### Insurance Proposal Prepared for

Ft. Bend Co. Toll Rd Authority

(D&O Liability and Bonds Only)





## McDonald & Wessendorff Insurance

Welcome!

Thank you for choosing us for your insurance needs. Finding the right people for the right job can be difficult, especially when dealing with insurance.

We at McDonald & Wessendorff Insurance are dedicated to "Growing Relationships" with our clients. The following material about this insurance program is designed specifically for you.

Please contact us at 281-342-6837 with any questions, comments or concerns.

McDonald & Wessendorff Insurance:

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### Plan Coverages

#### Property

- Real and Personal Property Coverage based on Replacement Cost Valuation
- Contractors Equipment based on Actual Cash Value

#### Boiler & Machinery

• Coverage based on repair or replacement cost valuation

#### Comprehensive General Liability

- Duty to Defend
- Defense is in addition to the policy limit
- Sewer Back-Up coverage provided by specific endorsement

#### Um bre lla

 Increased limits are available as an alternative to the District which desires higher limits for General Liability and Business Auto Liability

#### Pollution Liability

- Legal liability protection for environmental damage and bodily injury
- Clean-Up costs for third party owned premises
- Both gradual and sudden occurrences are covered
- Occurrence coverage form
- Defense is in addition to the policy limit
- No exclusion for punitive damages

#### Directors & Officers Liability

- Duty to defend
- Pay on behalf in lieu of reimbursement coverage form
- Defense is in addition to the policy limit (Includes Breach of Contract)
- No Aggregate limit
- No deductible or retention
- Full prior acts coverage back to the creation of the District
- Definition of claim includes coverage for declaratory and injunctive relief suits
- No Failure to Supply exclusion
- Employment Practices Liability included
- Coverage included for libel, slander, defamation of character

#### Ft. Bend Co. Toll Rd Authority

TYPE OF POLICY:

DIRECTORS AND OFFICERS LIABILITY

PROPOSED EFFECTIVE DATE:

10/01/17

COVERAGE:

•Claims-Made Coverage Form

•Duty to Defend

•Pay on Behalf in lieu of Reimbursement Coverage

Form

•Full Prior Acts

•Defense Cost Outside the Limit •Defense for Alleged Breach of

Contract

•Claim includes any Judicial or Administrative Proceedings

•Employment Related Practices coverage for the

District Included

•Coverage extended to include Director's Spouse

•Terrorism Not Excluded

LIMIT OF LIABILITY:

\$5,000,000 Per Claim

No Aggregate Limit

DEDUCTIBLE:

None

POLICY TERM:

One Year

PREMIUM:

\$5,500

COMPANY:

Mid-Continent Casualty Company

AM Best Rating: A + VIII

#### **OPTIONAL LIMITS**

	Limit	Premium
	\$1,000,000	\$1,500
	\$2,000,000	\$2,500
	\$3,000,000	\$3,500
	\$4,000,000	\$4,500
X	\$5,000,000	\$5,500

ACCEPTED BY:

DATE

DATE:

REJECTED BY:

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

#### Ft. Bend Co. Toll Rd Authority

TYPE OF POLICY:	PUBLIC EMPLOYEE BLANKET CRIME (Includes Attorney, Operator, Bookkeeper, Engineer and Delinquent Tax Attorney)
ANNIVERSARY OF CURRENT POLICY:	10/01/17
COVERAGE:	Terms & conditions same as expiring
LIMIT:	\$1,000,000
DEDUCTIBLE:	\$5,000
TERM:	One Year
PREMIUM:	\$1,387
COMPANY:	Travelers Casualty & Surety Co. of America AM Best Rating: A++ XV

ACCEPTED BY: DATE: 8 14 17

REJECTED BY: DATE:

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

#### Ft. Bend Co. Toll Rd Authority

TYPE OF BOND:	DIRECTORS POSITION SCHEDULE BOND
ANNIVERSARY OF CURRENT BOND:	10/01/17
COVERAGE:	Provides coverage for loss caused to the District through the failure of Directors to perform faithfully their duties or to account properly for all monies and property received by virtue of their position as Director.
	•Terrorism Not Excluded
BOND TERM:	One Year
BOND LIMIT:	\$10,000 Per Director ( 5 ) \$50,000 Aggregate
PREMIUM:	\$174
COMPANY:	Hartford Casualty Company AM Best Rating A+ XV

ACCEPTED BY: DATE: 8 10 17

REJECTED BY: DATE:

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

#### FT. BEND CO. TOLL RD AUTHORITY

PROPOSED EFFECTIVE DATE:

10/01/17

#### PREMIUM SUMMARY

COVERAGE	RENEWAL PREMIUM	LAST YEAR'S PREMIUM	
DIRECTORS AND OFFICERS	5,500.00	5,500.00	
PUBLIC EMPLOYEE BLANKET CRIME	1,387.00	1,387.00	
DIRECTOR'S BOND	174.00	174.00	
TOTAL PREMIUM	\$7,061.00	\$7,061.00	

McDonald & Wessendorff thanks you for your business!

Please note this proposal does not include any Property, Boiler & Machinery or General Liability coverage.

If the Authority would like a quote on additional coverages, please contact our office.

PAY	MENT IS DUE WITHIN 30 DAYS OF THE EFFECTIVE DATE TO AVOID CANCELLATION.
	ACCEPTED BY: If sollowing
	PRINTED NAME & TITLE: Dr. James D. Condrey Chairman
	DATE: August 16, 2017
	FEDERAL TAX ID #: 57 - 1159190
	WEB ADDRESS IF ANY: www. fbctva.com

Premiums quoted are valid for 30 days from proposed effective date.

All descriptions of proposed coverage's provided herein are intended as an outline of coverage and are necessarily brief. For specific wording concerning insuring agreements, definitions, conditions, terms and exclusions not listed, please read each policy carefully. Please contact our office if there are any questions.

# D & O APPLICATION

# PLEASE COMPLETE/ SIGN AND RETURN WITH THE ACCEPTED PROPOSAL

THANK YOU!

#### Professional Liability Application Application for Directors & Officers Liability Insurance

\$5,000,000

Premium \$5,500

Part 1: Background	l Information			**ML 1459 (01-97)**	
Name of Organization	The Muller Law	d Authority	16555	SW Frung Suit	c 200
Address: CD	The Muller Law	S Group ,	PLLC Suga	w Land, Tx	7747
Purpose of Organizat	tion: Toll Re	sad Auth	ranty		
	nce since: 2010 Numb				
	s? Yes or kocircle respon onprofit, purpose, bylaws a			ablished, nature of	
If yes, do you wish to	o request coverage for subsi	diaries? Yes or	Circle response)		
Are the organization	's finances audited by a Cer	tified Public Ac	countant? (esof No	(circle response)	
employees? Yes or	n have any stockholders or (circle response) If yes, p	olease give	fit from the operatio	n except as salaried	
Are any directors, Tr	rustees, Officers or employe	es indebted to the	e organization? Yes	or for If yes, please	
Part 2: Insurance C	Coverage Information				
Directors & Officers	Liability Insurance carried	during the past t	hree years including	expiring Policy.	
Insurer:	Limits of Liability:	Premium:	Deductible:	Policy Period	
If yes, with which in Has any policy for D	Liability Coverage has bee surance company?M Directors and Officers liabili	ty Insurance eve	r been canceled or no		
	e organization designated to ative(s) concerning this insu			Insurer or their	

Part 3: Employer Detail
Total number of: Full Time Employees: Part Time Employees: Ø
Total number of Employees with annual salaries in excess of 50,000?  How many of these employees have annual salaries in excess of 100,000?
Does the organization have a written procedure for hiring and firing employees? Yes or
Does a lawyer or human resource person review involuntary employment terminations prior to termination of an employee? Yes or No (circle response) N/A
Has there been a reduction of employees in the past 12 months? Yes or (circle response)
Is a reduction of employees anticipated in the next 12 months? Yes or (circle response)
Part 4: Claim Information
Within the last 5 years has the organization or any individual proposed for insurance received any inquiry, complaint or notice of hearing from any Municipal, State Administrative Agency, Federal Regulatory Authority or Congressional or Legislative Committee of similar such agency? Yes or Vo If yes, please explain
Within the last 5 years, has any claim been made, or is any claim now pending, against the organization, or any person proposed for Insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the organization? Yes or (circle response) IF YES, ADVISE ON A SEPARATE SHEET DETAILS OF THE DIRECTORS & OFFICERS LIABILITY INSURANCE AND REMEDIAL MEASURES TAKEN TO PREVENT A RECURRENCE OF SUCH CLAIM(S).  Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the organization or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes of (circle response) If yes, give detail.
<ul> <li>Attach Financials</li> <li>Attach District Directory</li> <li>The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Insurer not to make or to limit any investigation or inquiry</li> </ul>
shall not be deemed a waiver of any rights by the Insurer.
Signature: The Signature
Title:
August 110 2017

### **CERTIFICATE OF INTERESTED PARTIES** FORM **1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-235437 McDonald & Wessendorff Insurance Richmond, TX United States Date Filed: 07/12/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Ft. Bend Co. Toll Rd. Authority

,		8/16/2017	
3 Provide the identification number used by the governmental er description of the services, goods, or other property to be prov 10/01/17	ntity or state agency to track or identify the crided under the contract.	contract, and pro	ovide a
Insurance Coverage			
4 Name of Interested Party	City, State, Country (place of business)	l.	of interest pplicable)
		Controlling	Intermediar
McDonald, Daniel	Richmond, TX United States	X	
5 Check only if there is NO Interested Party.			
CARRIE HITCHCOCK	or affirm, under penalty of perjury, that the above	e disclosure is tru	e and correct.
Notary Public, State of Texas  Comm Expires 08-02-2020  Notary ID 12907762-0	Signature of authorized agent of contracting		
AFFIX NOTARY STAMP / SEAL ABOVE	N. Williams, this the 18	Th day of	T ( ).
Sworn to and subscribed before me, by the said \( 1000000000000000000000000000000000000	this the 10	day of <u></u>	iun,
Signature of officer administering oath  Printed name o	f officer administering oath  Title of	Mo Jary officer administer	(in an anath

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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