### PREMIUM RECAPITULATION RECOMMENDED OPTION Page 1 of 3 REVISED 9/18/2017

	Annual Premium	<u>Check</u> <u>Accept</u>	Option Reject
Flood – Excluding Storm Surge (Lloyds of London)	\$150,000.00		
Broker Fee	\$35.00		
Total	\$150,035.00		X
Optional – TRIA Terrorism	\$10,000.00		X
Law Enforcement Liability (QBE)			
Option 1 – \$100,000 SIR	\$224,931.00		
Loss Control Audit	\$5,000.00		
Option 1 Total	\$229,931.00		X
Option 2 - \$250,000 SIR	\$154,327.00		
Loss Control Audit	\$5,000.00		
Option 2 Total	\$159,327.00		X
Option 3 – \$500,000 SIR	\$119,603.00		
Loss Control Audit	<u>\$5.000.00</u>		
Option 3 Total	\$124,603.00		X
			<b>∑</b>
Public Officials / Employment Practices Liab. (ACE)	\$39,806.00*		X
Crime & Cyber Liability (Travelers)	\$10,364.05*		X

# PREMIUM RECAPITULATION RECOMMENDED OPTION Page 2 of 3

**REVISED 9/18/2017** 

	Annual Premium	<u>Check</u> <u>Accept</u>	Option Reject
Hull (Great American) Optional Protection & Indemnity Optional Protection & Indemnity for Crews	\$9,165.00 \$9,820.00 \$2,175.00 / Crew		
Vessel Pollution (Great American)	\$3,620.00	$\mathbf{X}$	
Marina Operator's Legal Liab. (Great American)	\$22,472.00	X	
Wharfinger's Liability (Great American)	\$16,066.00	×	
Outer Mole Excess Liability (Great American)	\$8,684.00	X	
Pollution Liability (XL – Indian Harbor) Option 1: 2 Locations – Per Expiring Optional Terrorism Option 2: 4 Locations – Include WWTP & Landfill Optional Terrorism	\$12,542.25* \$125.42* \$22,185.63* \$221.86*		X X
Storage Tank Liability (Commerce & Industry) Optional Terrorism	\$4,503.95* \$41.00*		
AD&D (AIG) 1-Year Term, Annual Installment 2-Year Term, Annual Installment 2-Year Term, Prepay *Quote issued included commission, however, premium	\$5,558.15* \$5,280.20* \$10,560.40* shown above is net of a	☑ □ □ ill commiss	IX sions.

### PREMIUM RECAPITULATION **RECOMMENDED OPTION**

Page 3 of 3 **REVISED 9/18/2017** 

I authorize PRIA to req	uest the underwriters to bin	d coverage on the	items indicated	above and
acknowledge receipt of	the Compensation and Finan	ncial Condition D	isclosure(s) prov	ided in this
proposal.	MH //			

(Signature)

MARK Finigan / Finance Director

(Name & Title)

(Date)

#### ITEMS REQUIRED TO BIND

# Documents Provided Under Separate Cover REVISED 9/18/2017

#### Law Enforcement Liability (if accepted):

- PRU-TX Law Enforcement Liability Application
- Acknowledgement of Non-Admitted Carrier

#### Public Officials Liability/Employment Practices Liability (if accepted):

• Warranty Letter

#### Crime & Cyber Liability (if accepted):

• What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information?

#### Marine:

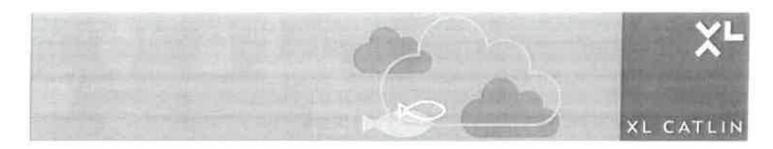
- Licenses and/or Resumes of common operators of the fleet if P&I coverage is requested.
- Confirmation of the projected gross receipts of the wharfinger's exposure.

#### **Pollution Liability:**

- Completed Storage Tank Coverage Supplemental Application
- Most recent tank tightness test results for all ASTs
- Acknowledgement of Non-Admitted Carrier

#### Storage Tank Liability:

- TRIA Terrorism Accept/Reject Form
- Proposal Acceptance Form



## XL Catlin Municipality Pollution Application Storage Tank Coverage Supplemental Application

Please read carefully and complete this supplemental application for each applicable facility. Attach additional tank supplement applications, if necessary or attach your own tank schedule with comparable information.

API	PLICANT NAME:	City of Key West			
1.	Will any Storage projected Policy	Tanks be removed, replaced, and/or closed in Period?	place during the	☐ Yes 🗓	No
	If yes, identify each	h and explain below:			
2.		ware of any Storage Tanks that previously exi	sted at the	☐ Yes 🔀 i	Vo
		osed in accordance with applicable local, state ar	nd federal	Yes I	No
	If no, identify each	and explain below:			
3.	<b>Assurance Oblig</b>	nt currently satisfy their applicable Storage Ta tion(s)?		Yes I	
	If yes, identify met	nod below: Covered under XL Policy +	Commerce 8	Industr	7
<b>4.</b>	Will the quoted c Obligation(s)?	overage need to satisfy any Storage Tank Fina	ncial Assurance	Yes 🔲 l	Vо
5	Additional Comm	ents and/or Disclosures, if any:			

# STATEMENT ACKNOWLEDGING THAT COVERAGE HAS BEEN PLACED WITH A NON-ADMITTED CARRIER

Per Florida Statute, the insured is required to sign the following E&S disclosure:

The undersigned hereby agrees to place insurance coverage in the surplus lines market and understands that superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

City of Key West		
Named Insured		9/19/17
Signature of Insured's Aythor	ized Representative	Date
Indian Harbor Insurance Comp	pany	
Name of Excess and Surplus I	ines Carrier	
Pollution Liability		
Type of Insurance	) I be correct	
11/1/2017	E This date is contes	
Effective Date of Coverage	current Policy Copy	
	This date is correct, current Policy expires	
	e commente _ name	
	1033	
		70 TO W 1
		BIOWE PRIA  PUBLIC RISK INSURANCE AGENCY

Q#103444 17 Pol#: 004808661

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM RISK INSURANCE ACT (TRIA) COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING JANUARY 1, 2018; 81% BEGINNING JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

<u>Unless you, or your insurance broker on your behalf, REJECTS in writing to the Company</u> Terrorism Coverage under the Terrorism Risk Insurance Act as amended, you will be covered for Terrorism as defined in the Act and <u>your prospective premium</u> for that coverage is based upon which coverage option you choose (Coverage options setting forth limits, policy term, etc. are set forth in the attached letter of indication).

Option 1 Terrorism Act Premium: \$41

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Policyholder/Applicant's Printed Name

Date '

Commerce and Industry Insurance Company

Return to: Policy Managers 317 Riveredge Blvd., Suite 206 Cocoa. FL 32922

City Of Key West Ouote#: 103444

121187 (01/16) CI5974

#### PROPOSAL ACCEPTANCE - 18

Q#103444 17 Pol#: 004808661

#### City Of Key West

I/We accept <u>Proposal</u> for a policy providing the following Limits of Liability and Deductible:		
Limits	of Liability: Deductible: 41.000	
X	I hereby elect to purchase Terrorism coverage for a premium of \$	
-	I hereby reject coverage in accordance with the Terrorism Risk Insurance Act of 2002	
	9/19/17	
Signature	of Applicant of Authorized Representative Date	