9079
September 1, 2013

**Named Insured:** City of Richwood
**Account Number:** 959667
**RN of Acct Number:** 860115
**Quote Id :** 391433
**Date/Time:** 5/5/2022 12:54 PM
**Term:** 5/10/2022 - 5/10/2023
**Valid Until:** 5/6/2022

Waypoint WHOLESALE
An AmRisc Company

# Quote

**To:** Anita Piotrowski
Amwins Brokerage Chicago IL
anita.piotrowski@amwins.com
708-203-3983

| | | | |
|---|---|---|---|
| **Named Insured:** | City of Richwood | **Effective Date:** | 5/10/2022 |
| | | **Expiration Date:** | 5/10/2023 |
| **Mailing Address:** | 1800 N Brazosport Blvd<br>Richwood , TX 77531 | **Valid until:** | 5/6/2022 |

**IF THIS ACCOUNT INCEPTS DURING HURRICANE SEASON, THIS QUOTE EXPIRES ON 5/6/2022**

This Quote is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Quote carefully with your insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the insured any differences between the terms shown in this Quote and those terms requested in your original submission or shown in your Certificates of insurance or produced binder.

The Quote is based on the information submitted on the property App-SOV. In the event there is conflicting material information between that information shown on the property App-SOV and other submitted information (Acord forms/etc). the information shown on the property App-SOV shall take precedence.

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Waypoint WHOLESALE
An AmRisc Company

| | | |
|---|---|---|
| **Mailing Address:** | | 1800 N Brazosport Blvd<br>Richwood,TX 77531 |
| **Values($):** | Building | 4,764,505 |
| | Contents/BPP | 443,000 |
| | Other | 335,000 |
| | BI/EE | 250,000 |
| **Sum of TIV($):** | | **5,792,505** |
| **Valuation:** | Coinsurance: | N/A |
| | Limitation, TE: | 1/12th monthly |
| | Valuation, PD: | RCV |
| | Valuation, TE: | ALS |
| **Perils Covered:** | | Wind & Hail Only |
| **Limits of Liability:** | | Limits of Liability: (as per schedule, NOT blanket) |
| **Total Limits of Liability:** | | $5,792,505 (100.00 %) part of $5,792,505 excess of "deductible" |

**Deductibles:** (Deductibles are Per Occurrence unless stated otherwise)

| | |
|---|---|
| NS Wind/Hail | 2.00% minimum $50,000 |
| AO Wind/Hail | $50,000 |

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**Premium($):**

| | |
|---|---|
| Premium: | 46,325.00 |
| **Subtotal:** | **46,325.00** |

**Taxes & Fees($):**

Producer is responsible for collection/payment of State taxes & related fees

| | |
|---|---|
| Inspection Fee: | 600.00 |
| **Total($):** | **46,925.00** |

**Additional options:**

Additional options listed below are not included in the above premium or tax summary, and additional charges may apply if purchased.

| | |
|---|---|
| TRIPRA($): | 2,316.00 |

| | |
|---|---|
| **Minimum Earned Premium:** | 35% |
| **Term Rate (Reference Only):** | $0.800 |

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Waypoint WHOLESALE
An AmRisc Company

# Terms and Conditions

## Specific Terms and Conditions

Percent deductibles are per occurrence, per Location.

Coverage explicitly excludes all Flood including but not limited to Flood during windstorm events.

Limits are as per Schedule by Building, NOT blanket.

Roof coverings to be ACV if originally installed or last fully replaced prior to 2010

Coverage excludes all loss or damage directly or indirectly caused by any Named Storm in existence at time of written request to bind or inception of any new or additional exposure.

Terrorism (T3), if offered, is as per Schedule per Occurrence to the lesser of TIV or $100,000,000. T3 and EBD, if offered, premium is included in the total premium.

Compass Policy Section II. A. "Covered Causes of Loss" is deleted in its entirety and replaced with the following:

II. A. COVERED CAUSES OF LOSS: This Policy insures against all direct physical loss or damage to Covered Property for the perils of Windstorm and Hail Only, except as excluded.

Business Income and Extra Expense are limited to 1/12th monthly.

## Standard Terms and Conditions

Any Additional or Return premium under $500 shall be waived, except for new perils or coverages added.

This quote is subject to acceptance both sides with NO COVER GIVEN.

Severe cancellation penalties apply to CAT exposed property.

## Information due at binding OR within 30 days of inception:

Signed Property Application/SOV (AR APP), Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)

Signed TRIA Disclosure Notice(s)

To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

# Extensions and Sublimits

**Form Type (unless otherwise identified):**

Compass

**Standard Endorsements**

Exclusion of Certified Acts of Terrorism (AR TRIA EXCL 02 15)

Standard forms/endts, avail upon req.

| Extensions and Sublimits | Program Sublimits |
|---|---|
| Earth Movement per occ & ann aggr for all Locations combined; subject to: | Not Covered |
| Earth Movement per occ & ann aggr: CA, AK & HI | Not Covered |
| Earth Movement per occ & ann aggr: OR & WA | Not Covered |
| Earth Movement per occ & ann aggr: New Madrid | Not Covered |
| Flood, per occ & ann aggr for all Locations combined; subject to: | Not Covered |
| Flood, per occ & ann aggr: Zones A & V | Not Covered |
| Accounts Receivable | $100,000 |
| Civil or Military Authority, the lesser of | 30 days max $100,000 |
| Contingent Time Element; the lesser of | 60 days max $100,000 |
| Contractors Equipment; unscheduled: owned, leased, rented or borrowed | $50,000 |
| Any One Item | $10,000 |
| Course of Construction | $100,000 |
| Course of Construction Soft Costs | $10,000 |
| Debris Removal; the lesser of | 25% / $5,000,000 |
| Electronic Data and Media | $50,000 |
| Errors or Omissions | $25,000 |
| Extended Period of Indemnity | 90 days |
| **Extra Expense/Expediting Expense** | **As Per Schedule** |
| Fine Arts | $50,000 |
| Fire Brigade Charges | $25,000 |
| Fungus, Molds, Mildew, Spores, Yeast (per occ/ann aggr) | $15,000 |
| Ingress/Egress | 30 days max $50,000 |
| Leasehold Interest | $25,000 |
| Limited Pollution Coverage (Annual Aggregate) | $25,000 |
| Lock Replacement | $25,000 |
| Miscellaneous Unnamed Locations | $25,000 |
| Newly Acquired Property | 60 days max $1,000,000 |
| Ordinance or Law: | |
| Coverage A: | Incl in Bldg Limit |
| Coverage B: | 10% per bldg, max $1M per occ |
| Coverage C: | Included with Coverage B |
| Coverage D: | Incl in the TE, if cov'd |

| | |
|---|---|
| Coverage E | Included in the Building Limit |
| Ordinary Payroll | 30 days |
| Plants, lawns, trees or shrubs | $10,000 |
| Any one plant, lawn, tree or shrub | $1,000 |
| Professional Fees (Annual Aggregate) | $10,000 |
| Reclaiming, restoring or repairing land improvements | $10,000 |
| Reward Reimbursement | $10,000 |
| Royalties | $10,000 |
| Service Interruption (72 hr qualifying period) | $50,000 |
| Spoilage | $10,000 |
| Time Element Monthly Limitation | 1/12th monthly |
| Transit | $25,000 |
| Underground pipes,flues & drains | $25,000 |
| Valuable Papers and Records | $100,000 |

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# Carrier Participation

| **Carrier** (May change at binding) | **AM Best / S&P** |
|---|---|
| Certain Underwriters at Lloyds (Lloyds) | A XV / A+ |
| Indian Harbor Insurance Company (IndianH) | A+ XV / A+ |
| QBE Specialty Insurance Co. (QBE) | A XV / A+ |
| Steadfast Insurance Company (Steadfast) | A+ XV / AA- |
| United Specialty Insurance Company (USI) | A X / na |
| Lexington Insurance Company (LEX) | A XV / A+ |
| HDI Global Specialty SE (HAN) | A XV/A+ |
| Old Republic Union Insurance Company (ORU) | A+ XV / A+ |
| GeoVera Specialty Insurance Company (GVS) | A VIII/na |
| Transverse Specialty Insurance Company (TSIC) | A-VIII/na |
| National Fire & Marine Insurance Company (NFM) | A++ XV |
| Spinnaker Specialty Insurance Company (SPI) | A- VIII |

Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

Quote Id : 391433

# *Property Application and Statement of Values*

Waypoint WHOLESALE
An AmRisc Company

Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be completed, signed and returned for underwriter's review and acceptance within 30 days of inception. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so please return as soon as possible.

**Named Insured:** City of Richwood **Account ID:** 959667

**Mailing Address:** 1800 N Brazosport Blvd, Richwood, TX 77531

| Loc/Bldg No. | Address | City | State | Zip | Building Area (Sq. ft) | % Automatic Sprinklers | Original Year Built | ISO Const. (1 to 6) | No. Of Buildings | Initial each Section |
|---|---|---|---|---|---|---|---|---|---|---|
| | As per schedule on file with Waypoint Wholesale, an AmRisc Company | | | | | | | | | |
| **Totals:** | | | | | 25,297 | 0% | | | 10 | |

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

| | | | | | |
|---|---|---|---|---|---|
| **Valuation:** | RCV | RCV | RCV | ALS | |
| **Coins:** | N/A | N/A | N/A | 1/12th monthly | |
| **Loc/Bldg No.** | **Building** | **Contents/BPP** | **Other** | **BI/EE** | **Loc TIV** |
| | As per schedule on file with Waypoint Wholesale, an AmRisc Company | | | | |
| **Totals:** | $4,764,505 | $443,000 | $335,000 | $250,000 | $5,792,505 |

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 5 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

**Threshold:** **$5,000**

| DOL | Description / COL | Incurred | Status (O/C) | DOL | Description / COL | Incurred | Status (O/C) |
|---|---|---|---|---|---|---|---|
| 08/25/2018 | NS Harvey | $2,913 | C | | | | |

| | | | |
|---|---|---|---|
| Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.) | No | Has any applicant been convicted of arson in the past 10 years? | No |
| Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization? | No | Any bankruptcies or tax credit liens against applicant in prior 5 years? | No |
| Does the applicant have any reason that they would not be aware of all losses for the prior 5 years? | No | Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years. | No |
| For apartments, are there any HUD managed or Section 8 developments? | No | If habitational, is there any aluminum distribution wiring? | No |

**Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.**

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The Insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

**To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.**

Applicant Printed Name Title

Producer Printed Name

Applicant Signature Date

Producer Signature Date

Quote Id : 391433

# DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

**INSURED:** **City of Richwood** **Account ID: 959667**

**LIMITS:** **As per the attached Authorization or Indication**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID
BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

| | |
|---|---|
| | I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD $2,316 |
| | I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism. |

Policyholder/Applicant's Signature

Print Name

Date

LMA9184
09 January 2020

**This notice applies to the following carriers and their respective participation quoted herein:**

Certain Underwriters at Lloyds

Indian Harbor Insurance Company

QBE Specialty Insurance Co.

Steadfast Insurance Company

United Specialty Insurance Company

Lexington Insurance Company

HDI Global Specialty SE

Old Republic Union Insurance Company

GeoVera Specialty Insurance Company

Transverse Specialty Insurance Company

National Fire & Marine Insurance Company

Spinnaker Specialty Insurance Company

Quote Id : 391433

# Flood Notice

AR FN 03 18

**If the policy issued by Waypoint Wholesale, an AmRisc Company excludes Flood, the following shall apply:**

## Flood Exclusion Acknowledgement

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does NOT provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in “Special Flood Hazard Areas” or areas subject to Flood, including Flood and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

**If the policy issued by Waypoint Wholesale, an AmRisc Company includes Flood, the following shall apply:**

## Flood Coverage

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by Waypoint Wholesale, an AmRisc Company may be cancelled or non-renewed. I have read and I understand the information above.

**Named Insured: City of Richwood**

**Account No.: 959667**

Policyholder/Applicant's Signature

Print Name

Date