

## **INSURANCE SPECIFICATIONS AND PROPOSAL FORMS FOR:**

### Parts:

- I. COMMERCIAL GENERAL LIABILITY
- II. BUSINESS AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE
- III. LAW ENFORCEMENT OFFICERS LIABILITY
- IV. PUBLIC OFFICIALS LIABILITY
- V. PROPERTY INSURANCE
- VI. COMMERCIAL CRIME COVERAGE FOR GOVERNMENTAL ENTITIES
- VII. POLLUTION LIABILITY (STORAGE TANK LIABILITY)
- VIII. CYBER LIABILITY
- IX. AIRPORT LIABILITY
- X. MEDICAL PROFESSIONAL LIABILITY

**PART I**  
**INSURANCE SPECIFICATIONS**  
**COMMERCIAL GENERAL LIABILITY**  
(Complete & Return with Proposal Response)

COVERAGES AND LIMITS

Coverage

General Aggregate	\$ 400,000 Combined Single Limit
Deductible	\$ 1,000
Employee Benefits Liability	\$ 3,000,000 Aggregate   \$1,000,000 Each Wrongful Act

COVERAGE CLARIFICATIONS:

1. 2007 ISO Commercial General Liability or equivalent filing.
2. Coverage may be combined with Law Enforcement Liability, monoline, or Texas Commercial Package Policy.
3. There should be no personal injury exclusion for offenses related to employment.
4. The definition of personal injury be extended to include mental injury, discrimination, shock, humiliation, invasion of a private occupancy.
5. Notice of Occurrence: Failure of an agent, servant or employee of the insured to notify the company of an occurrence of which he has knowledge, shall not invalidate the insurance afforded by this policy as respects a named insured.
6. The Persons Insured provision should include any elected or appointed official, member of the governing body, or volunteers.
7. There should be no exclusion for the X-C-U hazards.
8. Any exclusion of coverage as respects injury to fellow employees is to be deleted.
9. Automatic waiver of subrogation when the insured is required by contract to waive his right of subrogation.
10. Employee Benefit Liability Protection coverage should be applicable to "all employee benefit plans" of the County.
11. Coverage should apply to owned and non-owned watercraft.
12. Coverage for officials, officers, employees, or volunteers to include the following as respects immunity:

- a.) The insurance afforded by the policy to any official, officer, employee, or volunteer of the named insured, as a person insured, applies to the individual liability of the official, officer, employee, or volunteer without regard to any immunity of the named insured. As used herein, the term "employee" includes an individual engaged in furthering a function of the named insured pursuant to request by appropriate authority on behalf of the named insured and only while acting within the scope of such functions.
- b.) Subject to the provisions of a.) above, such insurance as is afforded by the policy does not apply to any person or organization other than the named insured or an official, officer, employee, or volunteer of the named insured.

PREMIUM COMPUTATION

1.	<u>Coverage</u>	<u>Premium</u>
	Premises/Operations	_____
	Employee Benefits Liability	_____
	Other	_____
	<u>NET Standard Premium</u>	_____
	Commission: \$ _____ or Fee \$ _____	

**OPTIONAL PREMIUM COMPUTATION:**

\$1,000,000 CSL	PREMIUM: \$ _____
\$3,000,000 CSL	PREMIUM: \$ _____

GENERAL LIABILITY – The following information is provided

- 1. Completed Application, including Exposure Checklist
- 2. Budget and Financial Information

**PROPOSAL FORM FOR  
COMMERCIAL GENERAL LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

- |   |       |
|---|-------|
| A. Commercial general liability insurance coverage  | _____ |
| B. Personal injury coverage to:   | _____ |
| 1. Include offenses related to employment   | _____ |
| 2. Include mental injury, discrimination, shock, humiliation and invasion of privacy                      | _____ |
| C. Coverage applies to X-C-U hazard   | _____ |
| D. Blanket waiver of subrogation where required by Contract   | _____ |
| E. Employee benefit liability for all county employee benefit programs                                    | _____ |
| F. Extended bodily injury provision to be amended to include property damage                              | _____ |
| G. Position on Punitive and Exemplary Damage  |       |
| 1. Policy will be silent  | _____ |
| 2. Policy will exclude  | _____ |
| 3. Policy will include affirmation of coverage  | _____ |
| H. The Persons Insured provision includes elected or appointed officials or members of the governing body | _____ |
| I. Fellow employees claims (if any) to be covered   | _____ |
| J. Supporting coverage required to write this coverage at quoted premium                                  | _____ |

If yes, please indicate which coverage(s)

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K. Notice of "occurrence" endorsement as requested in specifications

\_\_\_\_\_

L. Premium:

1. Is premium subject to audit or is it a flat guaranteed cost

\_\_\_\_\_

2. Are rates confirmed for a one year or three year term

\_\_\_\_\_

3. State payment terms available

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M. As respects coverage for officials, officers, and employees, the requested immunity provision applies

\_\_\_\_\_  
(Yes/No)

N. Ninety (90) days notice of cancellation applies

\_\_\_\_\_  
(Yes/No)

O. Coverage is written on an Occurrence Form:

Yes / No

P. Describe any other specific endorsements

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Q. All specified coverage not discussed above will be provided except as indicated below:

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R. Comments

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**PART II**  
**INSURANCE SPECIFICATIONS**  
**BUSINESS AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE**  
(Complete & Return with Proposal Response)

COVERAGE AND LIMITS

<u>Coverage</u>	<u>Limit</u>
Liability	\$1,000,000 CSL – Symbol 1
Garage Keepers	\$ 75,000 with a \$500 Deductible, subject to a \$2,500 Max
Physical Damage	Symbols 8 and 10

COVERAGE CLARIFICATIONS:

1. Policy to cover all owned, hired, leased, borrowed, and non-owned vehicles including automobiles and trucks under long term lease.
2. Automatic additional insured coverage for lessors of leased vehicles where required by the terms of the lease.
3. Deletion of fellow employee exclusion.
4. Contractual liability exclusion not to apply to "hired car" coverage.
5. Coverage to include:
  - a. Governmental Units Endorsement (TE 99 80B)
  - b. Mexico Coverage - Limited (TE 04 06B)
  - c. Mexico Tourist Coverage - Limited (TE 04 07B)
  - d. Employees as Insured (TE 99 33)
  - e. Governmental Bodies Amendatory Endorsement (TE 99 15A)
  - f. Public Entity Auto Extension Endorsement (CA T4 46)
6. Blanket Waiver of Subrogation when required by contract.
7. A ninety (90) day notice of cancellation, no renewal, or material policy change provision except for nonpayment of premium.
8. Notice of Occurrence: Failure of an agent, servant, or employee of the insured to notify the company of any occurrence of which he has knowledge, shall not invalidate the insurance afforded by this policy as respects a named insured.
9. The Person Insured provision should include any elected or appointed official, member of the governing body, or volunteers.
10. Coverage for officials, officers, and employees to include the following as respects immunity:
  - a. The insurance afforded by the policy to any official, officer, employee, or volunteer of the named insured, as a person insured, applies to the

individual liability of the official, officer, employee, or volunteer without regard to any immunity of the named insured. As used herein, the term "employee" includes the individual engaged in furthering a function of the named insured pursuant to request by appropriate authority on behalf of the named insured and only while acting within the scope of such function.

- b. Subject to the provisions of a. above, such insurance as is afforded by the policy does not apply to any person or organization other than the named insured or an official, officer, employee, or volunteer of the named insured.

11. Symbol 10: Any Owned Auto with Model Year 2014 and Newer – Physical Damage

PREMIUM COMPUTATION

\$1,000,000 CSL	\$ _____
\$ 75,000 Garagekeepers Coverage	\$ _____
Statutory Cap Limit Endorsement Included (Yes or No)	\$ _____
Hired Auto Physical Damage on an "If Any" Basis	\$ _____
Composite Rate Endorsement: Power Units: <b>224</b>	Rate: \$ _____

PHYSICAL DAMAGE

Composite Rate Endorsement Included (Yes or No) \_\_\_\_\_

Original Cost New: \_\_\_\_\_ \$1,000 Comprehensive Rate: \_\_\_\_\_

\$ 1,000 Collision Rate: \_\_\_\_\_

Commission: \$ \_\_\_\_\_ or Fee \$ \_\_\_\_\_





**PROPOSAL FORM FOR  
BUSINESS AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

- |   |                |
|---|----------------|
| A. All owned, hired, leased, borrowed, and non-owned vehicles, including vehicles under long term lease | _____          |
| B. Coverage to apply automatically to vehicles acquired during policy term                              | _____<br>_____ |
| C. Supporting lines (if any) required to write this coverage at quoted premium                          | _____          |

If yes, please indicate coverage(s)

\_\_\_\_\_  
\_\_\_\_\_

- |   |       |
|---|-------|
| D. Additional insured coverage for lessors where required by lease  | _____ |
| E. Fellow employee claims exclusion removed   | _____ |
| F. Deletion of contractual liability exclusion for the hired car exposure   | _____ |
| G. Composite Rate Endt for Liability & Physical Damage  | _____ |
| H. Coverage to Include:<br>a. Governmental Units Endorsement (TE 99 80B)<br>b. Mexico Coverage - Limited (TE 04 06B)<br>c. Mexico Tourist Coverage - Limited (TE 04 07B)<br>d. Employees as Insured (TE 99 33)<br>e. Governmental Bodies Amendatory Endorsement (TE 99 15A) | _____ |

I. Premium

- |   |       |
|---|-------|
| 1. Is premium subject to audit or is it a flat guaranteed cost? | _____ |
| 2. State payment terms available                                |       |

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J. A ninety (90) days notice of cancellation applies? \_\_\_\_\_  
(Yes/No)

K. The Persons Insured provision includes any elected or appointed officials, members of the governing body, or volunteers? \_\_\_\_\_  
(Yes/No)

L. Describe any other special endorsements

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M. All specified coverage not discussed above will be provided except as indicated below:

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N. Comments

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**PART III**

**INSURANCE SPECIFICATIONS**  
**LAW ENFORCEMENT OFFICERS LIABILITY**  
(Complete & Return with Proposal Response)

**LIMITS OF LIABILITY**

\$2,000,000 Limit / \$25,000 Deductible  
Full Prior Acts  
Includes District Judge

**COVERAGE CLARIFICATIONS**

1. Expenses and defense costs shall be in addition to the limit of liability, and shall apply to criminal as well as civil suits.
2. Punitive damages, fines and penalties should not be excluded.
3. "Occurrence" shall include acts committed to protect life or property, or in the pursuit of official duties.
4. Coverage shall include prior occurrences when such occurrences are first reported during the policy period.
5. The insured shall include all law enforcement personnel and county officials (and their heirs and legal representatives) on a blanket basis, as well as the County of Gregg.
6. Personal injury is to include: bodily injury, mental injury, anguish or shock, sickness or disease, including death or disability at any time resulting there from and resulting from the following:
  - a. False arrest, detention, or imprisonment;
  - b. Malicious prosecution;
  - c. Wrongful entry, eviction, or other invasion of the right of private occupancy;
  - d. Discrimination;
  - e. Humiliation;
  - f. The publication or utterance of a libel, slander, or other defamatory or disparaging material, or a publication or utterance in violation of an individual's Right of Privacy;
  - g. Assault and battery;
  - h. First aid;
  - i. False or improper service of process;
  - j. Violation of property rights;
  - k. Violation of civil rights.

POSITION OF CARRIER WITH REGARD TO THE FOLLOWING:

1. Punitive damages. \_\_\_\_\_
2. Moonlighting: \_\_\_\_\_
3. Suits for injunctive relief regarding jail conditions. \_\_\_\_\_  
\_\_\_\_\_
4. Lawyers Professional Liability or the prosecutorial function.  
\_\_\_\_\_  
\_\_\_\_\_
5. Who will handle the defense of any claims that might be brought against the County?  
\_\_\_\_\_
6. Does the law firm have experience with these types of suits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRICING EXHIBIT

<u>Limit</u>	DEDUCTIBLE	<u>Premium</u>
\$ 2,000,000	\$ _____	\$ _____
Commission: \$ _____		or Fee \$ _____

**PROPOSAL FORM FOR  
LAW ENFORCEMENT OFFICERS LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

- |   |       |
|---|-------|
| A. Expenses and defense costs are in addition to the limit of liability, and apply to criminal as well as civil suits   | _____ |
| B. Punitive damages, fines, and penalties are covered   | _____ |
| C. Included are occurrences committed to protect life or property, or in the pursuit of official duties   | _____ |
| D. Prior occurrences when such occurrences are first reported during the policy period  | _____ |
| E. The insured includes all law enforcement personnel (and their heirs and legal representatives) on a blanket basis, as well as the County of Gregg                          | _____ |
| F. Personal Injury includes:  |       |
| 1. False arrest, detention, or imprisonment   | _____ |
| 2. Malicious prosecution  | _____ |
| 3. Wrongful entry, eviction, or other invasion or the right of private occupancy  | _____ |
| 4. Discrimination   | _____ |
| 5. Humiliation  | _____ |
| 6. The publication or utterance of a libel, slander or other defamatory or disparaging material, or publication or utterance in violation of an individual's right of privacy | _____ |
| 7. Assault and battery  | _____ |
| 8. First Aid  | _____ |
| 9. False or improper service of process   | _____ |

Indicate  
Yes or No

10. Violation of property rights \_\_\_\_\_
11. Violation of civil rights \_\_\_\_\_
- G. Coverage applies to the vicarious liability of County officials, elected or appointed \_\_\_\_\_
- H. Coverage is applicable to services performed under Mutual Aid contracts \_\_\_\_\_
- I. Coverage for injury to an individual in the custody of law enforcement officials \_\_\_\_\_
- J. Premium:
1. Is premium subject to audit or is it a flat guaranteed cost? \_\_\_\_\_
2. Can quoted coverage be written for a one year or a three year term? \_\_\_\_\_
3. State payment terms available \_\_\_\_\_
- K. Ninety (90) days notice of cancellation applies \_\_\_\_\_
- L. The Persons Insured provision includes any elected or appointed officials, members of the governing body, or volunteers \_\_\_\_\_
- M. Coverage is Written on an Occurrence Form Yes / No
- N. Describe any other special endorsements : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- O. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_  
\_\_\_\_\_
- P. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_  
\_\_\_\_\_
- Q. Comments: \_\_\_\_\_

**PART IV**  
**INSURANCE SPECIFICATIONS**  
**PUBLIC OFFICIALS LIABILITY**  
(Complete & Return with Proposal Response)

**LIMITS OF LIABILITY**

\$2,000,000 Limit / \$25,000 Deductible  
Full Prior Acts

**NAMED INSURED**

County of Gregg  
Longview, Texas

Should also include:

1. This coverage should apply to individuals who now are, will be, or were elected or appointed public officials of the County.
2. All boards and commissions
3. Employees of the County
4. Heirs, estates, executors, administrators, legal representatives and assigns of all the above in the event to death or bankruptcy.
5. Volunteer workers
6. Employment Practice Liability

**COVERAGE FORM**

1. Please indicate approach used in proposed form, "occurrence" or "claims made". If an occurrence form is quoted, we desire full Prior Acts coverage. If a claims made policy is proposed, there should be no retroactive date.

**COVERAGE CLARIFICATION:**

1. Liability arising from actual or alleged negligence, errors or omissions, breaches of duty, misfeasance, malfeasance, and nonfeasance of any insured.
2. Damages for violation of civil rights.
3. Claims against attorney, architect, engineer, or accountant while acting within the scope of his professional duties.
4. Claims due to dismissal or demotion or other employment practices.
5. Liability arising out of Mutual Aid agreements.

6. Expenses and defense costs should be in addition to the limit liability.
7. Provide a ninety (90) day notice of cancellation, material policy change or intent not to renew.
  
8. Punitive damages where not prohibited by law.

PRICING EXHIBIT

<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>
2,000,000/2,000,000	\$25,000	\$ _____
Commission: \$ _____ or Fee \$ _____		



**PROPOSAL FORM FOR  
PUBLIC OFFICIALS LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. PREMIUM

1. Is premium subject to audit or is it a flat cost? \_\_\_\_\_

2. Can quoted coverage be written for a one year or a three year term? \_\_\_\_\_

B. Ninety (90) days notice of cancellation applies Yes / No

C. Coverage is written on an Occurrence Form Yes / No

D. Describe any other specific endorsements

\_\_\_\_\_  
\_\_\_\_\_

E. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_  
\_\_\_\_\_

F. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_  
\_\_\_\_\_

G. Comments

\_\_\_\_\_  
\_\_\_\_\_

**PART V**  
**INSURANCE SPECIFICATIONS**  
**PROPERTY INSURANCE (Buildings & Contents)**  
(Complete & Return with Proposal Response)

LOCATIONS AND VALUES

See Exhibit and Specifications

COVERAGE CLARIFICATIONS:

1. "All Risk" Building/Contents
2. Coverage may be written monoline
3. Provide Replacement Cost for buildings and contents
4. Attach an Agreed Amount Clause endorsement. If not, provide a letter indicating you have reviewed the values and that they meet the co-insurance requirements with no penalty.
5. Provide a ninety (90) day notice of cancellation, no renewal or any material change in coverage.
6. See attached schedule for limits on accounts receivable, valuable papers, business interruption, and extra expense per location.

PREMIUM COMPUTATION

1.	<u>Coverage</u>	Deductible	<u>Premium</u>
	Building/Contents:	\$ _____	\$ _____
	Commission: \$ _____	or Fee \$ _____	

**Property Schedule**  
**Equipment Schedule**

**PROPOSAL FORM FOR  
PROPERTY INSURANCE (Buildings and Contents)**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. "All Risk" buildings and contents \_\_\_\_\_

B. \$\_\_\_\_\_ deductible \_\_\_\_\_

C. Replacement Cost buildings and contents \_\_\_\_\_

D. Agreed Amount clause \_\_\_\_\_

E. Ninety (90) days notice of cancellation \_\_\_\_\_

F. Meets or Exceeds Required Limits per Specifications \_\_\_\_\_

G. Extra Expense \_\_\_\_\_

H. Valuable Papers \_\_\_\_\_

I. Premium:

1. Provide Rate per \$100 of Value: \$ \_\_\_\_\_

J. Describe any other specific endorsements

\_\_\_\_\_

K. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_

L. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_

M. Comments

\_\_\_\_\_

**PART VI**  
**INSURANCE SPECIFICATIONS**  
**CONTRACTOR'S EQUIPMENT FLOATER**  
(Complete & Return with Proposal Response)

EQUIPMENT SCHEDULE (Please refer to Exhibit for the equipment schedule.)

COVERAGE CLARIFICATIONS

1. Equipment is owned by the County of Gregg. Include coverage for:
  - a. All owned equipment on a blanket basis
  - b. All non-owned equipment. The County may rent equipment to use for maintenance or other operations. Provided blanket coverage on the above equipment, on an annual reporting-of-value basis with no co-insurance provisions.
2. All Risk" of direct physical loss or damage for any cause except as excluded. Attach a copy of your contract which will outline the conditions and exclusions that will be applicable.
3. Provide coverage on a Replacement Cost basis with no co-insurance clause applicable.
4. New acquisitions of owned and non-owned equipment are to be automatically covered subject to a maximum of \$250,000
5. The current valuation of equipment owned by the County of Gregg: See Attached.

PREMIUM COMPUTATIONS

Owned Equipment

<u>Deductible</u>	<u>Annual Premium</u>
\$ 5,000 per occurrence	_____
_____ Deductible	_____

Non-owned Equipment

<u>Deductible</u>	<u>Annual Premium</u>
\$ 5,000 per occurrence	_____
_____ Deductible	_____

Commission: \$ \_\_\_\_\_ or Fee \$ \_\_\_\_\_

**PROPOSAL FORM FOR  
CONTRACTOR'S EQUIPMENT FLOATER**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. "All Risk" \_\_\_\_\_

B. Scheduled Values \_\_\_\_\_

C. Replacement cost with no co-insurance \_\_\_\_\_

D. New acquisitions of owned or non-owned equipment  
automatically covered subject to a maximum of  
\$250,000 \_\_\_\_\_

E. Premium:

1. Can quoted coverage be written for a one year  
or a three year term \_\_\_\_\_

2. Provide Rate per \$100 of Value: \$ \_\_\_\_\_

F. Describe any other specific endorsements  
\_\_\_\_\_  
\_\_\_\_\_

G. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_  
\_\_\_\_\_

H. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_  
\_\_\_\_\_

I. Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VII  
INSURANCE SPECIFICATIONS  
EQUIPMENT**

(Complete & Return with Proposal Response)

EQUIPMENT SCHEDULE

Please refer to Exhibit for the equipment schedule.

COVERAGE CLARIFICATIONS

1. Equipment is owned by the County of Gregg. Include coverage for:
  - a. All owned equipment on a blanket basis.
  - I. "All Risk" of direct physical loss or damage for any cause except as excluded. Attached a copy of your contract which will outline the conditions and exclusions that will be applicable.
  - II. Provide coverage on a Replacement Cost basis.
  - III. New acquisitions are to be automatically covered.
  - IV. The current valuation of equipment owned by the County of Gregg is:
    - A. Communications Equipment: See Exhibit
    - B. Computer Equipment: See ExhibitTo include:

Transit	\$250,000
Temporary Location	\$250,000
Media	\$100,000 Blanket
Extra Expenses	\$500,000 Blanket

PREMIUM COMPUTATIONS

Owned Equipment

<u>Deductible</u>	<u>Annual Premium</u>
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\$ 5,000 per occurrence	_____
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_____ Deductible	_____
------------------	-------

Commission: \$ \_\_\_\_\_ or Fee \$ \_\_\_\_\_

**PROPOSAL FORM FOR  
EQUIPMENT**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. "All Risk" \_\_\_\_\_

B. Blanket \_\_\_\_\_

C. Replacement Cost \_\_\_\_\_

D. New acquisitions of owned or non-owned  
equipment automatically covered subject  
to a maximum of \$250,000 \_\_\_\_\_

E. Transit \$250,000 \_\_\_\_\_

F. Temporary Location - \$20,000 \_\_\_\_\_

G. Media - \$100,000 Blanket \_\_\_\_\_

H. Extra Expense - \$500,000 Blanket \_\_\_\_\_

I. Mechanical Breakdown \_\_\_\_\_

J. Premium:  
Provide Rate per \$100 of Value: \$\_\_\_\_\_

K. Describe any other specific endorsements  
\_\_\_\_\_

L. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_  
\_\_\_\_\_

M. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_

N. Comments  
\_\_\_\_\_

**PART VIII**  
**INSURANCE SPECIFICATIONS**  
**BOILER & MACHINERY**  
(Complete & Return with Proposal Response)

A. The County requests comprehensive equipment coverage including production machines.

B. Limit per accident: \$100,000,000

C. Coverage Limits of:

Off Premise Service Interruption	\$1,000,000
Extra Expense	\$1,000,000
Additional Expediting Expense	\$ 100,000
Water Damage	\$ 100,000
Ammonia Contamination	\$ 100,000
Hazardous Substance Removal	\$ 100,000
Consequential Damage	

D. Coverage Clarifications  
Loss Adjustment Agreement  
Automatic Coverage at newly acquired locations

E. Deductible - \$ 5,000 per occurrence

F. Premium Computations

Commission: \$ \_\_\_\_\_ or Fee \$ \_\_\_\_\_



**PROPOSAL FORM FOR  
BOILER & MACHINERY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. Comprehensive Equipment Coverage \_\_\_\_\_

B. Off-premises service interruption \_\_\_\_\_

C. Extra Expense \_\_\_\_\_

D. Additional Expediting \_\_\_\_\_

E. Water Damage \_\_\_\_\_

F. Ammonia Contamination \_\_\_\_\_

G. Hazardous Substance Removal \_\_\_\_\_

H. Consequential Damage \_\_\_\_\_

I. Loss Adjustment Agreement \_\_\_\_\_

J. Automatic coverage at newly acquired locations \_\_\_\_\_

K. Premium:  
Provide Rate per \$100 of Value: \$\_\_\_\_\_

L. Describe any other specific endorsements  
\_\_\_\_\_

M. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_

N. Comments  
\_\_\_\_\_

\_\_\_\_\_

**PART IX**  
**INSURANCE SPECIFICATIONS**  
**COMMERCIAL CRIME COVERAGE FOR GOVERNMENTAL ENTITIES**  
(Complete & Return with Proposal Response)

A. COVERAGE AND LIMITS

	<u>Limit</u>	<u>Deductible</u>
Form P – Public Employee Dishonesty – Per employee coverage (includes faithful performance)	\$600,000	\$ 6,000
Form B – Forgery or Alternation	\$ 600,000	\$ 6,000
Form C – Theft disappearance and destruction – outside premises Section 1 Money and Securities only	\$ 600,000	\$ 6,000
Form C – Theft disappearance and destruction – outside premises Section 2 Money and Securities only	\$ 600,000	\$ 6,000
Computer Crime	\$ 600,000	\$ 6,000
Funds Transfer Fraud	\$ 600,000	\$ 6,000
Social Engineering Fraud	\$ 600,000	\$ 6,000

Premium Computation

Premium \_\_\_\_\_

Commission: \$ \_\_\_\_\_

or Fee \$ \_\_\_\_\_

**PROPOSAL FORM FOR  
COMMERCIAL CRIME COVERAGE FOR GOVERNMENTAL ENTITIES**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. PREMIUM

1. Is premium subject to audit or is it a flat cost? \_\_\_\_\_

B. Ninety (90) days notice of cancellation applies \_\_\_\_\_  
(Yes/No)

C. Describe any other specific endorsements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_  
\_\_\_\_\_

E. All specified coverage not discussed above will be provided except as indicated below:

\_\_\_\_\_  
\_\_\_\_\_

F. Comments

\_\_\_\_\_

**PART X.**



**PROPOSAL FORM FOR  
AIRPORT LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

- |  |       |
|--|-------|
| A. Airport liability insurance coverage                                      | _____ |
| B. Hangarkeepers Liability   | _____ |
| C. Blanket waiver of subrogation where required by Contract                  | _____ |
| D. Extended bodily injury provision to be amended to include property damage | _____ |
| E. Position on Punitive and Exemplary Damage                                 |       |
| 1. Policy will be silent   | _____ |
| 2. Policy will exclude   | _____ |
| 3. Policy will include affirmation of coverage                               | _____ |
| F. Supporting coverage required to write this coverage at quoted premium     | _____ |

If yes, please indicate which coverage(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Premium:

- |  |       |
|--|-------|
| 1. Is premium subject to audit or is it a flat guaranteed cost | _____ |
| 2. Are rates confirmed for a one year or three year term       | _____ |

3. State payment terms available

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G. Ninety (90) days notice of cancellation applies                       
(Yes/No)

H. Coverage is written on an Occurrence Form: Yes / No

I. Describe any other specific endorsements  

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J. All specified coverage not discussed above will be provided except as indicated below:  

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K. Comments  

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**PART XI.**  
**INSURANCE SPECIFICATIONS**  
**POLLUTION LIABILITY**  
(Complete & Return with Proposal Response)

COVERAGES AND LIMITS

Covered Storage Tank Systems Clean Up Costs & Third Party Liability

General Aggregate	\$ 2,000,000
Coverage A & B	\$ 1,000,000
Defense Coverage	\$ 1,000,000

Deductible: \$25,000 Per Claim

COVERAGE CLARIFICATIONS:

TANK SCHEDULE ATTACHED

PREMIUM COMPUTATION

1.	<u>Coverage</u>	<u>Premium</u>
	Storage Tank Liability	\$ _____
	Commission: \$ _____	or Fee \$ _____

**PROPOSAL FORM FOR  
STORAGE TANK LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

A. Position on Punitive and Exemplary Damage

1. Policy will be silent \_\_\_\_\_

2. Policy will exclude \_\_\_\_\_

3. Policy will include affirmation of  
coverage \_\_\_\_\_

B Supporting coverage required to write this coverage  
at quoted premium \_\_\_\_\_

If yes, please indicate which coverage(s)  
\_\_\_\_\_

C. Premium:

1. Is premium subject to audit or is it a flat  
guaranteed cost \_\_\_\_\_

2. Are rates confirmed for a one year  
or three year term \_\_\_\_\_

3. State payment terms available  
\_\_\_\_\_

D. Describe any other specific endorsements \_\_\_\_\_

E. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_

F. Comments  
\_\_\_\_\_



**PART XII.**  
**INSURANCE SPECIFICATIONS**  
**MEDICAL PROFESSIONAL (CLINIC) LIABILITY**  
(Complete & Return with Proposal Response)

COVERAGES AND LIMITS

Coverage

Miscellaneous Medical Professional Liability	\$ 1,000,000
Sexual Abuse & Molestation	\$ 250,000
HIPAA – Each Event / Aggregate	\$ 250,000
Subpoena Assistance – Each Event	\$ 5,000
Reimbursement of Lost Wages	\$ 5,000
Patient Property Damage	\$ 1,000
Deductible:	\$2,500 Per Claim

COVERAGE CLARIFICATIONS:

1. Retro-Active Date: 10/01/1989
2. Blanket Clinic Liability
  1. Preference that Scheduled Physicians is not required
  2. Gregg County and Gregg County Health Department and Employees .
5. Notice of Occurrence: Failure of an agent, servant or employee of the insured to notify the company of an occurrence of which he has knowledge, shall not invalidate the insurance afforded by this policy as respects a named insured.
6. The Persons Insured provision should include any elected or appointed official, member of the governing body, or volunteers.
7. There should be no exclusion for the X-C-U hazards.
8. Any exclusion of coverage as respects injury to fellow employees is to be deleted.
9. Automatic waiver of subrogation when the insured is required by contract to waive his right of subrogation.
10. Outpatient Medical Clinic for Jail

11. Coverage for officials, officers, employees, or volunteers to include the following as respects immunity:

- a.) The insurance afforded by the policy to any official, officer, employee, or volunteer of the named insured, as a person insured, applies to the individual liability of the official, officer, employee, or volunteer without regard to any immunity of the named insured. As used herein, the term "employee" includes an individual engaged in furthering a function of the named insured pursuant to request by appropriate authority on behalf of the named insured and only while acting within the scope of such functions.
- b.) Subject to the provisions of a.) above, such insurance as is afforded by the policy does not apply to any person or organization other than the named insured or an official, officer, employee, or volunteer of the named insured.

PREMIUM COMPUTATION

<u>1. Coverage</u>	<u>Premium</u>
Medical Professional Liability	_____
Includes Premises Liability	_____
Includes Nurses Professional Liability	_____
<u>NET</u> Standard Premium	_____
Commission: \$ _____	or Fee \$ _____

**PROPOSAL FORM FOR  
MEDICAL PROFESSIONAL LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

- |  |       |
|--|-------|
| A. Medical Professional liability insurance coverage   | _____ |
| B. Premises Liability Coverage included:   | _____ |
| C. Nurses Professional Liability Coverage Included:  | _____ |
| D. Blanket waiver of subrogation where required by Contract  | _____ |
| E. Position on Punitive and Exemplary Damage   |       |
| 1. Policy will be silent   | _____ |
| 2. Policy will exclude   | _____ |
| 3. Policy will include affirmation of coverage   | _____ |
| H. The Person's Insured provision includes elected or appointed officials or members of the governing body | _____ |
| I. Fellow employees claims (if any) to be covered  | _____ |
| J. Supporting coverage required to write this coverage at quoted premium                                   | _____ |

If yes, please indicate which coverage(s)

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K. Premium:

- 1. Is premium subject to audit or is it a flat guaranteed cost \_\_\_\_\_
- 2. Are rates confirmed for a one year or three year term \_\_\_\_\_
- 3. State payment terms available \_\_\_\_\_

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M. As respects coverage for officials, officers, and employees, the requested immunity provision applies \_\_\_\_\_  
(Yes/No)

N. Ninety (90) days notice of cancellation applies \_\_\_\_\_  
(Yes/No)

O. Retro Active Date or Full Prior Acts Coverage: Yes / No

P. Describe any other specific endorsements  
\_\_\_\_\_  
\_\_\_\_\_

Q. All specified coverage not discussed above will be provided except as indicated below:  
\_\_\_\_\_  
\_\_\_\_\_  
—  
\_\_\_\_\_

R. Comments  
\_\_\_\_\_  
\_\_\_\_\_

**PART XII.**  
**INSURANCE SPECIFICATIONS**  
**CYBER LIABILITY**  
(Complete & Return with Proposal Response)

**COVERAGES AND LIMITS**

**Coverage**

Network & Information Security Liability	\$ 1,000,000
Communications & Media Liability	\$ 1,000,000
Security Breach Notification & Remediation Expense	\$ 50,000
Crisis Management Expense Services	\$ 50,000
Computer Fraud	\$ 1,000,000
Funds Transfer Fraud	\$ 1,000,000
Telecommunications Theft	\$ 1,000,000
Business Interruption & Additional Expenses	\$ 1,000,000

**COVERAGE CLARIFICATIONS:**

1. Retro-Active Date: 10/01/2011
2. Notice of Occurrence: Failure of an agent, servant or employee of the insured to notify the company of an occurrence of which he has knowledge, shall not invalidate the insurance afforded by this policy as respects a named insured.
3. The Persons Insured provision should include any elected or appointed official, members of the governing body, employees, and/or volunteers.

**PREMIUM COMPUTATION**

1. <u>Coverage</u>	<u>Premium</u>
Cyber Liability Package Coverage:	\$ _____
Commission: \$ _____	or Fee \$ _____

**PROPOSAL FORM FOR  
CYBER LIABILITY**

AGENT \_\_\_\_\_

PROPOSED INSURER \_\_\_\_\_

CURRENT BEST'S RATING \_\_\_\_\_

Included in this proposal is coverage for:

Indicate  
Yes or No

- |  |  |       |
|--|--|-------|
| A. Cyber liability insurance coverage  |  | _____ |
| B. Position on Punitive and Exemplary Damage   |  |       |
| 1. Policy will be silent   |  | _____ |
| 2. Policy will exclude   |  | _____ |
| 3. Policy will include affirmation of coverage   |  | _____ |
| C. The Person's Insured provision includes elected or appointed officials or members of the governing body |  | _____ |
| D. Supporting coverage required to write this coverage at quoted premium                                   |  | _____ |

If yes, please indicate which coverage(s)

E. Premium: \_\_\_\_\_

- |  |  |       |
|--|--|-------|
| 1. Is premium subject to audit or is it a flat guaranteed cost |  | _____ |
| 2. Are rates confirmed for a one year or three year term       |  | _____ |

As respects coverage for officials, officers, and employees, the requested immunity provision applies \_\_\_\_\_  
(Yes/No)

G. Ninety (90) days notice of cancellation applies \_\_\_\_\_  
(Yes/No)

H. Retro Active Date or Full Prior Acts Coverage: Yes / No

I. Describe any other specific endorsements

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J. All specified coverage not discussed above will be provided except as indicated below:

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K. Comments

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**2.8 PREMIUM SUMMARY:**

AGENCY: \_\_\_\_\_

I. COMPREHENSIVE GENERAL LIABILITY \$ \_\_\_\_\_

II. COMMERCIAL AUTOMOBILE \$ \_\_\_\_\_

AUTOMOBILE PHYSICAL DAMAGE

\$ COMPOSITE RATE \$ \_\_\_\_\_

III. LAW ENFORCEMENT OFFICERS LIABILITY \$ \_\_\_\_\_

IV. PUBLIC OFFICIALS LIABILITY \$ \_\_\_\_\_

V. PROPERTY INSURANCE

\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

VI. CONTRACTORS EQUIPMENT FLOATER

\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

VII. ELECTRONIC DATA PROCESSING

\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

VII. BOILER & MACHINERY

\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

IX. COMMERCIAL CRIME

\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

X: AIRPORT LIABILITY

\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

XI. STORAGE TANK LIABILITY \$ \_\_\_\_\_

XII. MEDICAL PROFESSIONAL LIABILITY \$ \_\_\_\_\_

XIII. CYBER LIABILITY \$ \_\_\_\_\_

**TOTAL PROPOSED PREMIUM:** \$ \_\_\_\_\_