

**PUBLIC RISK INSURANCE AGENCY
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THE AGENCY

Risk Management Associates, Inc. dba Public Risk Insurance Agency (PRIA) has established itself as one of the premier insurance services organizations for public entities in the United States. Our in-depth understanding of the unique risk exposures and operating environment of public entities allows us to tailor insurance products and services to effectively meet their needs. As the only independent insurance agency solely dedicated to the public entity market, we are uniquely qualified to meet and exceed the expectations of our clients. Our 20 years of insuring local governments has afforded us significant experience and insight into the unique challenges and constraints that our clients face. PRIA currently represents over 300 public entities in Florida.

PRIA is a wholly owned subsidiary of Brown & Brown, Inc. - the 6th largest independent insurance agency in the United States and 7th largest worldwide as ranked by Business Insurance Magazine. Brown & Brown brings the experience of representing hundreds of public entities nationally in addition to PRIA's focus in Florida.

As a Brown & Brown company, PRIA has access to hundreds of insurance markets nationwide and in the international market. With premium volume exceeding \$2,500,000,000 Brown & Brown's volume results in a superior negotiating position and leverage with state specific, regional, national, and international insurers. The focus and experience of our team in all of these markets produces superior risk transfer options and risk control expertise for your entity.

PRIA develops customized and innovative approaches towards effectively managing your risk. Cost effective insurance products, professional service, and commitment to client's needs are our primary goals. Proof of account satisfaction is reflected by a 97% business retention rate.

AN INTRODUCTION TO YOUR SERVICE TEAM

Alan Florez

Executive Vice President

Paul Dawson, ARM-P

Senior Vice President / Account Executive

Michelle Martin, CIC

Vice President / Account Executive

Brian Cottrell, CIC, CRM

Vice President / Account Executive

Robin Faircloth, CISR

Director of Operations

Amber Tolbert

Marketing Assistant

Brittany O'Brien, CIC, CRM

Account Manager

Melody Blake, ACSR

Account Representative

Linda Burtchett

Account Representative

Kate Gross, ARM-P

Account Representative

Patricia "Trish" Jenkins

Account Representative

Will assist with daily servicing of your account, including endorsements, client services, accounting and quality assurance.

Our Service Team philosophy focuses on accountability at all levels of account management. Our goal is not simply to meet your service needs, but to exceed them. All of the employees at PRIA are dedicated to achieving this goal and distinguishing ourselves from the competition.

PREFERRED GOVERNMENTAL INSURANCE TRUST (*Preferred*) OVERVIEW

Preferred Governmental Insurance Trust (*Preferred*) represents the most financially secure alternative for municipalities, counties, special districts and schools for property, liability and workers compensation insurance coverages, with a foundation built upon a personalized service commitment to its members, customized loss control initiatives and aggressive claims management. Specific coverages available through *Preferred* include:

Property and Equipment Breakdown	General Liability
Contractor's Equipment	EMT/Paramedic Professional Liability
Electronic Data Processing	Law Enforcement Professional Liability
Miscellaneous Inland Marine	Employee Benefits Administration Liability
Crime	Automobile Liability and Physical Damage
Bonds (Employee Dishonesty)	Public Officials Liability
Environmental Impairment Liability	Workers' Compensation

A variety of pricing options are available, from traditional guaranteed cost to deductible programs, to loss sensitive retrospective rating plans.

Following is a brief overview of the Trust structure and service components:

1. Legal Structure

- Multi-line intergovernmental pool
- Governed by Board of Trustees comprised of elected officials

2. Marketing

- Public Risk Underwriters, Lake Mary, Florida
- Kurt Heyman, Vice President-Marketing

3. Underwriting

- Public Risk Underwriters, Lake Mary, Florida
- Margaret Gross, Director of Underwriting

4. Loss Control

- Mike Marinan, Senior Safety & Risk Management Consultant
- Mike Stephens, Safety & Risk Management Consultant
- State of Florida approved program

5. Policy Issuance

- Public Risk Underwriters, Lake Mary, Florida
- Navrisk Management System
- Integrates interlocal agreement to participate with NCCI rules and regulations

6. Auditing

- Public Risk Underwriters, Lake Mary, Florida
- Quarterly self audits for Workers' Compensation

7. Claims

- Contractually provided for *Preferred* by Preferred Governmental Claims Solutions located in Lake Mary, Florida
- Toll free Workers' Compensation first notice of injury reporting line (866) 683-7710
- Toll free Workers' Compensation claims servicing line (800) 237-6617
- Toll free Property & Casualty claims servicing line (800) 237-6617
- Online access to Claims data for clients

8. Accounting

- Larry Shores, CPA, External Accountant, Shores & Company
- Specializes in intergovernmental pools
- Audited financial statements as required by the State of Florida

MISCELLANEOUS INSURANCE COVERAGES

To fully serve our clientele, Public Risk Insurance Agency can offer coverage for other exposures such as:

Bonds	Accidental Death & Dismemberment
Fiduciary Liability	Special Events
Primary and Excess Flood	Airport Liability
Workers' Compensation	Aboveground & Underground Petroleum Tank Liability
Environmental Liability	

**Preferred Governmental Insurance Trust
Board of Trustees**

Chair	Dwight E. Wolf	Mayor – City of Wildwood
Vice Chairman	Charles Walsey	Chairman – Cypress Grove CDD
Secretary	Warren Yeager	Commissioner – Gulf County BOCC
Board Member	Welton Cadwell	Commissioner – Lake Sumter EMS
Board Member	Tom Rice, Sr.	Vice Chairman – South Indian River WCD
Board Member	Fred Hawkins, Jr.	Commissioner – Osceola County

**Preferred Governmental Insurance Trust
Risk Advisory Board**

Renee Stockwell	City of Bradenton	Risk/Safety Supervisor
Lori Parsons	City of Naples	Risk Manager
Christina Maguire	City of Ormond Beach	Risk Manager
Deborah Franklin, MA	The Villages	Human Resources Director
Keri Martin	City of Winter Park	Risk Manager
Michael Quigley	City of Cape Coral	Risk Manager
Richard Swann	Hillsborough County Sheriff	Director of Risk Management
Gerard Visco	Brevard County BOCC	Risk Manager
Renee Daugherty	Town of Davie	Risk Manager
Jennifer Porrier	City of Treasure Island	Human Resources Director
Rickey Kendall	Hillsborough Transit Authority	Safety, Risk & Environmental Dir.
Sanjeev Bissessar	City of Coconut Creek	Risk Manager

PREFERRED CLAIMS ADMINISTRATION

Preferred Governmental Claim Solutions, Inc. ® (PGCS) is the premier governmental third party claims administrator in the state of Florida and also administers the claims for Preferred Governmental Insurance Trust (*Preferred*). Since its founding in 1956, PGCS has provided claims administration services exclusively to over 450 governmental entities including schools, cities, towns, counties, community development districts, and fire districts. Therefore, PGCS's adjusters are extremely qualified to handle governmental tort liability and public sector workers' compensation claims. They are experts at investigating and handling police and firefighters presumption claims. PGCS is sensitive to the politics involved in the handling of public entity claims.

PGCS's claims administration program consists of workers' compensation, general liability, bodily injury, personal injury, property, auto liability, auto physical damage, employment practices liability, school leaders/educators liability and public officials liability. Their claims staff has over 630 years of combined insurance experience and each has been with PGCS an average of 8 years. Claims are handled under strict supervision in accordance with the PGCS workers' compensation and liability claim handling procedure manuals and the PGCS claim best practices manual. A random sampling of each adjuster's claim files are audited on a monthly basis by a Quality Assurance Manager to ensure compliance.

PGCS provides their clients with a dedicated Subrogation Unit to pursue reimbursements from at-fault third parties. Their current recovery rate is fifty-nine (59) percent of the claim costs expended. PGCS also has a dedicated excess reporting and recovery unit for communication to and securing reimbursement from the excess and/or reinsurance carriers. In addition, PGCS provides a state-approved Special Investigation Unit (SIU) to prevent and pursue fraudulent claims. PGCS offers rewards up to \$10,000.00 for the arrest and conviction of persons committing workers' compensation fraud. This service is provided via a twenty-four hour seven day a week hotline.

PGCS utilizes the RiskMaster system for claims processing. This system captures a wide variety of data, and allows the adjuster to enter an unlimited number of claim notes, process reserve changes, and issue claim payments. Customized reports can be obtained from PGCS's on-line system containing a multitude of data parameters that a client may choose to analyze. The system can be accessed by clients via their website at www.pgcs-tpa.com.

Communication with PGCS's clients is the cornerstone of their claims administration program. Professional adjusters, nurses, management, quarterly in-depth claim review meetings, 24/7 claim reporting, utilization of attorneys specializing in public entity defense, litigation management, and return to work programs are just a sample of how PGCS has set the standard for the industry.

PGCS is committed to partnering with their clients to provide professional and aggressive claim management programs. While they are recognized as the leader in the industry, PGCS is always striving to improve the quality of their programs and expand the services that they offer.

PREFERRED SAFETY AND RISK MANAGEMENT SERVICES

The success of any public sector community is clearly tied to its ability to protect and preserve its human physical assets. This basic premise serves as the cornerstone of an effective Safety Management program and underscores the importance of Risk Control to the community. *Preferred's* Safety and Risk Management Department is very aware of the valuable contribution a comprehensive risk control program makes to the bottom-line of any organization.

At *Preferred*, Safety consultations originate with one basic thought—Specific measures can be recommended to minimize or eliminate the exposures that cause accidents. This does not mean that the workplace become no-risk utopias, but we expect our consultants to recommend measures to control/minimize all types of accidents, injuries and illnesses to our *Preferred* clients' operations and premises.

Stressing our problem solving skills... *Preferred* is dedicated to meeting the challenge of the complex problems facing public sector organizations...disarming these problems and converting them into factors, which work to the advantage of our clients. Our emphasis approach to risk control incorporates the following elements:

- **Exposure Identification** – Assist management in determining areas where a chance of loss might exist.
- **Exposure Measurement and Analysis** – Loss analysis and a review of the consequences of the exposures will be considered to develop alternative methods of control.
- **Determination and Selection of Appropriate Risk Control Methods** – Based on measurement and analysis and after considering alternative approaches, specific recommendations and/or a custom design Risk Control plan will be formulated.
- **Training and Safety Management Consulting** – After considering client needs specific training will be formulated and initiated to fit that need. Key personnel will be provided with the basic knowledge and skills they need to meet those identified needs. Program monitoring is accomplished through follow-up surveys with adjustments to the action plan made as needed. Specialty consulting services are available if necessary.

Preferred's Safety and Risk Management Department evaluates the unique needs to each client, ultimately designing a program that is capable of being integrated into the overall risk control efforts of each client. Our management system's direction to the problem solving approach is the foundation of our Safety and Risk Management Service.

PROPERTY – INLAND MARINE

Term: October 1, 2013 to October 1, 2014

Company: Preferred Governmental Insurance Trust (*Preferred*)

Limits of Liability (Per Schedules Provided):

Covered Property	
\$56,648,060	Blanket Buildings and Contents
\$1,000,000	Business Income

Special Property Coverages	
\$5,000,000	Flood
\$10,375,802	Vehicle Property Coverage

Inland Marine	
\$2,177,096	Contractor's / Mobile Equipment***
\$1,210,941	Electronic Data Processing Equipment***
\$20,000	Fine Arts***
\$357,000	Other Inland Marine
\$321,595	Watercraft**

Deductibles: \$25,000 per Occurrence – Buildings and Contents

5% of TIV Per Occurrence / Per Location for “Named” Windstorm subject to minimum of \$35,000 Per Occurrence / Per location is defined by each itemized listing on the applicable schedule

\$25,000 any one occurrence for Flood, except:
Excess of maximum NFIP available whether purchased or not or 5% of the TIV at each affected location whichever is greater for Zones A & V

\$25,000 per Occurrence – Inland Marine except
\$2,500 per Occurrence – Fine Arts

***Unscheduled items are subject to a maximum value of \$15,000 or less per item. Items valued above this amount must be scheduled.

**Watercraft, not exceeding 25 feet, coverage is not hull coverage. It is limited to Specified Perils only, excluding collision with another vehicle.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.



PROPERTY – INLAND MARINE

Flood coverage in zones A or V, or within a 100 Year Flood Plain as designated by the United States Army Corps of Engineers, will have a special flood deductible equal to all flood insurance available for such property under the NFIP, whether purchased or not or 5% of the Total Insured Value at each affected location whichever is greater. If such property is not eligible for the National Flood Insurance Program because the community in which the property is located does not participate in the NFIP, the Special Flood Deductible will be \$1,000,000 per insured location damaged in the flood occurrence or 5% of the Total Insured Value at each affected location whichever is greater.

Flood zones A will include, but not be limited to all of the sub-classifications of AO, AH, AE, AR, A1 through A99, or any other sub-classification with the A prefix or designation. Flood zones V will include, but not be limited to all of the sub-classifications of VO, VH, VE, VR V1 through V99, or any other sub-classification with the V prefix or designation. See policy form for special deductible restrictions.

Coverage:

1. Special form (formerly “All Risk”), subject to policy exclusions.
2. Replacement Cost applies to Buildings, Contents and EDP and is subject to all terms and conditions of the coverage agreement the most we will pay for all loss, damage or costs in any one occurrence is the applicable limits of liability shown in the property declaration. **The blanket limit of coverage shown in the property declaration applies to all covered property unless a separate limit, lower limit or reduced amount of coverage is indicated elsewhere in the coverage agreement or in the property declaration.**
3. Inland Marine coverage paid at Actual Cash Value or 110% of the value reported on the schedule, whichever is less. See policy for complete details.
4. *Preferred* will pay for covered loss to your real property, inland marine or personal property:
 - a. At the location shown on the Schedule of the Declarations,
 - b. Property in the open within 1,000 feet of locations described in a. above,**
 - c. With respects to Inland Marine, at or away from your covered location.
5. No Coinsurance Clause.
6. Certain coverages subject to sub-limits stated in policy.

Notes of Importance:

1. Property values are based on information supplied by you. You should have reviewed your property schedule and as you deem necessary have appraisals done to verify your reported values are accurate based on current market conditions.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

PROPERTY – INLAND MARINE

Extensions of Coverage	
\$250,000	Accounts Receivable
\$1,000, Any one \$5,000, Aggregate	Animals
\$250,000	Debris Removal
\$500,000	Demolition Cost, Ordinance and Increased Cost of Construction
\$250,000	Errors and Omissions
\$5,000	Expediting Expense
\$25,000	Fire Department Charges
\$10,000 Per Occurrence \$20,000 Aggregate	Fungus Cleanup Expense
\$25,000 \$1,000 Max per Tree	Lawns, Plants, Trees and Shrubs, Excludes Wind (see policy form for additional restrictions)
\$2,000,000	New Locations – 60 days from the date new location(s) is first purchased, rented or occupied, whichever is earlier. See policy for complete details.
\$25,000 Per Employee \$50,000 Per Occurrence	Personal Property of Employees
\$25,000 Per Occurrence \$50,000 Aggregate	Pollution Cleanup Expense
\$250,000	Preservation of Property
\$10,000	Professional Fees
\$10,000	Recertification
\$100,000	Service Interruption Coverage
\$250,000	Transit

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

PROPERTY – INLAND MARINE MAJOR EXCLUSIONS

Property **Not** Covered, but not limited to:

1. Animals, water, land including land on which the property is located, shrubs, trees, lawns, growing crops, or standing timber, except under conditions described in the “Extensions of Coverage” section of the policy.
2. Aircraft.
3. Property you sold under conditional sale, trust agreement, installment payment, or other deferred payment plan after such property has been delivered to the customer.
4. Caves, caverns, mines or any type, or any property contained within them.
5. Currency, money, notes or securities.
6. Dams, dikes or levees.
7. Contraband or property in the course of illegal transportation or trade.
8. Property covered under import or export ocean cargo policies.
9. Property you transport as a common carrier.
10. Property shipped by mail, unless sent registered or certified.
11. Watercraft unless loss is from a specified peril and scheduled on the inland marine schedule.
12. Vehicles licensed or designed for highway use, unless shown on the Property Declaration, Extensions of Coverage item U, and then no coverage for any **over the road coverage**, or collision with another vehicle or object. The AOP deductible applies per occurrence and in the event of a Named Storm the Named Storm deductible applies per vehicle rather than per location. This coverage is paid at actual cash value at time of loss.
13. Bulkheads, docks, piers, wharves, retaining walls, boardwalks or underwater conduits from: freezing and thawing; impact of watercraft; waves, or debris driven by waves; pressure or weight of ice or water, whether driven by wind or not; or sinking or settling.
14. Electrical or communication lines, towers, and poles you own that are not located on a “covered location” insured under this policy.
15. Personal property of volunteers.

Excluded Risks of Direct Physical Loss, but not limited to:

1. War, invasion, acts of foreign enemies, hostilities or war like operations, civil war, rebellion, revolution, insurrection, civil commotion, military, usurped power, or any act of terrorism
2. Biological or Chemical Materials
3. Electronic Data or Electronic Data Recognition Exclusion
4. Asbestos
5. Pollution, except as provided under “Extensions of Coverage”
6. Building ordinance enforcement or Government action
7. Nuclear reaction
8. Utility failure
9. Fungus, except as provided under “Extensions of Coverage”
10. Any offshore oil well or oil shipping/tanker incident and the ensuing oil spill
11. Flood

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

EQUIPMENT BREAKDOWN

Term: October 1, 2013 to October 1, 2014

Company: Preferred Governmental Insurance Trust (*Preferred*)

Covered Equipment: Covered Property built to operate under vacuum or pressure, other than weight of contents, or used for the generation, transmission or utilization of energy.

Coverages:

Limit:	Coverage:
\$50,000,000	Property Damage / Loss of Business Income / Additional Expense per accident
\$500,000	Water Damage
\$500,000	Ammonia Contamination
\$500,000	Hazardous Substance Coverage
\$2,000,000	Utility Interruption (24 Hour Waiting Period)
\$250,000	Spoilage Damage
\$500,000	Ordinance or Law
\$1,000,000	Expediting Expenses

Deductibles: Same as Property – Building and Contents
24 Hours – Utility Interruption

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

CRIME

Term: October 1, 2013 to October 1, 2014

Company: Travelers Casualty and Surety Company of America
(Rated A+, XV by A.M. Best)

Limits of Liability and Coverage:

Coverage:	Limit:	Deductible:
Employee Dishonesty	\$975,000	\$25,000
Forgery or Alteration Coverage	\$75,000	\$25,000
Theft, Disappearance and Destruction Coverage Inside	\$250,000	\$25,000
Outside	\$250,000	\$25,000
Computer Fraud Coverage	\$975,000	\$25,000
Funds Transfer Fraud	\$975,000	\$25,000
Money Orders and Counterfeit Money	\$50,000	\$25,000

Notes of Importance:

1. Employee dishonesty coverage is excluded for those employees required by law to be individually bonded.
2. Includes Faithful Performance.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

GENERAL LIABILITY

Term: October 1, 2013 to October 1, 2014

Company: Preferred Governmental Insurance Trust (*Preferred*)

Form: Occurrence

Limits of Liability:

General Liability

Bodily Injury and Property Damage	\$1,000,000 per Occurrence
Personal Injury and Advertising Injury	Included per Person or Organization
Products / Completed Operation Agg	Included
Fire Damage	Included
Medical Payments	\$2,500

Employee Benefits Liability \$1,000,000 per Occurrence

Self Insured Retention: \$100,000 per Occurrence

Coverage:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. EMT/Paramedic Professional Services 2. Premises Operations 3. "Insured" Contracts 4. Host Liquor Liability 5. Broad Form Property Damage Subject to \$2,500 Personal Property of Others Sublimit 6. Watercraft Liability (under 52 feet). See policy form for limitations 7. Limited Worldwide Coverage 8. Additional Covered Party 9. Failure To Supply Water | <ol style="list-style-type: none"> 10. Principle of Eminent Domain Including Inverse Condemnation, claims brought under the "Bert J. Harris, Jr., Private Property Rights Protection Act" \$100,000 Per Occurrence/Annual Aggregate 11. No Fault Sewer Back-up with a sublimit of \$1,000/\$5,000 12. Herbicide and Pesticide Sublimit of \$1,000,000 or GL Limit, whichever is less. |
|---|--|

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.



GENERAL LIABILITY

Notes of Importance:

1. Premium is not audited.
2. Defense Costs are paid in addition to policy limits.
3. In the event that an occurrence, accident or offense continues beyond the policy period, the applicable deductible would apply separately to each policy period in which the occurrence, accident or offense was committed or was alleged to have been committed.
4. Limits of Liability are subject to Florida Statute 768.28.

Exclusions, but not limited to:

- Expected or intended injury
- Contractual Liability
- Liquor Liability
- Workers' Compensation and similar laws
- Employer's Liability
- Pollution
- Aircraft, Auto or Watercraft
- Mobile Equipment
- War
- Damage to Your Property, Product or Work
- Damage to Impaired Property or Property Not Physically Injured
- Recall of Products, Work or Impaired Property
- Racketeering
- Law Enforcement
- Asbestos, Mold, Fungi, or Bacteria
- Liability arising out of or caused or contributed to by any ownership, maintenance, operation, use, loading, unloading or control of or responsibility for any airfield, airport, aircraft, runway, hangar, building or other property or facility designed for, used, connected, associated or affiliated with or in any way related to aviation or aviation activities; this exclusion does not apply to premises exposure for those common areas open to the public including but not limited to parking areas, sidewalks, and terminal buildings.
- Failure or inability to supply or any interruption of any adequate quantity of power, steam, pressure, or fuel
- Hospital / Clinic Medical Malpractice or Health Care Facilities
- Nuclear
- Professional Health Care Services, but not including emergency medical services for first aid performed by emergency medical technicians, paramedics or Medical Director while in the course and scope of their duties.
- ERISA
- Actual or alleged illegal discrimination

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

LAW ENFORCEMENT LIABILITY

<u>Term:</u>	October 1, 2013 to October 1, 2014
<u>Company:</u>	Preferred Governmental Insurance Trust (<i>Preferred</i>)
<u>Form:</u>	Occurrence
<u>Limits of Liability:</u>	\$1,000,000 per Person \$1,000,000 per Occurrence
<u>Coverage:</u>	
Group A:	False arrest, detention or imprisonment, or malicious prosecution
Group B:	The publication or utterance of a libel or slander or of other defamatory or disparaging material, or a publication or utterance in violation of an individual's right or privacy; except publications or utterances in the course of or related to advertising, broadcasting or telecasting activities conducted by or on behalf of the named covered party
Group C:	Wrongful entry or eviction, or other invasion of the right of private occupancy
Group D:	Erroneous service of civil papers, false imprisonment, or assault and battery
<u>Self Insured Retention:</u>	\$100,000

Notes of Importance:

1. Defense Costs are paid in addition to policy limits.
2. Premium is not auditable.
3. SIR applied to money damages and claims expenses (including investigation, adjustment and defense costs).
4. Limits of Liability are subject to Florida Statute 768.28.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

MAJOR EXCLUSIONS

Exclusions, but not limited to:

- Contractual Liability (except mutual aid or reciprocal law enforcement contracts or agreements)
- Willful violation of penal statute or ordinance or failure to follow statutory procedures for seizing property under the Florida Contraband Forfeiture Act
- Workers Compensation, Employer's Liability and similar laws
- War
- Criminal Acts
- Aircraft, Auto or Watercraft
- Employment Injury
- Non-monetary Damages
- Federal Acts (Jones Act, General Maritime Law, the Federal Employers Liability Act, the Federal Employees Compensation Act, the Defense Base Act or the U.S. Longshore and Harbor Workers' Compensation Act)
- **Applies to General Liability, Coverage B. Personal and Advertising Injury Liability Only**
 - Arising out of any actual or alleged rape, sexual assault, sexual battery, sexual molestations, sexual discrimination, sexual harassment, sexual relations, sexual intimacy, sexual act, sexual activity, sexual handling, sexual exploitation, sexual exhibition, sexual exposure, undue familiarity, alienation of affections, or any behavior with sexual connotation or purpose, both direct and indirect, including the negligent employment, investigation, supervision, reporting to authorities, or retention of any "police/peace officer" for whom any insured is or ever was legally responsible.
- Personal Property in insured's care, custody or control (except for property on persons at time of arrest)

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

**PUBLIC OFFICIALS LIABILITY
EMPLOYMENT PRACTICES LIABILITY**

Term: October 1, 2013 to October 1, 2014

Company: Preferred Governmental Insurance Trust (*Preferred*)

Form: Claims Made – Duty to Defend

Coverage: Pays damages the insured becomes legally obligated to pay because of a “wrongful act” arising out of the discharge of duties

Limits of Liability:

Public Officials Liability	\$1,000,000 per Claim \$1,000,000 Annual Aggregate
Employment Practices Liability	\$1,000,000 per Claim \$1,000,000 Annual Aggregate
Media Content Services, Network Security & Privacy Liability	\$100,000 each claim \$100,000 Aggregate for all Notification Costs \$100,000 Aggregate for all Regulatory Fines & Expenses

Self Insured Retention:

Public Officials Liability	\$100,000 per Claim
Employment Practices Liability	\$100,000 per Claim
Media Content, Services, Network Security & Privacy Liability	Same as Public Officials Liability Deductible

Supplementary Payments:

1. Employee pre-termination legal consultation services - \$2,500 per employee/\$5,000 aggregate.
2. Non-Monetary claims defense costs subject to a \$100,000 aggregate limit and the terms and conditions of the policy.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

PUBLIC OFFICIALS LIABILITY EMPLOYMENT PRACTICES LIABILITY

Notes of Importance:

1. Defense Costs are paid in addition to policy limits.
2. Deductible applies towards damages.
3. Full prior acts.
4. Broadened definition of “Who is an Insured.”
5. Limits of Liability are subject to Florida Statute 768.28.

Exclusions, but not limited to:

- Criminal Acts
- Non-Monetary relief except as provided in the Supplementary Payments
- Bodily Injury, Personal Injury, Property Damage, Advertising Injury
- Damages arising out of Inverse Condemnation, Eminent Domain, Temporary or Permanent taking, Adverse Possession, Dedication by adverse Use, Condemnation Proceedings, or claims brought under Florida Statute 70.001 the “Bert J. Harris Jr., Private Property Rights Protection Act” or any similar claim by whatever named called.
- War, Invasion, Acts of foreign enemies, hostiles or warlike operations, strike, lock-out, riot, civil war, rebellion, revolution, insurrection or civil commotion
- Failure to effect and maintain insurance
- Fiduciary Liability
- Pollution
- Workers’ Compensation, Employers Liability and similar laws
- Nuclear
- ERISA of 1974, any similar state or local laws, and any rules and regulations promulgated thereunder and amendments thereto.
- Infringement of copyright, trademark, plagiarism, piracy or misappropriation of any ideas or other intellectual property
- Contractual Liability
- Health Care Professional or Health Care Facilities
- Prior and Pending claims
- Workers’ Adjustment and Retraining Notification Act, OSHA, RICO, or ADA
- Law Enforcement Activities
- Insured vs. Insured
- Bonds, Taxes or Construction contracts
- Collective Bargaining Agreements
- Capital Improvement to make property more accessible or accommodating to disabled persons
- Punitive Damages
- Return or improper assessment of taxes, assessments, penalties, fines, fees

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

AUTOMOBILE LIABILITY

<u>Term:</u>	October 1, 2013 to October 1, 2014
<u>Company:</u>	Preferred Governmental Insurance Trust (<i>Preferred</i>)
<u>Limits of Liability:</u> (Based on 295 Vehicles)	
Primary Bodily Injury and Property Damage Liability – Combined	\$1,000,000 Any One Accident – Symbol 1
Personal Injury Protection	\$10,000 – Statutory – Symbol 5
Uninsured Motorist	Rejected
<u>Liability Self Insured Retention:</u>	\$100,000 Each Accident
<u>Physical Damage:</u>	See Catastrophic Property Extension

Coverage and Notes of Importance:

1. Defense Costs are paid in addition to policy limits.
2. Hired and non-owned liability is included.
3. Premium is based on number of vehicles and subject to adjustment if schedule is changed.
4. Limits of Liability are subject to Florida Statute 768.28.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

AUTOMOBILE LIABILITY

Description of Covered Auto Designation Symbols:

SYMBOL	DESCRIPTION
1	= ANY "AUTO" ALL OWNED "AUTOS" ONLY. Only those "autos" you own and or lease (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This also includes all those "autos" you acquire ownership of after the coverage agreement begins.
2	= OWNED PRIVATE PASSENGER "AUTOS" ONLY. Only the private passenger "autos" you won. This includes those private passenger "autos" you acquire ownership of after the coverage agreement begins.
3	= OWNED "AUTOS" OTHER THAN PRIVATE PASSENGER "AUTOS" ONLY. Only those "autos" you won that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the coverage agreement begins.
4	= OWNED "AUTOS" SUBJECT TO NO-FAULT. Only those "autos" you own and or lease that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the coverage agreement begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.
5	= OWNED "AUTOS" SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW. Only those "autos" you own and or lease that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the coverage agreement begins provided they are subject to the same state uninsured motorists requirement.
6	= SPECIFICALLY DESCRIBED "AUTOS". Only those "autos" described in ITEM THREE of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in ITEM THREE).
7	= HIRED "AUTOS" ONLY. Only those "autos" you hire rent or borrow. This does not include any "auto" you lease, hire, rent, or borrow from any of your employees or partners or members of their households.
8	= NONOWNED "AUTOS" ONLY. Only those "autos" you do not own, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your employees or partners or members of their households but only while used in your business or your personal affairs.
9	

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

EXCESS WORKERS' COMPENSATION

Term: October 1, 2013 to October 1, 2014

Insurer: Preferred Governmental Insurance Trust (*Preferred*)

Description of Class Code	Estimated Payroll
All Other Employees	\$10,894,368
Police & Fire	\$13,299,758
TOTAL	\$24,194,126

Notes of Importance:

1. Self Insured Retention for all employees is \$325,000.
2. State taxes and assessments are not included in the premium and are the responsibility of the insured.
3. Employer's Limit of Liability is \$1,000,000/\$1,000,000/\$1,000,000.
4. Quote does not include TPA services. **If TPA is other than PGCS, first dollar TPA losses required on a quarterly basis.**
5. **Certification of Servicing for Self Insurers form filed with the State of Florida (SI-19) must be received PRIOR to binding excess WC**
6. Final premium subject to payroll audit.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

STOP LOSS AGGREGATE

Term: October 1, 2013 to October 1, 2014

Insurer: Preferred Governmental Insurance Trust (PGIT)

Stop Loss Aggregate Limit: \$1,100,000

Stop Loss Aggregate Limit Option: See Additional limits and premiums provided on Premium Recapitulation Page

When the amounts under the SIR reach \$1,100,000 the SIR will be reduced to \$0 for all subsequent claims.

The lines that are under and contribute to the Basket Aggregate are:

- General Liability
- Law Enforcement Liability
- Auto Liability
- Public Officials Liability
- Employment Practices Liability
- Excess Workers' Compensation

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

POLLUTION LIABILITY

Term: October 1, 2013 to October 1, 2014

Company: Illinois Union Insurance Company
(Rated A+ XV by A.M. Best)

Limits of Liability: \$1,000,000 per Storage Tank Incident Limit (USTs)
\$1,000,000 per Storage Tank Incident Limit (ASTs)

\$1,000,000 Aggregate Limit (USTs)
\$1,000,000 Aggregate Limit (ASTs)

\$2,000,000 Aggregate All Storage Tank Incidents (USTs/ASTs)
\$1,000,000 Aggregate All Legal Defense Expenses

Retention: \$10,000 per Storage Tank Incident

Retroactive Date: 11/01/2005

Coverage:

1. Remediation Cost
2. Compensatory Damages
3. Legal Defense Expense

Notes of Importance:

1. Covered sites are all locations listed on the Statement of Values provided to Illinois Union and not excluded by the policy wording.
2. Covered pollution conditions must commence after the retro date of this policy and before the end of the policy period.
3. Automatic 60 day extended reporting period included.
4. Additional 34 month optional extended reporting period can be purchased for 200% of the annual policy premium.
5. Material misrepresentation by the insured voids this policy.
6. No flat cancellation – policy is subject to a 25% minimum earned premium.
7. This insurance is issued pursuant to the Florida Surplus Lines Laws. Entities insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent, unlicensed insurer.
8. Premium is not subject to audit.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

ACCIDENTAL DEATH AND DISMEMBERMENT

Term: October 1, 2013 to October 1, 2014

Company: National Union Fire Insurance Company of Pittsburgh, PA
(Rated A, XV by A.M. Best)

Coverage: \$ 70,000 In the Line of Duty
(Based on 198 Persons) \$ 70,000 Fresh Pursuit
\$198,000 Unlawful & Intentional Death

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.

MARINA OPERATOR'S LEGAL LIABILITY

<u>Term:</u>	October 1, 2013 to October 1, 2014
<u>Company:</u>	Great American Insurance Company (Rated A, XIV by A.M. Best)
<u>Marina Operator's Legal Liability:</u>	Coverage amended to include commercial vessels
<u>MOLL Coverage Limit:</u>	\$1,000,000
<u>Covered Location:</u>	Garrison Bight Marina 1800 N Roosevelt, Key West, FL Key West Bight Marina 201 William St, Key West, FL
<u>Deductible:</u>	\$2,500 per occurrence
<u>Additional Coverage:</u>	Limited Pollution Extension w/\$1,000,000 Sublimit Marina Operators Pollution Liability w/ \$1,000,000 Sublimit

Warranted: Any contractor or sub-contractor performing repair or maintenance on the premises or on vessels or equipment on the premises, including docks and moorings, shall be required to provide a Certificate of Insurance with General Liability limits of at least \$1,000,000 and name the City of Key West as an additional insured.

Conditions / Exclusions:

- Chemical, Biochemical, Electromagnetic Exclusion Clause
- Pollution Exclusion
- AIMU Extended Radioactive Contamination Exclusion
- Radioactive Contamination Exclusive Clause (USA Endorsement)
- Any and all liability in connection with or arising out of the existence of houseboats located in any covered Marina, including but not limited to the houseboats themselves, as well as any damage to third party vessels or property arising directly or indirectly from the existence of any houseboat in the covered marinas.
- Strikes, Riots, Etc.
- Sue & Labor Clause

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations

HULL AND MACHINERY COVERAGE

<u>Term:</u>	October 1, 2013 to October 1, 2014
<u>Company:</u>	Great American Insurance Company (Rated A, XIV by A.M. Best)
<u>Total Hull Values:</u>	\$172,000 per schedule: 2010 26' USA Pumpout Boat 2011 26' USA Pumpout Boat
<u>Form:</u>	Taylor Hull Clauses Including Strikes, Riots and Civil Commotions AIMU Chemical, Biological, Bio-Chemical and Electromagnetic Exclusion AIMU Extended Radioactive Contamination Exclusion
<u>Navigation:</u>	Inland and coastal waters of the Island of Key West not to exceed within 2 miles of the shore.
<u>Hull Deductible:</u>	\$5,000 per Occurrence

This deductible structure applies for all covered peril except losses arising out of a Windstorm, in which case a deductible of 5% of TIV applies.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations

VESSEL POLLUTION COVERAGE

Term: October 1, 2013 to October 1, 2014

Company: Great American Insurance Company
(Rated A, XIV by A.M. Best)

Quote for the pollution coverage renewal for the vessels as scheduled:

OPA Limit \$1,000,000

CERCLA Limit \$1,000,000

Including Non-OPA / Non-CERCLA

Including State fines and Penalties

THIS QUOTE DOES NOT PROVIDE ANY GENERAL LIABILITY OR PROTECTION & INDEMNITY

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations

WHARFINGERS / LANDING DOCK / BAILEE LIABILITY

Term: October 1, 2013 to October 1, 2014

Company: Great American Insurance Company
(Rated A, XIV by A.M. Best)

Covered Locations:

1. 100 Grinnell Street, Key West, Florida (Ferry Landing)
2. 1 Whitehead Street, Key West, Florida (Cruise Landing)
3. Truman Annex @ Thomas Street, Key West, Florida
(Commercial Landing)

Coverage: Wharfinger's Liability Form

Limit of Liability: \$2,000,000 CSL

Deductible: \$10,000 Wharfinger's Liability

Exclusions, included but not limited to:

Pollution Liability
Nuclear
RACE
Economic Trade Sanction Clause
Chemical, Biological, Bio-Chemical, Electromagnetic Exclusion

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations

PREMIUM RECAPITULATION

	<u>Annual Premium</u>	<u>Check Option</u>	
		<u>Accepted</u>	<u>Rejected</u>
Property / Inland Marine / Equipment Breakdown	\$689,679	<input type="checkbox"/>	<input type="checkbox"/>
Crime / Employee Dishonesty	\$ 3,189	<input type="checkbox"/>	<input type="checkbox"/>
General Liability	\$ 38,143	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement Liability	\$ 58,425	<input type="checkbox"/>	<input type="checkbox"/>
Public Officials / Employment Practices Liability	\$ 50,983	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Liability	\$ 44,160	<input type="checkbox"/>	<input type="checkbox"/>
Excess Workers' Compensation			
\$325,000 SIR	\$122,827	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000 SIR	\$109,213	<input type="checkbox"/>	<input type="checkbox"/>
Stop Loss Aggregate			
\$1,100,000	\$ 15,967	<input type="checkbox"/>	<input type="checkbox"/>
\$825,000	\$ 46,375	<input type="checkbox"/>	<input type="checkbox"/>
ACE TankSafe Pollution Liability	\$ 3,283	<input type="checkbox"/>	<input type="checkbox"/>
AD&D			
Annual	\$ 5,626	<input type="checkbox"/>	<input type="checkbox"/>
Two Year Installment	\$ 5,345	<input type="checkbox"/>	<input type="checkbox"/>
Two Year Prepaid	\$ 10,689	<input type="checkbox"/>	<input type="checkbox"/>

**PREMIUM RECAPITULATION
CONTINUED**

	<u>Annual Premium</u>	<u>Check Option</u>	
		<u>Accepted</u>	<u>Rejected</u>
Marina Operator's Legal Liability	\$ 25,695	<input type="checkbox"/>	<input type="checkbox"/>
Wharfinger/Landing Dock Bailee Liability	\$ 22,037	<input type="checkbox"/>	<input type="checkbox"/>
Hull & Machinery	\$ 2,474	<input type="checkbox"/>	<input type="checkbox"/>
Vessel Pollution Liability	\$ 4,718	<input type="checkbox"/>	<input type="checkbox"/>

I authorize PRIA to request the underwriters to bind coverage on the items indicated above and acknowledge receipt of the Compensation and Financial Condition Disclosure(s) provided in this proposal.

(Signature)

(Name & Title)

(Date)

Notes of Importance:

1. Quotes provided in the proposal are valid until 10/01/2013. After this date terms and conditions are subject to change by the underwriters.
2. *Preferred* is not subject to the Florida Insurance Guaranty Act, in the event it becomes unable to meet its claims payment obligations. However, insured is named on excess of loss policies.
3. Some of the Carriers of the *Preferred* excess of loss policies are issued pursuant to the FL Surplus Lines laws. Entities insured by surplus lines carriers do not have the protection of the FL Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent, unlicensed insurer.
4. Quote is subject to review and acceptance by *Preferred* Board of Trustees.
5. Premiums are subject to change if all lines of coverage quoted are not bound. **Premiums are subject to 25% minimum premium upon binding.**
6. Not all coverages requested may be provided in this quotation.
7. Flood quotes from NFIP may be available. Please advise your agent if you have property located in zones A or V and would like to have separate NFIP quotes.
8. The Trust requires all Members to maintain valid and current certificates of workers' compensation insurance for all work performed by persons other than its employees.
9. **With the exception of Workers' Compensation, the total premium is due within 30 days of inception. Premium financing can be arranged if needed.**
10. Quote is not bound until written orders to bind are received from the insured and the Trust/Company subsequently accepts the risk.
11. Should signed application reveal differing details/data than original application received, the entire quote/binder is subject to revision and possible retraction.
12. Higher limits of liability may be available. Please consult with your agent.
13. This proposal is based upon exposures to loss made known to the Public Risk Insurance Agency. Any changes in exposures (i.e. new operations, new acquisitions of property or change in liability exposure) need to be promptly reported to us in order that proper coverage may be put into place.
14. **This proposal is intended to give a brief overview. Please refer to coverage agreements for complete information regarding definition of terms, deductibles, sub-limits, restrictions and exclusions that may apply.**

Retail Compensation Disclosure

In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insured’s that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, received loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Questions and Information Requests: Should you have any questions or require additional information, please contact this office at 386-252-6176 or, if you prefer, submit your question or request online at <http://www.bbinsurance.com/customerinquiry.shtml>.

***PREFERRED* Compensation Disclosure**

We appreciate the opportunity to assist with your insurance needs. Information concerning additional compensation paid to other entities for this placement and related services appears below. Please do not hesitate to contact us if any additional information is required.

Our office is owned by Brown & Brown, Inc. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so.

For the 2012 – 2013 policy year, your insurance was placed with Preferred Governmental Insurance Trust (*Preferred*). *Preferred* is an insurance trust formed by Florida public entities through an Interlocal Agreement for the purpose of providing its members with an array of insurance coverages and services. *Preferred* has contracted with entities owned by Brown & Brown, Inc. to perform various services. As explained below, those Brown & Brown entities are compensated for their services.

Preferred has contracted with Public Risk Underwriters (PRU), a company owned by Brown & Brown, Inc., to administer *Preferred*'s operations. The administrative services provided by PRU to *Preferred* include:

- Underwriting
- Coverage review
- Marketing
- Policy Review
- Accounting
- Issuance of *Preferred* Coverage Agreements
- *Preferred* Member Liaison
- Risk Assessment and Control

Pursuant to its contract with *Preferred*, PRU receives an administration fee, based on the size and complexity of the account, of up to 12.5% of the premium you pay to *Preferred*. PRU may also receive commissions from insurance companies with whom it places your coverage, which commissions are derived from the premium you pay to *Preferred*. Multiple underwriters may be involved in the placement of your coverage. If so, they also may be compensated for their services from the premium you pay to *Preferred*.

Preferred has also contracted with Preferred Governmental Claims Solutions (PGCS), a company owned by Brown & Brown, Inc., for purposes of administering the claims of *Preferred* members. The services provided by PGCS to *Preferred* may include:

- Claims Liaison with Insurance Company
- Claims Liaison with *Preferred* Members
- Claims Adjustment

PREFERRED Compensation Disclosure (continued)

Pursuant to its contract with *Preferred*, PGCS receives a claims administration fee for those accounts which PGCS services of up to 5% of the non-property portion of the premiums you pay to *Preferred*.

Preferred also utilizes wholesale insurance brokers, some of which (such as Peachtree Special Risk Brokers and MacDuff Underwriters) are owned by Brown & Brown, Inc., for the placement of *Preferred*'s insurance policies, and for individual risk placements for some *Preferred* members (excess and surplus lines, professional liability coverage, etc.). The wholesale insurance broker may provide the following services:

- Risk Placement
- Coverage review
- Claims Liaison with Insurance Company
- Policy Review
- Current Market Intelligence

The wholesale insurance broker's compensation is derived from your premium, and is largely dictated by the insurance company. It typically ranges between 10% and 17% of the premiums you pay to *Preferred* for your coverage. Some wholesale brokers used by Brown & Brown to place your coverage may also act as Managing General Agents for various insurance companies, and may be compensated directly by those insurance companies for their services in placing and maintaining coverage with those particular companies.

The wholesale insurance brokerage utilized in the placement of property insurance was Peachtree Special Risk Brokers, which is a company owned by Brown & Brown Inc. Furthermore, any professional liability coverage afforded by the package of insurance you purchased was acquired through Apex Insurance Services, which is also a company affiliated with Brown & Brown Inc.

Wholesale Business Compensation Disclosure

Wholesale Broker/Managing General Agent: Hull & Company, Inc.

This intermediary is owned in whole or part by Brown & Brown, Inc., the parent company of Public Risk Insurance Agency. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/ Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services may be up to 15% of the premium you pay for coverage, and any compensation paid for those services is derived from your premium payment.

NOTICE OF CARRIER FINANCIAL STATUS

Risk Management Associates, Inc. dba Public Risk Insurance Agency, and its parent company, Brown & Brown, Inc. (collectively "Brown & Brown") do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer or pooling entity. We endeavored to place your coverage with an insurance carrier with an A.M. Best Company financial rating of "A-" or better.* While Brown & Brown cannot certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer or pooling entity or otherwise predict whether the financial condition of any such entity might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of coverage. Accordingly, with receipt of this notice you acknowledge the following with regard to the placement and any subsequent renewal of the coverage indicated below:

- Brown & Brown attempted to present other options for your insurance placement, including quotations with insurance carriers holding an "A-" or better rating from A.M. Best Company, but we were unable to secure such a quote.
- Coverage is being placed through **Preferred Governmental Insurance Trust ("Preferred")**, which is as a Florida local government self-insurance fund established pursuant to Section 624.4622, Florida Statutes, as such **Preferred** is not rated by the A.M. Best Company.
- **Preferred** is not subject to the protections afforded by any state guaranty fund or association.
- The financial condition of insurance companies and other coverage providers including local government self-insurance funds like **Preferred** may change rapidly and those such changes are beyond the control of Brown & Brown.
- You should review the financial and membership information from **Preferred** and agree to abide by the conditions of membership established by **Preferred**.
- You should consider the information provided, including the **Preferred** coverage quote and coverage placement and review it with your accountants, legal counsel and advisors.

Named Insured: City of Key West
Policy Number: PX FL1 0442001 13-05
Policy Period: 10/01/2013-10/01/2014
Date of Notice: 09/10/302

* A.M. Best Rating Guide: **Rating for Stability: A++ to D = Highest to lowest rating**
Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating



Guide to Bests Ratings		
Best Category	Rating	Description
Secure	A++	Superior
Secure	A+	Superior
Secure	A	Excellent
Secure	A-	Excellent
Secure	B++	Very Good
Secure	B+	Very Good
Vulnerable	B	Fair
Vulnerable	B-	Fair
Vulnerable	C++	Marginal
Vulnerable	C+	Marginal
Vulnerable	C	Weak
Vulnerable	C-	Weak
Vulnerable	D	Poor
Vulnerable	E	Under Regulatory Supervision
Vulnerable	F	In Liquidation
Vulnerable	S	Rating Suspended
Not Rated	NR-1	Insufficient Data
Not Rated	NR-2	Insufficient Size and/or operating experience
Not Rated	NR-3	Rating Procedure Inapplicable
Not Rated	NR-4	Company Request
Not Rated	NR-5	Not Formally Followed
Rating Modifier	u	Under Review
Rating Modifier	q	Qualified
Affiliation Code	g	Group
Affiliation Code	p	Pooled
Affiliation Code	r	Reinsured

Guide to Best's Financial Size Categories		
Reflects size of insurance company based on their capital, surplus and conditional reserve funds in U.S. dollars.	I	Less than \$1,000,000
	II	\$1,000,000 - \$2,000,000
	III	\$2,000,000 - \$5,000,000
	IV	\$5,000,000 - \$10,000,000
	V	\$10,000,000 - \$25,000,000
	VI	\$25,000,000 - \$50,000,000
	VII	\$50,000,000 - \$100,000,000
	VIII	\$100,000,000 - \$250,000,000
	IX	\$250,000,000 - \$500,000,000
	X	\$500,000,000 - \$750,000,000
	XI	\$750,000,000 - \$1,000,000,000
	XII	\$1,000,000,000 - \$1,250,000,000
	XIII	\$1,250,000,000 - \$1,500,000,000
	XIV	\$1,500,000,000 - \$2,000,000,000
	XV	Greater than \$2,000,000,000

Public Risk Insurance Agency always strives to place your coverage with highly secure insurance companies. We cannot, however, guarantee the financial stability of any carrier.

**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

Signature of Insured's Authorized Representative

Date

Illinois Union Insurance Company

Name of Excess and Surplus Lines Carrier

Storage Tank

Type of Insurance

11/01/2013

Effective Date of Coverage



Public Risk Underwriters
 PO Box 958455
 Lake Mary, FL 32795-8455
 Phone: 321-832-1450
 Fax: 321-832-1489

Public Entity Application

07/02/13 4:52 PM

Renewal Application Muni [PX FL1 0442001 13-05]

Portal Reference # 208901

Coverage Term 10/01/2013 - 10/01/2014

Page 1

General Member Information	
Name:	Key West, City of
Mailing:	Attn Risk Management P.O. Box 1409
City/State/Zip:	Key West, FL 33041-1409
Physical:	525 Angela St.
City/State/Zip:	Key West, FL 33041-1409
Phone #:	305-809-3700
Fax #:	305-809-3813
Member Contact Information	
Contact:	Sandra Barroso
Title:	Risk Manager
Phone #:	305-809-3811
Fax #:	305-294-8879
Email:	sbarroso@keywestcity.com
Additional Member Information	
FEIN:	59-6000346
NCCI Risk ID:	
Population:	25000
County:	Monroe
Member Type:	Municipality
Agency Information	
Agency:	PRIA - Daytona
Address:	P. O. Box 2416
City/State/Zip:	Daytona Beach, FL 32115
Phone #:	386-239-4050
Fax #:	386-239-4049
Agency Contact Information	
Contact:	Melody Blake
Phone #:	
Fax #:	
Email:	mblake@bbpria.com

CERTIFICATION

The undersigned being authorized by, and acting on behalf of the applicant and all persons/concerns seeking insurance, has read and understands this Application, including any appendices and/or supplements, and declares that all statements set forth herein are true, complete and accurate. The undersigned acknowledges and agrees that the submission and the Trust's receipt of such written report, prior to the inception of the coverage agreement applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the coverage, nor does the review of same bind The Trust to issue a coverage agreement. This application shall be the basis of the contract, should one be issued.

This Application must be signed by the "Ranking Elected / Appointed Official" of the Entity making the application (e.g. Mayor / Manager / equivalent Officer) or the Risk Manager (or ranking official) assigned this function.

PLEASE SIGN AND DATE → SIGNATURE: _____

TITLE: _____

DATE: _____

NOTICE TO APPLICANT

For your protection, the following Fraud Warning is required to appear on this application:

FLORIDA FRAUD STATEMENT

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.

"I hereby authorize the release of claims information from any Prior Insurer/Carrier/Trust to PRU &/or PGIT."



Renewal Application Muni [PX FL1 0442001 13-05]
 Coverage Term: 10/01/2013 - 10/01/2014
 Member Name: Key West, City of
 Agency: PRIA - Daytona

Current Coverages Selected

Auto Liability	Boiler & Machinery
Flood	General Liability
Inland Marine	Professional Liability
Property	Umbrella/Excess

Coverage/Exposure Summary

Line of Business	Exposure/Coverage	Applicable/Not Applicable
General Question	Application General Information	Applicable
General Question	Excess WC (Standard Limits are \$1M/\$1M/\$1M)	Applicable
General Question	SIR - TPA Information	Applicable
General Question	Stop Loss	Applicable
Auto Liability	Coverage	Applicable
General Liability	Coverage	Applicable
General Liability	Operations: Athletic Fields & Activities	Applicable
General Liability	Operations: Beaches/Lakes/Retention Ponds	Applicable
General Liability	Operations: Bleachers/Auditoriums/Stadiums	Applicable
General Liability	Operations: Daycare Operations	Not Applicable
General Liability	Operations: Elder Care/Respite Care	Not Applicable
General Liability	Operations: Electric Utility	Not Applicable
General Liability	Operations: EMT's/Paramedics	Applicable
General Liability	Operations: Exhibition / Convention Centers	Not Applicable
General Liability	Operations: Gas Utility / Local Distribution	Not Applicable
General Liability	Operations: Golf Courses	Not Applicable
General Liability	Operations: Marinas	Applicable
General Liability	Operations: Restaurants	Not Applicable
General Liability	Operations: Skate Parks	Applicable
General Liability	Operations: Special Events, Fairs or Carnivals	Applicable
General Liability	Operations: Swimming Pools / Water Parks	Applicable
General Liability	Operations: Transportation & Community Services	Applicable
General Liability	Operations: Wastewater Treatment	Applicable
General Liability	Operations: Water Utility	Not Applicable
General Liability	Operations: Watercraft	Applicable
General Liability	Operations: Wharves/Piers/Docks	Applicable
General Liability	Supervision Abuse Prevention (Required)	Applicable
Professional Liability	Employee Benefits Liability	Applicable
Professional Liability	Law Enforcement	Applicable
Professional Liability	POL/ELL/EPLI	Applicable
Property	Coverage	Applicable



Renewal Application Muni [PX FL1 0442001 13-05]
 Coverage Term: 10/01/2013 - 10/01/2014
 Member Name: Key West, City of
 Agency: PRIA - Daytona

COVERAGE INFORMATION

General Questions	New Response
Account CSR:	Melody Blake
Agent Name:	Michelle Martin
Primary Member Contact:	Sandra Barroso
New Primary Contact, if not listed in dropdown above (include name, phone and email address)	
Requested Effective Date:	10/01/2013
Requested Termination Date:	10/01/2014
Bid Date (If Applicable):	
Need By Date:	
If WC, complete submission must include Payroll Classification Schedule and Employee Concentration Schedule. Schedules attached to portal app?	
If new business, complete and attach the "Expiring Information" form. Template can be found with Pool Forms under the Documents section of the application. (Submission is not complete without this information)	No
If with PGIT less than 5 years, complete and attach the "Loss Summary" form or a "No Known Losses" letter. Form can be found with Pool Forms under the Documents section of the application. (Submission is not complete without this information)	
Member's FEIN:	59-6000346
NCCI Risk ID #:	
Population:	25,000
Largest city within 25 miles	Marathon
Seasonal change in population of more than 25% during the year (Yes/No)	
Enter the Total General Fund Revenue from the most recent audited financial statement	35,122,785
Have you attached the most recent audited financials/budget(Yes/No)	Yes
Enter date of the most recent audited financial statement (MM/YY or "None")	09/30/2012
Year was the entity was organized, chartered or incorporated	1828
Full / Detailed Description of Operations:	City
Installment Schedule: (Only available for premium > \$100K, pay plan is agency billed)	PKG - 50% Down, 25% due at 75 days and 25% due at 166 days
Do you have a risk manager? (Yes/No)	Yes
If yes, please provide name and phone number.	Sandra Barroso, 305-809-3811
Full Time?	Yes
If part time, how many hours does the risk manager work per week?	\
Do you have a Human Resources or Personnel Department (Yes/No)? If No, please describe handling of this function on a separate piece of paper.	Yes
Enter total number of employees budgeted for the upcoming fiscal year	482
Full time Police	126
Full time Fire	72
Full time all other personnel	260



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION

General Questions	New Response
Full time seasonal (40 hours per week)	0
Part time Police	0
Part time Fire	0
Part time all other personnel	24
Volunteers Police	0
Volunteers Fire	0
Volunteers all others	0
Enter total payroll amount	24,194,126
Police - Estimated Payroll Code 8810 - 943,129 / Code 7220 - 7,747,187	8,690,316
Fire - Estimated Payroll Code 8810 - 70,429 / Code 7704 - 4,539,014	4,609,442
All other - Estimated Payroll	10,894,368

INITIAL AND DATE

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]
 Coverage Term: 10/01/2013 - 10/01/2014
 Member Name: Key West, City of
 Agency: PRIA - Daytona

COVERAGE INFORMATION - PROFESSIONAL LIABILITY - PUBLIC OFFICIALS & EMPLOYMENT PRACTICES
 THIS IS AN APPLICATION FOR "CLAIMS MADE AND REPORTED" COVERAGE

POL/ELL/EPLI	New Response
1 What is the requested POL Limit?	\$1,000,000
2 What is the requested POL Deductible?	\$100,000 SIR
3 What is the requested EPLI Limit?	\$1,000,000
4 What is the requested EPLI Deductible	\$100,000 SIR
5 Total Number of Board Members <i>City Commision - Elected</i>	<i>7</i>
6 Are Board Members Elected? Y/N	Yes
7 If Board Members are appointed, by whom?	
8 How many employees hold professional designations i.e. Attorneys, architects, engineers, accountants etc.	<i>13</i>
9 Has any bond issue been defeated within the past three years?	No
10 If yes, has the proposal been resubmitted, or is it expected to be resubmitted?	
11 Has your public entity been in default on the principal or interest on any bond?	No
12 If yes to any of these questions, please give details:	
13 Prior Carrier Information - Answer the following for New Business Quotes only. If renewal skip to next section.	
14 New Business - Who is your current POL/EPLI carrier?	
15 New Business - What is your current POL/EPLI Limit?	
16 New Business - What is your current POL/EPLI Deductible?	
17 New Business - Does your current POL/EPLI coverage have a Retroactive Date? If so, what is it?	
18 Has your POL/EPLI coverage ever been cancelled or non-renewed?	No
19 If so, please explain	
20 Do you have a zoning commission?	No
21 Does your legal counsel attend all meetings of the planning and zoning board?	Yes
22 Do officials receive training with respect to "open meetings" and hearing regulations?	Yes
23 Do you have a written master plan for economic development?	No
24 If so, date last updated?	
25 Do you have formally approved land use ordinances?	Yes
26 Do you have a formal procedure to file for a variance to land use statutes?	Yes
27 Do you have a formal process for application and approval of permits and licenses?	Yes
28 Do you have a formal written policy prohibiting elected officials and/or board members from sitting on decisions in which they may have a conflict of interest?	Yes
29 In the past 5 years have you had any disputes or claims involving a wrongful "taking", zoning variance or land use right? If yes, provide details.	

SKIP



Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]
 Coverage Term: 10/01/2013 - 10/01/2014
 Member Name: Key West, City of
 Agency: PRIA - Daytona

COVERAGE INFORMATION - PROFESSIONAL LIABILITY - PUBLIC OFFICIALS & EMPLOYMENT PRACTICES
 THIS IS AN APPLICATION FOR "CLAIMS MADE AND REPORTED" COVERAGE

POL/ELL/EPLI	All Loss Information	New Response
30 In the past 5 years have you have any disputes or claims involving the approval of building permits, design, or code enforcement? If yes, provide details within loss summary.	Electronically Transmitted directly to Broker - Michelle Martin	Yes
31 In the past 5 years have you had any disputes, claims or complaints involving open or closed landfills? If yes, provide details within loss summary.		No
32 Indicate total employment turnover during the last 3 years for # Full-time employees terminated (vol/invol)		Pending Receipt from HR
33 For how many individuals (no FEIN) does applicant report earnings on IRS Form 1099?		0
34 Has there been a layoff of employees or reduction in service in the last three years?		Yes No
35 Indicate total employment turnover during the last 3 years for # Full-time employees hired		Pending Receipt from HR
36 Indicate total employment turnover during the last 3 years for # Part-time employees hired		
37 Indicate total employment turnover during the last 3 years for # Part-time employees terminated (vol/invol)		
38 Indicate current number of employees employed more than 10 years:		121
39 Indicate current number of employees employed between 2 -10 years		216
40 Indicate current number of employees employed less than 2 years:		145
41 Over the last 5 years has any person made a claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, treatment or termination of employment ? (If yes, provide details under separate cover):		See Below
42 Provide names & positions of persons with whom any insured has written employment agreement(s)	See Attachment A	City Attorney, Shawn Smith, Ci Mgr- Jim Scholl, City Clerk- Che Smith
43 In the past 5 years, has any claim been made or is now pending against the Entity or any person in his/her capacity as an official or employee of the entity ? If yes, provide details.		
44 Within the past 5 years, has/does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim against them or against the entity ? If so, please provide details.		Yes
45 Do supervisors receive training in the proper implementation of your policies and procedures?		Yes
46 Do you have a written employment manual including all personnel policies and procedures?		Yes
47 Enter date employment manual written or last updated (MMYY or "None")		01/01/2010
48 Is this manual reviewed by counsel experienced and qualified in employment law?		Yes
49 Do policies and procedures comply with state and federal guidelines?		Yes
50 Is this manual distributed to all employees upon hiring?		Yes

INITIAL AND DATE

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]
 Coverage Term: 10/01/2013 - 10/01/2014
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COVERAGE INFORMATION - PROFESSIONAL LIABILITY - PUBLIC OFFICIALS & EMPLOYMENT PRACTICES
 THIS IS AN APPLICATION FOR "CLAIMS MADE AND REPORTED" COVERAGE

POL/ELL/EPLI	New Response
51 If no, please explain why not:	
52 Do you have a written policy with respect to both sexual and non-sexual harrasment?	Yes
53 Do you follow a formal written procedure for employee disputes/complaints?	Yes
54 Are all actions to dismiss or demote employees reviewed in advance by legal counsel?	No
55 Do you require that due process be served and documented for all proceedings involving dismissal, demotion or suspension?	Yes
56 Are all probationary or disciplinary actions recorded in writing and signed by the employee?	Yes
57 Are you an Equal Opportunity Employer?	Yes
58 Have job descriptions been drafted for regular full-time positions?	Yes

PROFESSIONAL LIABILITY

IT IS AGREED THAT IF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION NOT LISTED/DISCLOSED HEREIN, THEN ANY CLAIM BASED UPON, ARISING OUT OF, OR ATTRIBUTABLE THERETO, IS EXCLUDED FROM THE COVERAGE BEING APPLIED FOR.

The undersigned being authorized by, and acting on behalf of the applicant and all persons or concerns seeking coverage, has read and understands this Application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the coverage agreement applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Trust. The undersigned acknowledges and agrees that the submission and the Trust's receipt of such written report, prior to the inception of the coverage agreement applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase coverage, nor does the review of this Application bind Preferred to issue a coverage agreement. This Application shall, however, be the basis of the contract, should a coverage agreement be issued.

PLEASE SIGN AND DATE

ed _____ Title _____ Date _____

This Application must be signed by the "Ranking Elected / Appointed Official" of the Entity making the application (e.g. Mayor /Manager / equivalent Officer) or the Risk Manager (or ranking official) assigned this function.

SIGNATORY ABOVE IS ALSO TO INITIAL EACH AND EVERY PAGE OF THIS APPLICATION.

IMPORTANT NOTICE: SHOULD THE SIGNED APPLICATION DIFFER IN ANY WAY FROM THE APPLICATION SUBMITTED FOR UNDERWRITING/RATING PURPOSES, THE TERMS, CONDITIONS AND PREMIUM AS REFLECTED ON QUOTE/BINDER/COVERAGE AGREEMENT MAY BE SUBJECT TO CHANGE.

INITIAL AND DATE

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]
 Coverage Term: 10/01/2013 - 10/01/2014
 Member Name: Key West, City of
 Agency: PRIA - Daytona

COVERAGE INFORMATION -GENERAL QUESTIONS

Excess WC (Standard Limits are \$1M/\$1M/\$1M)	New Response
1 Self Insured Retention Required:	\$325,000
2 Complete submission must include Payroll Classification Schedule and Employee Concentration schedule. Schedules attached to portal app. <i>See Attachment "B"</i>	

COVERAGE INFORMATION -GENERAL QUESTIONS

SIR - TPA Information	New Response
1 Name of Contracted TPA: <i>Ascension Benefits & Ins. Solutions of Fla.</i>	EMI <i>same company / different name</i>
2 TPA Contact Name:	Kevin Cothron
3 TPA Mailing Address:	EMI - 700 Central Parkway, Stuart, FL. 34994
4 TPA Physical Address:	700 Central Parkway, Stuart, FL. 34994
5 TPA Phone:	800.431.2221
6 TPA Fax:	772-220-1637
7 TPA Email:	kevin.cothron@emi-tpa.com
8 Are claims handled for the contract period only?	No
9 If no, are claims handled until settlement?	Yes
10 Term of contract:	5 years or until such time of a change in TPA
11 Name of the entity's attorney:	Outside counsel
12 Is the entity's attorney an employee or is the attorney/firm on retainer?	<i>Retainer</i>
13 Will the entity's attorney provide litigation for the covered party?	No
14 What limit is the entity's attorney's settlement authority?	0
15 Does Entity maintain a contingent liability reserve for self insured losses?	Yes
16 To what \$ level is the reserve funded?	5,400,000
17 Do you understand this is not an application for a TPA quote? TPA quote is to be sought from a Preferred approved TPA.	Yes

COVERAGE INFORMATION -GENERAL QUESTIONS

Stop Loss	New Response
1 Requested Stop Loss Amount?	\$825,000
2 Auto Physical Damage	No
3 Excess Workers' Compensation	Yes
4 Property (Excl Named Windstorm)	No
5 Inland Marine (Excl Named Windstorm)	No
6 Crime	No
7 GL & Employee Benefits	Yes
8 Law Enforcement Liability	Yes
9 Auto Liability	Yes
10 Public Officials Liability/Employment Practices Liability	Yes

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION -Auto Liability

Coverage	New Response
1 AL Limit	\$1,000,000
2 AL Deductible?	\$100,000 SIR
3 AL Territory?	Tri County
4 Hired and Non-Owned Liability?	Yes
5 AL Medical Payment limit?	\$0
6 Uninsured/Underinsured motorist limit (max \$100,000)?	\$0
7 If symbol 10 for AL is required, provide definition.	
8 Do you have a written safety manual for Fleet Management?	Yes
9 Is the safety manual for fleet management updated annually?	Yes
10 Are safety inspection records maintained?	Yes
11 How often do you inspect vehicles for safety hazards?	Daily
12 Do you have a Driver Training Program?	Yes
13 Is the Driver Training program updated annually?	Yes
14 Do you have a written criteria/policy on how to analyze MVR's?	Yes
15 Do you have a formal written accident reporting procedure?	Yes
16 Do you have a written Employee Disciplinary program in place for Driver Safety Violations?	Yes
17 Are vehicles assigned to specific drivers with back up drivers?	Yes
18 Do you own any 15 Passenger Vans with Model Year 2006 or older? (If yes, provide Member's policy/procedure with regards to how many passengers are transported in each van, seatbelts, other safety procedures, etc.)	No

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION -General Liability

Coverage	New Response
1 GL Occurrence Limit	\$1,000,000
2 GL Deductible	\$100,000 SIR
3 Employee Benefits Occurrence Limit	\$1,000,000
4 What is the requested GL Herbicide & Pesticide Limit (Incl in GL Occurrence Limit)?	\$1,000,000
5 No-Fault Sewer Backup Coverage (\$1K per Claim / \$5K Annual Aggregate)?	Yes
6 Medical Expense Limit (Max \$2,500)	\$2,500
7 GL Territory	Tri-County
8 What is the GL net operating expenses amount?	0
9 Please provide the total number of Housing Authority units.	0
10 If Housing Authority, please give the number of section 8 units. (including USDA Units)	0
11 Number of hotel units owned/operated by the entity.	0
12 Do you require all contractors & vendors with whom you do business to provide a contractual hold harmless and certificate of Insurance.	Yes
13 Do you require all contractors & vendors with whom you do business to make you an Additional Insured on their policy	Yes
14 Do you require groups using your facilities to provide a contractual hold harmless and Certificate of Insurance?	Yes
15 Do you require groups using your facilities to make you an additional insured on their insurance policy?	Yes
16 Do you own/operate, and are requesting coverage for: Airports/Aircraft (Premises Liability Only)	N/A
17 Do you own/operate, and are requesting coverage for: Hospitals, Nursing Homes, Medical Facilities (Coverage limited to Premises Liability Only, Medical Malpractice excluded.)	N/A
18 Do you own/operate, and are requesting coverage for: Law Enforcement (See Professional Liability section for coverage questions)	Requesting Coverage
19 Do you own/operate and are requesting coverage for Detention Facilities (See Law Enforcement section for coverage questions)	N/A

COVERAGE INFORMATION -General Liability

Operations: Athletic Fields & Activities	New Response
1 Do you own/operate, and are requesting coverage for: Athletic Fields & Activities	Requesting Coverage
2 Describe type of outdoor athletic activities:	Baseball, Football, Softball, Tennis, Basketball, Skate Bocce Court, Hocky, Multiple Parks

COVERAGE INFORMATION -General Liability

Operations: Beaches/Lakes/Retention Ponds	New Response
1 Do you own/operate, and are requesting coverage for: Beaches/Lakes <i>Southernmost Beach; Smathers, Rest, Simonton, Dog (5)</i>	Requesting Coverage
2 Are Safety Signs in place?	Yes

Initial _____ Date _____



COVERAGE INFORMATION -General Liability

Operations: Bleachers/Auditoriums/Stadiums	New Response
1 Do you own/operate, and are requesting coverage for:Bleachers/Auditoriums/Stadiums	Requesting Coverage
2 # of Bleachers/Auditoriums/Stadiums with Seating Capacity less than 2,500	57
3 # of Bleachers/Auditoriums/Stadiums with Seating Capacity over 2,500	0

COVERAGE INFORMATION -General Liability

Operations: EMT's/Paramedics	New Response
1 Do you own/operate, and are requesting coverage for:EMT's/Paramedics (Incl Fire Dept & Other 1st Responders)	Yes
2 Are all EMTs / Paramedics / 1st Responders trained, certified and/or licensed?	Yes

COVERAGE INFORMATION -General Liability

Operations: Marinas	New Response
1 Do you own/operate, and are requesting coverage for:Marinas (Excludes Marina Operators Liab)	Requesting Coverage
2 Number of Slips or Moorings	368

COVERAGE INFORMATION -General Liability

Operations: Skate Parks	New Response
1 Do you own/operate, and are requesting coverage for:Skate Parks	Requesting Coverage
2 Has a disclaimer sign been posted? <i>Users Sign A Disclaime On-Site Prior to Access To A Fenced /Gated Skate Park w/Attendant</i>	Yes

COVERAGE INFORMATION -General Liability

Operations: Special Events, Fairs or Carnivals	New Response
1 Do you own/operate, and are requesting coverage for:Special Events, Fairs or Carnivals	Requesting Coverage
2 Description of Events:	Christmas Parade & Tree Lighting
3 Do you contract out security at the events?	No
4 Do you have fireworks displays?	No
5 If you have fireworks displays, how many a year do you have?	0
6 Do you contract out the fireworks display to a licensed Pyrotechnician?	Yes

COVERAGE INFORMATION -General Liability

Operations: Swimming Pools / Water Parks	New Response
1 Do you own/operate, and are requesting coverage for: Swimming Pools/Water Parks	Requesting Coverage
2 Total number of pools/water parks <i>w/life Guards</i>	1 <i>(180,000 Gal) (Wading Pool)</i>

COVERAGE INFORMATION -General Liability

Operations: Transportation & Community Services	New Response
1 Do you own/operate, and are requesting coverage for: Transportation & Community Services	Requesting Coverage
2 Are Dept. of Transportation physicals required for drivers over age 65 ?	Yes



Renewal Application Muni [PX FL1 0442001 13-05]
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 Member Name: Key West, City of
 Agency: PRIA - Daytona

COVERAGE INFORMATION -General Liability

Operations: Transportation & Community Services	New Response
3 Are MVR's reviewed for all volunteer drivers ?	Yes
4 What is the minimum liability limits volunteer drivers are required to maintain on their personal automobile coverage ?	0 Statutory

COVERAGE INFORMATION -General Liability

Operations: Wastewater Treatment	New Response
1 Do you own/operate, and are requesting coverage for:Wastewater Treatment (Includes Sewage Treatment)	Requesting Coverage

COVERAGE INFORMATION -General Liability

Operations: Watercraft	New Response
1 Do you own/operate, and are requesting coverage for Watercraft?	Requesting Coverage
2 Number of Watercraft less than 52 feet	10
3 Number of watercraft used for paying passengers	0

COVERAGE INFORMATION -General Liability

Operations: Wharves/Piers/Docks	New Response
1 Do you own/operate, and are requesting coverage for Wharves/Piers/Docks	Requesting Coverage
2 Number of wharves/piers/docs locations	7
3 Are any commercial operations carried out at or on any Wharves/Piers/Docks?	Yes

COVERAGE INFORMATION -General Liability

Supervision Abuse Prevention (Required)	New Response
1 Who in the Entity has been designated to handle claims (include name, address, telephone number and email)?	P.O. Box 1409 Key West, FL 33041 Sandra Barroso
2 With respect to Claims Incidents, etc., do you have a written procedure for obtaining information?	305-809-3811 sbarroso@keywestcity.com Yes
3 Enter Y/N for all operations	
4 Do you operate camps (residential)?	No
5 Do you operate camps with overnight stays?	No
6 Do you operate daycare centers/nursery schools - children or adult care?	No Yes- After School Program at Douglas Gym
7 Do you operate juvenile detention centers?	No
8 Do you operate medical services and professionals - doctors, psychiatrists, visiting nurse services?	No
9 Do you operate mental institutions?	No
10 Do you operate orphans or foster homes, including social service agencies responsible for the foster home evaluation and/or placement?	No
11 Do you operate religious/clergy/church organizations?	No
12 Do you operate schools - public or private elementary, junior high or high school?	No
13 Do you operate social service counselors - social workers, psychologists?	No
14 Do you operate special needs educational facilities?	No

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 Coverage Term: 10/01/2013 - 10/01/2014
 Member Name: Key West, City of
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COVERAGE INFORMATION -General Liability

Supervision Abuse Prevention (Required)	New Response
15 Do you operate substance abuse facilities with overnight stays?	No
16 Do you operate substance abuse facilities without overnight stays?	No
17 Do you operate youth organizations (sports, scouts, YMCA/YWCA, Big Brothers/Sisters, etc.)?	No Yes - After School Program Basketball; Computer Learning Center; Reading
18 What other activities do you operate?	Only - #17
19 Is there a Sexual Abuse Prevention Program in effect?	No
20 Has a written policy been established clearly expressing management's commitment to sexual abuse prevention?	No
21 Have written procedures encompassing rules, a code of conduct and disciplinary measures been established for all staff and/or volunteers, which clearly define the policy and consequences of non-adherence?	Yes
22 Has a mechanism been developed to ensure that sexual abuse prevention policies and procedures are implemented and enforced throughout the organization?	No
23 Is there a Sexual Abuse Prevention Coordinator that reports to a member of management?	No
24 Are management/staff trained in policies and procedures relating to the Sexual Abuse Prevention Program?	No
25 Do policies and procedures include an incident reporting and follow-up mechanism?	Yes
26 Are standard applications used for all prospective employees or volunteers?	Yes
27 Is there a minimum of two background checks for prospective employees with documentation maintained in file?	Yes
28 Do background checks include checks with "Sex Offender Hot-lines", State Police, State Department of Social Services, or similar public agencies?(where applicable)	Periodically (e-3 mos) All City Employed Areas; Monthly for Community Pool Area w/in 5mi radius
29 In the past five years have any employees or officers been terminated for cause related to sexually abusive behavior?	No
30 Are records maintained documenting adherence to all applicable policies and procedures, e.g., hiring and screening, code of conduct, training, incident and follow-up procedures?	Yes
31 Are you aware of any circumstance that may result in a sexual abuse claim? If Yes, explain on a separate sheet.	No
32 Have any members of the staff been transferred because of allegations of sexual abuse?	No
33 Is training documented in their personnel file?	All training is documented + kept in Personnel Files - No specific training on Sexual abuse



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION -Professional Liability

Employee Benefits Liability

New Response

1 Do you currently have an Employee Benefit program?	Yes
2 Enter Limit amount for each employee	\$1,000,000
3 Enter Deductible amount for each employee	\$100,000

COVERAGE INFORMATION -Professional Liability

Law Enforcement

New Response

1 What is the requested Law Liability Limit?	\$1,000,000
2 What is the requested Law Liability Deductible?	\$100,000 SIR
3 Please provide the title of person responsible for Law Enforcement Operations	Chief Donie Lee
4 Contact Person	Sandra Barroso, Risk Manager
5 Phone:	305-809-3811
6 Email address	sbarroso@keywestcity.com
7 Are you a party to any mutual aid agreements? (Please list or answer "None".)	<u>FL Dept of Corrections</u> <u>Orange County Sheriff's Ofc; F.D.L.E.</u> US Navy, State of FL, Monroe County, School Board, Sheriffs Dept.
8 Do you provide contracted services for any other entities? (Please list or enter "No".)	No
9 PLEASE COMPLETE THE FOLLOWING BY ENTERING NUMBER OF EMPLOYEES, ACCOUNTING FOR EACH EMPLOYEE ONLY ONCE IN THEIR PRIMARY CLASSIFICATION:	
10 Class A - Chief/Sheriff	1
11 Class A - Deputy Chief/Chief Deputy	0
12 Class A - Other Ranking Officers (Captains, Lieutenants, Sergeants)	<u>2 Captains; 6 Lieutenants;</u> <u>11 Sergeants</u>
13 Class A - Full-time Armed Officers with arrest authority (non-ranking)	<u>78</u>
14 Class A - Jail Wardens and Assistant Wardens	0
15 Class A - District Attorney Investigators	0
16 Class A - D.A. or Prosecuting attorneys	0
17 Class B - Armed Part-time, Auxillary, or Reserve Officers	<u>5</u>
18 Class B - What is the average number of hours per officer / per week?	<u>40</u>
19 Class B - Armed Probation Officers, both adult and juvenile?	0
20 Class B - Jailers - Full-time and Part-time	0
21 Class B - Canines (provide certification of training for both dog and handler)	<u>2</u>
22 Class B - Civil Process Officers	0
23 Class B - Court Security Officers	0
24 Class C - Unarmed Part-time, Auxillary, or Reserve officers.	0
25 Class C - What is the average number of hours per officer /per/week?	0
26 Class C - Unarmed Probation Officers, both adult and juvenile.	0
27 Class C - School Crossing Guards.	<u>8</u>

Initial _____ Date _____



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COVERAGE INFORMATION -Professional Liability

Law Enforcement	New Response
28 Class C - Dispatchers/Communications.	15
29 Class C - Animal Control Officers.	0
30 Class C - Building inspectors.	5 (licensed in multiple trades)
31 What is the current annual operating budget for the law enforcement agency? Total KWPD Budget = 12,135,467	422,408 (operating budget)
32 How many attack canines are in Law Enforcement operations?	2
33 WHICH OF THE FOLLOWING ARE INCLUDED IN YOUR SELECTION PROCESS PRIOR TO EMPLOYMENT:	
34 Written Exam?	Yes
35 Psychological Exam?	Yes
36 Background and employment investigation?	Yes
37 Do all law enforcement officers meet your state's minimum standards for training and receive certification?	Yes
38 If yes, how many hours of training? Otherwise, please explain.	770 844
39 Do you follow written policies regarding in-service training or continuing education for all officers?	Yes
40 If yes, how many hours per year?	30
41 Is all employee training, both past and present, documented and kept on file?	Yes
42 Does your agency have a Field Training Program for new employees?	Yes
43 If yes, how many weeks?	16
44 What is the Average Salary of your current full-time sworn officers?	45,000 49,000
45 What is the Average # of Years of Service of your current full-time sworn officers?	10
46 ARE OFFICERS REQUIRED TO COMPLETE TRAINING IN THE USE OF:	
47 Baton/PR-24/ASP?	Yes
48 Chemical Irritants?	Yes
49 Electronic Control Device (Stun gun or Taser)?	Yes
50 Carotid control hold?	No
51 Other, please describe.	Less lethal munitions
52 Are all officers required to complete a Defensive Driving Program?	Yes
53 Do all officers receive training in simulated or actual high speed pursuit?	No
54 Do all officers receive training in First Aid?	Yes
55 Do all officers receive training in CPR?	Yes
56 Do all officers receive training in the use of Defibrillators?	Yes
57 WHAT TRAINING IS REQUIRED OF RESERVE AND AUXILIARY OFFICERS:	Same As Fulltime Officers
58 Same as Full-time Officers?	Yes
59 Less than Full-time Officers? If less, please explain.	

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION -Professional Liability

Law Enforcement	New Response
60 Do you maintain a formal Policies and Procedures Manual	Yes
61 Do all employees receive their own copy?	Yes
62 Is every employee held accountable for knowing the contents of the manual	Yes
63 When was your manual originally assembled?	
64 When was your manual last updated?	01/01/2012 01/01/13
65 Is your manual regularly reviewed by competent legal counsel?	No
66 Reviewed by whom?	Chief of Police
67 DO YOU HAVE FORMAL WRITTEN POLICIES AND PROCEDURES PERTAINING TO THE FOLLOWING SUBJECTS:	
68 Use of deadly force?	Yes
69 Use of non-deadly force?	Yes
70 Vehicle high-speed pursuit?	Yes
71 Domestic Violence?	Yes
72 Search and seizure?	Yes
73 Intoxicated arrestees?	Yes
74 Communicable diseases?	Yes
75 Employee moonlighting?	Yes
76 Do you handle your own dispatching?	Yes
77 Do you dispatch for any other entities?	Yes
78 Do your Law Enforcement dispatchers also dispatch for emergency medical and fire fighting services?	Yes
79 Are all incoming calls recorded?	Yes
80 How long are the tapes maintained?	90 Days
81 How many hours of training do dispatchers receive?	1,280
82 Do you participate in any internship or ride-along programs? If so, please attach explanation. <i>Written Policy Available</i>	Yes
83 Do you own, operate or maintain any fixed or rotary wing aircraft? If Yes, please explain.	No
84 Do you own, operate or maintain any watercraft? If yes, please explain.	Yes, 3 vessels
85 With respect to your Law Enforcement Liability coverage, if with PGIT less than 5 years, complete and attach the "Loss Summary" form or a "No Known Losses" letter. Form template can be found with Pool Forms under the Documents section of the application.	/
86 Has any claim been made or suit filed against the entity or any person in their capacity as an official or employee of the entity in the last five years? If yes, please attach a narrative summary with details and status.	
87 Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim? If yes, please attach a narrative summary with details.	
88 New Business - Who is your current carrier?	

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION -Professional Liability

Law Enforcement	New Response	
89 New Business - What is your current Limit of Liability?		
90 New Business - What is your current Deductible?		
91 New Business - What type of Law Enforcement Liability coverage do you currently have? Occurrence? Or Claims-Made? (Preferred form Occurance no prior acts available.)		
92 Has the Law Enforcement coverage been cancelled or non-renewed within the last five years?	No	
93 If so, please explain:		
94 If you do NOT have a detention facility of any kind, please check this box and skip to the next section No Detention facility	Yes No	
95 Which of the following best describes your facility?		
96 Temporary holding facility (under 8 hours – no overnight)		
97 Temporary holding cell (from 8 to 24 hours)		
98 Jail - for persons serving time, awaiting trial or transfer.		
99 When was your facility built?		
100 When was your facility last renovated?		
101 What is the state certified capacity?		
102 What is the average daily inmate population?		
103 Does your facility house...		
104 Adult prisoners only?		
105 Males and females?		
106 Violent and non-violent prisoners?		
107 Is your facility equipped with surveillance systems to monitor activity in the following areas? If so, please check		
108 Individual detention cells?		
109 Secured common areas?		
110 Booking area?		
111 Sally port?		
112 When was your facility last inspected by the following:		
113 State Corrections Officials?		
114 Fire Inspectors?		
115 Department of Health?		
116 Do you have standard fire protection systems including smoke detectors and fire alarms?		
117 How many hours of training are required prior to employment as a guard or jailer?		
118 Do dispatchers serve as jailers?		
119 If so, do they receive the same training?		
120 Do you employ or contract with Doctor(s)?		
121 Do you employ or contract with Nurse(s)?		
122 Do you employ or contract with Dentist(s)?		

Initial _____ Date _____



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

COVERAGE INFORMATION -Professional Liability

Law Enforcement	New Response	
123 Do you employ or contract with Psychologist(s)?	/	
124 Do each of the above maintain their own professional errors and omissions liability coverage?		
125 Has anyone ever successfully committed suicide in your facility? If yes, please attach explanation.		
126 How many attempted suicides have there been in your facility in the last three years?		
127 DO YOU HAVE FORMAL WRITTEN POLICIES AND PROCEDURES FOR:		
128 Intake screening and classification?		
129 Medical screening?		
130 Suicide detection and prevention?		
131 Periodic walk-through of the facility?		
132 Administration and control of medication?		
133 Use of force?		
134 Emergency evacuation?		
135 Communicable diseases?		
136 When was your manual last updated (date)?		
137 Is your manual reviewed by legal counsel?		
138 Has your facility ever been subject to a court order or Consent Decree?		
139 What is the average occupancy percentage of your facility?		0

The City of Key West Police Dept has Rec'd Accreditation by the Commission for Florida Law Enforcement Agency 3x since 2002
In the 2012 Review KWPD scored "Excellence" in its operations.



Renewal Application Muni [PX FL1 0442001 13-05]

Coverage Term: 10/01/2013 - 10/01/2014

Member Name: Key West, City of

Agency: PRIA - Daytona

Page 19
Portal Reference # 208901

COVERAGE INFORMATION -Property

Coverage	New Response
1 Flood limit (primary for zones other than A & V) - Maximum Limit \$5,000,000	\$5,000,000
2 What is the requested AOP Property Deductible?	\$25,000
3 What is the requested Earthquake Limit?	\$0
4 What is the default protection class?	2
5 If any of the buildings have unrepaired damage from a previous loss, please describe the extent of the damage and location.	N/A
6 Date of last property valuation:	04/01/2010
7 Does the member own any structures not listed on the Property Application Schedule of Locations? If yes, provide description and/or schedule under separate cover.	Yes <i>See Attachment "C" + "D"</i>
8 Are these structures insured with another carrier?	Yes



COVERED PARTY: **City of Key West**
 AGREEMENT NO.: **PX FL1 0442001 13-05**
 AGREEMENT PERIOD: **10/01/2013 to 10/01/2014**

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the Coverage Agreement. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability coverage agreements include Uninsured Motorist coverage at limits equal to the Bodily Injury limits in your coverage agreement unless you select a lower limit offered by the Trust, or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your Coverage Agreement:

- a. I hereby reject Uninsured Motorist coverage.
- b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability Limits:
 each person (enter limit if applicable):
 each accident.
- c. I hereby select Uninsured Motorist coverage limits equal to my Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this Coverage Agreement will apply only to the extent of coverage (if any) which applies to that vehicle in this Coverage Agreement. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a Named Covered Party, covered family member, or covered resident of the Named Covered Party's household. This Coverage Agreement will not apply if you select the coverage available under any other Coverage Agreement issued to you or the Coverage Agreement of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your Coverage Agreement limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Coverage Agreement limits would automatically change during the Coverage Agreement term if you increase or decrease the number of autos covered under the Coverage Agreement.

- I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability Coverage Agreement and future renewals or replacements of such Coverage Agreement which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Trust or my agent know in writing.

Signed _____
 (Covered Party)

Signed _____
 (Covered Party)

Date: _____



PUBLIC ENTITY SIGNATURE PAGE

Covered Party: City of Key West

Agreement Number: PX FL1 0442001 13-05

Coverage Period: From: 10/01/2013 to 10/01/2014

I hereby confirm that limits/coverages as shown hereunder, corresponding with the Coverage Agreement, are correct:

- Property TIV \$56,648,060 Buildings & Contents Combined
- Inland Marine
 - Not Included Communication Equipment
 - \$2,177,096 Contractor's / Mobile Equipment
 - \$1,210,941 Electronic Data Processing Equipment
 - Not Included Emergency Services Portable Equipment
 - Not Included Fine Arts
 - \$357,000 Other Inland Marine
 - Not Included Rented, Borrowed, Leased Equipment
 - Not Included Valuable Papers
 - \$321,595 Watercraft

I reject property TRIA (Terrorism Risk Insurance Act) coverage

Automobile

- 295 # of Units - Auto Liability
- 0 # of Units - Comprehensive
- 0 # of Units - Collision

Stop Loss Aggregate of 1100000 applies to General Liability, Law Enforcement Liability, Auto Liability, Public Officials Liability, Employment Practices Liability, Excess Workers Compensation

I hereby confirm that I have received a copy of PGIT's Current Interlocal Agreement (which was last amended October 1, 2004)

N/A I confirm having read and agreed to the terms as laid out in the attached PGIT Participation Agreement (which also requires a signature)

Please remember that a signed copy of the following are also required:

- First Page of PGIT application
- Uninsured Motorist Rejection / Election form, if applicable
- Professional Liability (POL / EPLI or ELL / EPLI) application, if applicable.

Signature

Title

Date

Name

Please note: Failure to return this signature page could result in cancellation of coverage.



PUBLIC ENTITY

SELF INSURED RETENTION SCHEDULE AND TPA INFORMATION SIGNATURE PAGE

COVERED PARTY: **City of Key West**

AGREEMENT NO.: **PX FL1 0442001 13-05**

SELF INSURED RETENTION SCHEDULE

<input type="checkbox"/>	PROPERTY	Each Occurrence
<input type="checkbox"/>	INLAND MARINE	Each Occurrence
<input type="checkbox"/>	CRIME	Each Occurrence
<input checked="" type="checkbox"/>	GENERAL LIABILITY (includes Employee Benefits)	\$100,000 SIR Each Occurrence
<input checked="" type="checkbox"/>	LAW ENFORCEMENT LIABILITY	\$100,000 SIR Each Occurrence
<input checked="" type="checkbox"/>	PUBLIC OFFICIALS LIABILITY	\$100,000 SIR Each Occurrence
<input checked="" type="checkbox"/>	EMPLOYMENT PRACTICES	\$100,000 SIR Each Occurrence
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	\$100,000 SIR Per Person / Per Accident
<input type="checkbox"/>	AUTOMOBILE PHYSICAL DAMAGE - COMP	Each Accident
<input type="checkbox"/>	AUTOMOBILE PHYSICAL DAMAGE - COLL	Each Accident
<input type="checkbox"/>	GARAGE KEEPERS / GARAGE LIABILITY	Each Accident
<input checked="" type="checkbox"/>	EXCESS WORKERS COMPENSATION	\$325,000 Each Occurrence

The Named Covered Party is responsible for reporting individual claims to PGIT per the requirements as specified in PGIT 903 Section B.

THIRD PARTY ADMINISTRATOR INFORMATION

If no information appears below or if there is a discrepancy, please make the necessary changes on the lines provided.

TPA Name & Address:

Ascension Benefits & Ins Solutions of FI
EMI - 700 Central Parkway, Stuart, FL. 34994

TPA Primary Contact:

Name: Kevin Cothron
Phone: 800.431.2221
Email: kevin.cothran@emi-tpa.com

I hereby confirm the above information is correct.

Authorized Signature

Please note: Failure to return a signed copy of this document could result in cancellation of coverage.