



Amwins Insurance Brokerage, LLC  
10 S. LaSalle Street  
Suite 2000  
Chicago, IL 60603  
  
amwins.com

October 5, 2023

Chad Beth  
Beth & Rudnicki Insurance Agency, Inc.  
5411 E. State St., Suite 204  
Rockford, IL 61108

RE: City of Rochelle

### PROPERTY QUOTE SUMMARY

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Dear Chad:

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

**INSURED:** City of Rochelle

**MAILING ADDRESS:** 420 North 6th St.  
Rochelle, IL 61068

**CARRIER:** Landmark American Insurance Company (Non-Admitted)

**PROPOSED POLICY PERIOD:** From 9/12/2023 to 9/12/2024  
12:01 A.M. Standard Time at the Mailing Address shown above

<b>POLICY PREMIUM:</b>	Premium	\$167,000.00
	TRIA	\$8,350.00
	Fees	\$500.00
	Surplus Lines Taxes and Fees	\$7,084.00
	<b>Total</b>	<b>\$182,934.00</b>

The calculation of S/L Taxes and Fees is based upon the inclusion of TRIA premium. If TRIA is rejected, the amount of S/L Taxes and Fees will be reduced accordingly.

**TRIA FORMS:** Signed acceptance/rejection required at binding.

**MINIMUM EARNED PREMIUM:** 35%

## SURPLUS LINES TAX SUMMARY

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HOME STATE: Illinois

FEES:

Fee	Taxable	Amount
Amwins Service Fee	No	\$500.00
<b>Total Fees</b>		<b>\$500.00</b>

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Illinois	Surplus Lines Tax	\$175,350.00	\$0.00	\$175,350.00	3.500%	\$6,137.00
	Stamping Fee	\$175,350.00	\$0.00	\$175,350.00	0.040%	\$70.00
	Fire Marshal Tax	\$175,350.00	\$0.00	\$175,350.00	0.500%	\$877.00
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$7,084.00</b>

**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,

**Rich McCarthy**

Associate Broker

T 312.601.9300 | [rich.mccarthy@amwins.com](mailto:rich.mccarthy@amwins.com)

Amwins Insurance Brokerage, LLC

10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

**Joe Blakeley**

Vice President

T 312.575.9272 | M 331.238.2310 | [joe.blakeley@amwins.com](mailto:joe.blakeley@amwins.com)

Amwins Insurance Brokerage, LLC

In California: Amwins Brokerage Insurance Services | License 0F19710

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## **SURPLUS LINES DISCLOSURE**

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### **Illinois**

**Notice to Policyholder: This contract is issued, pursuant to Section 445 of the Illinois Insurance Code, by a company not authorized and licensed to transact business in Illinois and as such is not covered by the Illinois Insurance Guaranty Fund.**

**For Domestic Insurers:**

**Notice to Policyholders: This contract is issued by a domestic surplus lines insurer, as defined in section 445a of the Illinois Insurance Code, pursuant to section 445 and as such is not covered by the Illinois Insurance Guaranty Fund.**



**RSUI Group, Inc.**  
945 East Paces Ferry Road  
Suite 1800  
Atlanta, GA 30326-1160  
(404) 231-2366

October 05, 2023

**RE: Property Quote**

**Submission Number:** 504182  
**Company:** Landmark American Insurance Company  
(A.M. Best rating: A++ XIV and S&P rating: AA+)  
**Coverage:** Property  
**Insured:** City of Rochelle / Rochelle IL  
Rochelle, IL  
**Policy Dates:** October 06, 2023 - October 06, 2024  
**Property Limits:** \$2,500,000 Per Occurrence, subject to conditions of the Scheduled Limit of Liability form  
**Valuation:** Replacement Cost  
Actual Cash Value on Roofs 10 Years Old or Older at Time of Loss  
Excluding Cosmetic Damage to Roof Surfacing  
**Total Insured Value:** \$29,837,000 per Statement of Values on file with Company submitted 10/04/2023  
**Coverages:**

- Building
- Personal Property

**Perils:** Special Excluding Flood & Earth Movement

- Excluding Earth Movement Sprinkler Leakage
- Excluding Mechanical Breakdown

**Form:** ISO Forms – Current to 2017 Versions  
**Deductible:** **All Covered Perils** - \$100,000 Per Occurrence (Property Damage), *except*  
**Windstorm or Hail** - 2.00% Per Location, subject to a minimum of \$100,000 per occurrence (Property Damage)  
**Remarks:** Quote subject to receipt of signed Declaration of No Losses.

THE PREMIUM AMOUNT DOES NOT INCLUDE SURPLUS LINES TAX.  
YOUR OFFICE IS RESPONSIBLE FOR THE COLLECTION AND FILINGS.

**Policy Attachments**

- Appraisal Clause Amendment
- Asbestos Exclusion
- Cyber, Electronic Data and Systems Exclusion
- Exclusion - Marijuana
- Exclusion of Pathogenic or Poisonous Biological or Chemical Materials
- Limitations on Coverage for Roof Surfacing
- Scheduled Limit Of Liability
- Windstorm or Hail Loss Conditions

**Premium Amount**

<b>Premium:</b>	<b>\$167,000.00</b>
<b>Terrorism Premium:</b>	<b>\$8,350.00</b>
<b>Gross Premium:</b>	<b>\$175,350.00</b>
<b>Minimum Earned Premium:</b>	<b>35.00%</b>

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission.

This Quote is valid until 10/06/2023.

We greatly appreciate your business.

