

# Insurance Proposal Prepared For

## Fort Bend County, Texas

301 Jackson Street, Suite 224  
Richmond, TX 77469

Presented: February 28, 2018



Arthur J. Gallagher & Co.

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Area Senior President

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# Fort Bend County, Texas

## Premium Summary

The estimated program cost for the options are outlined in the following table:

LINE OF COVERAGE	CARRIER	EXPIRING PROGRAM		PROPOSED PROGRAM	
		EXPIRING COST	ESTIMATED COST	ESTIMATED COST	ESTIMATED COST
<b>Brit Global Package</b>	Lloyd's Syndicate 2987	-	-	\$698,000.00	-
		Included	-	\$35,080.00	-
		<b>\$692,160.00</b>	-	<b>\$733,080.00</b>	-
		\$692,160.00	Included	-	-
<b>Cyber Liability Endorsement (Option 3)</b>	Not Purchased	-	-	\$3,600.00	-
		-	-	\$52,965.00	-
		-	-	\$2,648.25	-
		-	-	<b>\$55,613.25</b>	-
		-	-	N/A	-
<b>Medical Professional Liability</b>	Admiral Insurance Company (W. R. Berkeley Group)	-	-	\$14,940.00	-
		-	-	\$747.00	-
		<b>\$15,687.00</b>	-	<b>\$15,687.00</b>	-
		\$15,687.00	-	-	-
<b>Aviation</b>	QBE Insurance Corporation (QBE Insurance Group)	-	-	\$35,335.00	-
		-	-	\$35,335.00	-
		<b>\$34,573.00</b>	-	<b>\$35,335.00</b>	-
		\$34,573.00	Included	-	-
		-	-	Included	-
		-	-	<b>\$120,000.00</b>	-
<b>Risk Management Fee</b>		-	-	-	-
<b>Risk Management Fee (Surplus Lines Tax &amp; Fees)</b>		-	-	<b>\$120,000.00</b>	-
<b>Total Estimated Program Cost (including WC TRIA)</b>		<b>\$862,420.00</b>		<b>\$965,831.20</b>	

Risk Management Fee Taxes are included under the applicable coverages

Quote from QBE Insurance Corporation (QBE Insurance Group) is valid until 4/1/2018  
 Quote from Admiral Insurance Company (W. R. Berkeley Group) is valid until 4/1/2018  
 Quote from Lloyd's Syndicate 2987 is valid until 4/22/2018  
 Quote from Lloyd's Syndicate 2987 is valid until 3/24/2018

Gallagher is responsible for the placement of the following lines of coverage:  
 Brit Global Package  
 Medical Professional Liability  
 Aviation  
 Cyber Liability Endorsement  
 Excess Workers Compensation  
 Excess Property / Boiler & Machinery  
 Pollution

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

# Fort Bend County, Texas

## Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 2/28/2018, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	LINE OF COVERAGE	CARRIER
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Brit Global Package	Lloyd's Syndicate 2987
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	TRIA Coverage – Work Comp	
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA Coverage – All Other Lines	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability \$1M/\$25K	Lloyd's Syndicate 2987
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Opt# 1 - Cyber Liability \$1M/\$50K	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Opt# 2 - Cyber Liability \$2M/\$25K	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Opt# 3 - Cyber Liability \$2M/\$50K	
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA Coverage	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Medical Professional Liability	Admiral Insurance Company (W. R. Berkley Group)
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Aviation	QBE Insurance Corporation (QBE Insurance Group)
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	War	
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA Coverage	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Risk Management Fee	Arthur J. Gallagher & Co.

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

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### Producer/ Insured Coverage Amendments and Notes:

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\_\_\_\_\_  
Client Initials



# Fort Bend County, Texas

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## Changes / Developments

It is important that we be advised of any changes in your operations that may have a bearing on the validity and/or adequacy of your insurance. The types of changes that concern us include, but are not limited to, those listed below:

1. Changes in any operation such as expansion to other states or new products.
2. Mergers and/or acquisition of new companies.
3. Any newly assumed contractual liability, granting of indemnities, or hold harmless agreements.
4. Circumstances which may require increased liability insurance limits.
5. Any changes in fire or theft protection, such as the installation of or disconnection of sprinkler systems, burglar alarms, etc. This includes any alterations to same.
6. Immediate advice of any changes to scheduled equipment such as contractors' equipment, electronic data processing, etc.
7. Property of yours that is in transit, unless we have previously arranged for the insurance.
8. Any changes in existing premises including vacancy, whether temporary or permanent, alterations, demolition, etc. Also, any new premises either purchased, constructed, or occupied.

~~XX~~ No Changes and/or Developments except as noted on insurance applications and contracts are routinely executed as a regular course of business each unique in it's requirements for granting indemnification and hold harmless

Signature: \_\_\_\_\_

Title: Robert Hebert - County Judge

Date: March 13, 2018

Premium Adjustment (if any)  
\$

**SELECTION OR REJECTION OF PERSONAL INJURY PROTECTION COVERAGE**  
(Texas)

The Texas Insurance Code (Article 5.06-3) permits you, the insured named in the policy, to reject Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, up to an amount of \$2,500 for each such person for payment of all reasonable expenses arising from the accident and incurred within three (3) years from the date thereof for necessary medical, surgical, X-ray and dental services and loss of income as the result of the accident. Personal Injury Protection benefits under Article 5.06-3 are payable without regard to the fault or non-fault of the named insured or the recipient in causing or contributing to the accident, and without regard to any collateral source of medical, hospital or wage continuation benefits.

In accordance with Texas Insurance Code (Article 5.06-3), the undersigned insured (and each of them)

(Applicable item marked )

Agrees that the Personal Injury Protection Coverage is SELECTED with limits of \$ \_\_\_\_\_

Agrees that the Personal Injury Protection Coverage is REJECTED. The Personal Injury Protection Coverage described above and offered by the Insurer is completely removed and deleted from the policy. Personal Injury Protection Coverage will NOT be provided in or supplemental to a renewal policy issued by this Insurer or an affiliated Insurer unless the named insured requests such coverage in writing.

Robert Hebert - County Judge

\_\_\_\_\_  
Signature of Insured

March 13, 2018

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Policy No. (if known)

Premium Adjustment (if any)

\$

**REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE  
OR SELECTION OF HIGHER LIMIT OF LIABILITY  
(Texas)**

The Texas Insurance Code (Article 5.06-1) permits you, the insured named in the policy, to reject Uninsured/Underinsured Motorists Coverage or to select a limit for such coverage higher than the minimum limit required by the Texas Motor Vehicle-Safety Responsibility Act but not higher than the policy's liability limit. Uninsured/Underinsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness or disease, including death, or property damage resulting therefrom.

In accordance with the Texas Insurance Code (Article 5.06-1), the undersigned insured (and each of them)—

**(Applicable item marked )**

agrees that the Uninsured/Underinsured Motorists Coverage afforded in the policy is hereby deleted.

agrees that the following higher limit of liability applies with respect to the Uninsured/Underinsured Motorists Coverage afforded in the policy.

(Enter if a single limit of liability applies.)

\$ each accident

(Enter if a separate limit of liability applies to Bodily Injury and Property Damage)

\$	each person	Bodily Injury
\$	each accident	Bodily Injury
\$	each accident	Property Damage

\_\_\_\_\_  
SIGNATURE OF INSURED

Robert Hebert - County Judge

\_\_\_\_\_  
SIGNATURE OF INSURED