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## RISK MANAGEMENT DEPARTMENT

Fort Bend County, Texas

Wyatt O. Scott  
Director

Phone: 281-341-8630  
Fax: 281-341-3751

August 30, 2011

Commissioners' Court  
Fort Bend County  
301 Jackson Street  
Richmond, TX 77469

Re: Program Offered by Gallagher Risk Management Services for the Fort Bend County Property and Casualty Insurance Program

Dear Honorable Court Members:

Attached you will find a summary of the Program with the Premiums for the Fort Bend County Property and Casualty insurance programs following permission from the Court to enter into negotiations with Gallagher Risk Management Services. The policies are detailed on the attached Client Authorization to Bind Coverage document with appropriate policy or program selected. The attached program was the best program with the best premium offering submitted to the County in response to Request for Proposal R11-063. This year's premium will be in the amount of \$1,827,934.97.

Given the County's growth, loss history and increased exposures, this is a good proposal in response to RFP R11-063 and is recommended by Risk Management. If you should have any questions, please let me know.

Sincerely,



Wyatt Scott  
Director of Risk Management

9-8-11 copy received

Mailing Address: 301 Jackson Street, Richmond, TX 77469  
Physical Address: 4520 Reading Road, Suite A, Rosenberg, TX 77471

**2011/12 INSURANCE PROGRAM PROJECTED PREMIUMS**

		Renewal 2011/12
<b>Fixed Costs</b>		
* Premier Public Entity Package	\$	799,000.00
TRIA WC Required	\$	1,890.00
* Excess Property excl TRIA	\$	835,000.00
Excess Public Officials' Liability	\$	Included in BRIT Package
Excess Workers' Compensation & Employers' Liability	\$	98,929.00
Excess Liability	\$	Included in BRIT Package
Boiler & Machinery	\$	Included in Excess Property
* Medical Professional	\$	12,195.00
Excess Crime	\$	Included in BRIT Package
Sub-Total	\$	1,747,014.00
Surplus Lines Tax	\$	79,932.12
Stamping Office Fee	\$	988.85
<b>Total Fixed Costs</b>	<b>\$</b>	<b>1,827,934.97</b>
* <i>Surplus Lines Tax &amp; Fee</i>		

\* Storage Tank Liability (Pollution) policy is a (3) three year pre-paid policy.

CLIENT AUTHORIZATION TO BIND COVERAGE

After careful consideration of your proposal dated July 29, 2011 we accept your insurance program subject to the following changes:

Please check the desired coverages:

- BRIT Premier Public Entity Incl. Excess Liability
Include TRIA (GL & WC)
Include TRIA (WC)
Exclude TRIA

- Lexington Ins. Co. Excess Property Coverage
Include Boiler & Machinery and TRIA
Include Boiler & Machinery and exclude TRIA

- Midwest Employer's Excess Worker's Comp.
\$500,000 SIR

- Admiral Ins. Co. Medical Professional Liability (Fort Bend County Medical Clinic)

- Hudson Specialty Ins. Co. Medical Professional Liability (Fort Bend County Medical Clinic)

- Indian Harbor Ins. Co. - Addition of Tank \$95,000 SIR All Tanks

- Indian Harbor Ins. Co. - Addition of Tank \$10,000 Deductible for AST's and \$100,000 UST's\*\*

- Indian Harbor Ins. Co. - Addition of Tank \$25,000 Deductible for AST's and 100,000 UST's\*\*

- Hartford Fire - Monoline Crime Coverage

- Lexington Ins. Co. Medical Professional Liability (Fort Bend County Medical Clinic)

\*\*The UST's tanks can be written with \$95,000 SIR.

Method of Payment (check one):

- Full Annual - Agency Bill

Premiums for the authorized policies above, are due and payable as billed, in full or as insurance company installments. Premiums may be financed, subject to acceptance by an approved finance company. Note: Following acceptance, completion (and signature) of a premium finance agreement with the specified down payment, is required.

In addition, we request that you attempt to obtain quotes on any additional recommended coverages checked below:

- Provide no quotes at this time

It is understood this proposal provides only a summary of the details; the policies will contain the actual coverages.

We confirm the values, schedules, and other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately.

Please provide us with evidence of binding, and invoice(s) for the coverages agreed upon at your earliest convenience.

Agent Signature [Signature]

Dated 8-29-11

Dated

Client Signature [Signature] Fort Bend County

Robert Hebert County Judge 9-6-2011

Dated

Public Entity and Scholastic Division