

**Insurance Proposal
Prepared for**

Ft. Bend Co. Toll Rd. Authority

(D&O Liability & Bonds Only)



**McDonald &
Wessendorff**
I N S U R A N C E



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:

Dan McDonald, CEO
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Carrie Hitchcock
Waterworks CSR
Direct # 281-762-5216
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Ft. Bend Co. Toll Rd. Authority

TYPE OF POLICY: DIRECTORS AND OFFICERS LIABILITY

PROPOSED EFFECTIVE DATE: 10/01/19

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

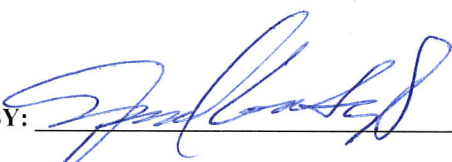
DEDUCTIBLE: None

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: 9/18/2019

REJECTED BY: _____ DATE: _____

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: 10/01/19

COVERAGE: Employee Theft – Per Loss - \$1,000,000
Forgery or Alteration - \$1,000,000
On Premises - \$1,000,000
In Transit - \$1,000,000
Money Orders & Counterfeit Money - \$1,000,000
Computer Fraud - \$1,000,000
Computer Program/Electronic Data RestorationExpense - \$100,000
Funds Transfer Fraud - \$1,000,000
Claim Expense - \$5,000

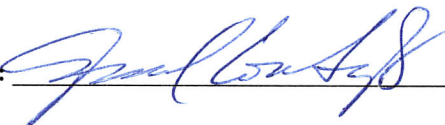
DEDUCTIBLE: \$5,000

TERM: Three Year

ANNUAL INSTALLMENT PREMIUM: \$1,387 **

COMPANY: Travelers Casualty & Surety Co. of America
AM Best Rating: A++ XV

** 3-YEAR PREPAID OPTION: \$3,952

ACCEPTED BY:  DATE: 9/18/2019

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: 10/01/19

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.

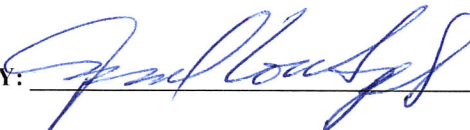
•Terrorism Not Excluded

BOND TERM: One Year

BOND LIMIT: \$10,000 Per Director (5)
\$50,000 Aggregate

PREMIUM: \$175

COMPANY: Merchants Bonding Company
AM Best Rating A VIII

ACCEPTED BY:  DATE: 9/18/2019

REJECTED BY: _____ DATE: _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

FT. BEND CO. TOLL RD AUTHORITY

PROPOSED EFFECTIVE DATE: 10/01/19

PREMIUM SUMMARY

COVERAGE	RENEWAL PREMIUM	LAST YEAR'S PREMIUM
DIRECTORS AND OFFICERS	5,500.00	5,500.00
PUBLIC EMPLOYEE BLANKET CRIME (Annual installment)	1,387.00	1,378.00
DIRECTOR'S BOND	175.00	174.00
TOTAL PREMIUM	\$7,062.00	\$7,052.00

McDonald & Wessendorff thanks you for your business!

* * * OPTIONAL COVERAGE(S) * * *

OPTIONAL NEW COVERAGE	PREMIUM	ACCEPTED YES/NO
PUBLIC EMPLOYEE BLANKET CRIME (3-year prepaid)	3,952.00	YES

PAYMENT IS DUE WITHIN 30 DAYS OF THE EFFECTIVE DATE TO AVOID CANCELLATION.

ACCEPTED BY: *James Condrey*

PRINTED NAME & TITLE: James Condrey, Chairman

DATE: 9/18/2019

FEDERAL TAX ID #: 57-1159190

WEB ADDRESS IF ANY: www.tbetra.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 Information

ML 1459 (01-97)

Name of Organization: **Ft. Bend Co. Toll Rd Authority**

Address: 40 The Muller Law Group 202 Century Square Boulevard
Sugar Land TX 77478

Purpose of Organization: Toll Road Authority

In continuous existence since: 2010 Number of Board Members: 5

Are there subsidiaries? Yes or No (circle response) If yes, provide name (s), date established, nature of operation, profit or nonprofit, purpose, bylaws and financial statement for each.

If yes, do you wish to request coverage for subsidiaries? Yes or No (circle response)

Are the organization's finances audited by a Certified Public Accountant? Yes of No (circle response)

Does the organization have any stockholders or persons who profit from the operation except as salaried employees? Yes or No (circle response) If yes, please give detail.....

Are any directors, Trustees, Officers or employees indebted to the organization? Yes or No. If yes, please give detail

Part 2: Insurance Coverage Information

Directors & Officers Liability Insurance carried during the past three years including expiring Policy.

Insurer: Limits of Liability: Premium: Deductible: Policy Period

Directors & Officers Liability Coverage has been continuously in force since: 2010
If yes, with which insurance company? Mid-Continent

Has any policy for Directors and Officers liability Insurance ever been canceled or non-renewed? Yes or No (circle response). If yes, please give detail...

The individual of the organization designated to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance is:

Name: Shirina Jalalipour Title: Attorney

Part 3: Employer Detail

Total number of: Full Time Employees: 0 Part Time Employees: 0

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 **No**

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 **No** (circle response)

Is a reduction of employees anticipated in the next 12 months? Yes or **No** (circle response)

Part 4: Claim Information

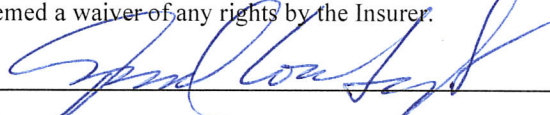
Within the last 5 years has the organization or any individual proposed for insurance received any inquiry, complaint or notice of hearing from any Municipal, State Administrative Agency, Federal Regulatory Authority or Congressional or Legislative Committee of similar such agency? Yes or **No** If yes, 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 **No** (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 or **No** (circle response) If yes, give detail. _____

- **Attach Financials**
- **Attach District Directory**

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 shall not be deemed a waiver of any rights by the Insurer.

Signature: 

Title: Chairman

Date: 9/18/2019



McDonald & Wessendorff

I N S U R A N C E

As required by Chapter 2270, Government Code, McDonald & Wessendorff Insurance hereby verifies that it does not boycott Israel and will not boycott Israel through the term of the policies included in this proposal. For purposes of this verification, “boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

Foreign Terrorists Organizations. Pursuant to Chapter 2252, Texas Government Code, McDonald & Wessendorff Insurance represents and certifies that, at the time of execution of this proposal neither McDonald & Wessendorff Insurance, nor any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the same (i) engages in business with Iran, Sudan, or any foreign terrorist organization as described in Chapters 806 or 807 of the Texas Government Code, or Subchapter F of Chapter 2252 of the Texas Government Code, or (ii) is a company listed by the Texas Comptroller of Public Accounts under Sections 806.051, 807.051, or 2252.153 of the Texas Government Code. The term "foreign terrorist organization" in this paragraph has the meaning assigned to such term in Section 2252.151 of the Texas Government Code.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
McDonald & Wessendorff Insurance
Richmond, TX United States

Certificate Number:
2019-522403

Date Filed:
07/29/2019

Date Acknowledged:
09/17/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Ft. Bend Co. Toll Rd. Authority

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
10/01/19
Insurance Coverage

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
McDonald, Daniel	Richmond, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

I declare under _____
Executed in _____ (year)

Signature of authorized agent of contracting business entity
(Declarant)