

**Insurance Proposal
Prepared for**

Ft. Bend Co. Toll Rd. Authority



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

McDonald & Wessendorff Insurance • 611 Morton • Richmond, Texas 77469
PH (281) 342-6837 (MUDS)



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
Direct # 281-633-3208
Email: dan.mcdonald@mcwess-insurance.com

Peggy Bohn, COO
Direct # 281-762-5213
Email: peggy.bohn@mcwess-insurance.com

Katrina Thornhill, Account Executive
Direct # 281-633-3200
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Tonya Huskey
Waterworks Account Manager
Direct # 281-762-5209
Email: tonya.huskey@mcwess-insurance.com

Ft. Bend Co. Toll Rd. Authority

TYPE OF POLICY: CONTRACTORS EQUIPMENT (PROPERTY)

PROPOSED EFFECTIVE DATE: 12/01/22

COVERAGE: Contractors Equipment (IM7000 0404)
Income Coverage (IM7027 0404)
INCLUDES Terrorism **

VALUATION: ACTUAL CASH VALUE

COINSURANCE: 80%

DEDUCTIBLE: \$100,000 Per Occurrence **EXCEPT**
Wind/Hail – 2% of the Values at Risk – Subject to \$100,000 min
\$100,000 Earthquake
\$100,000 Flood
Wait Period - 5 Days Per Occurrence – Business Income

LIMITS:

\$	9,690,336	Real Property
\$	2,500,000	Earthquake
\$	2,500,000	Flood (ONLY Zone C & X as defined by FEMA)
\$	4,000,000	Business Income/Extra Expense

POLICY TERM: One Year

PREMIUM: \$48,060 + \$500 Broker Fee = \$48,560

(Broker Fee applies to RT Specialty –
not McDonald & Wessendorff)

COMPANY: Endurance American Insurance Company
AM Best Rating: A+ XV

**** PLEASE SIGN ATTACHED TERRORISM FORM ****

(ACTUAL QUOTE ATTACHED AT END OF PROPOSAL)

ACCEPTED BY: Bobbie Tallas DATE: 10/2

REJECTED BY: _____ DATE: _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Named Insured:	Ft. Bend Co. Toll Rd. Authority	Offer Date:	October 14, 2022
Policy Number:		Effective Date:	December 01, 2022
Insurance Company:	Endurance American Insurance Company		

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury--in consultation with the Secretary of Homeland Security, and the Attorney General of the United States--to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

DISCLOSURE OF FEDERAL PARTICIPATION:

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

DISCLOSURE OF CAP ON LOSSES:

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE:

Your signature and the return of this notice are required prior to binding related commercial insurance coverage. Premium is based on exposures at policy inception and may change if exposures change during the policy term.

☐ I hereby elect to purchase certified acts of terrorism coverage for the prospective premium of: **\$1,513**

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Insured: Gobbie Tallas **Title:** Vice Chairman **Date:** 10/17/22

Ft. Bend Co. Toll Rd. Authority

TYPE OF POLICY: **COMPREHENSIVE BOILER & MACHINERY**

PROPOSED EFFECTIVE DATE: **12/01/22**

COVERAGE:

- Sudden and Accidental Breakdown of Objects – Including Pumps, Motors, and Electrical Equipment.
- Mechanical Failure and Electrical Surges
- Terrorism Included

VALUATION: Repair / Replacement Cost

COINSURANCE: Waived

DEDUCTIBLE:

\$ 25,000 Deductible on all underground property (excluding lift stations) and all 500 HP or greater pumps, motors, compressors and blowers.

\$25,000 Deductible applies toward all other covered objects.

LIMITS:

\$ 9,690,336

\$ 1,000,000 Business Income/Extra Expense

POLICY TERM: One Year

PREMIUM: \$1,620

COMPANY: Chubb
AM Best Rating: A ++ XV

ACCEPTED BY: Bobbie Dallas **DATE:** 10/17/22

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. Toll Rd. Authority

TYPE OF POLICY: **DIRECTORS AND OFFICERS LIABILITY**

PROPOSED EFFECTIVE DATE: **12/01/22**

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: Bobbie Tallas DATE: 10/17/22

REJECTED BY: _____ DATE: _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

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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: **12/01/22**

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 (12/1/22 – 12/1/25)**

3-YEAR PREPAID PREMIUM: **\$4,052**

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

ANNUAL INSTALLMENT OPTION: \$1,422

ACCEPTED BY: Bobbie Jallas **DATE:** 10/17/22

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:	12/01/22
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: Bobbie Tallant DATE: 10/17/22

REJECTED BY: _____ DATE: _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

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FT. BEND CO. TOLL RD. AUTHORITY

PROPOSED EFFECTIVE DATE: 12/01/22

PREMIUM SUMMARY

COVERAGE	RENEWAL PREMIUM	EXPIRING PREMIUM
CONTRACTORS EQUIPMENT	48,560.00	43,753.00
BOILER & MACHINERY	1,620.00	1,620.00
DIRECTORS & OFFICERS	5,500.00	5,500.00
PUBLIC EMPLOYEE BLANKET CRIME	4,052.00	PREPAID
DIRECTORS BOND	175.00	175.00
TOTAL PREMIUM (1)	\$59,907.00	\$51,048.00

McDonald & Wessendorff thanks you for your business!

(1) Expiring premium does not include 3-year prepaid Crime

*** * * OPTIONAL NEW COVERAGE(S) * * ***

OPTIONAL NEW COVERAGE	PREMIUM	ACCEPTED YES/NO
PUBLIC EMPLOYEE BLANKET CRIME (Annual installment)	1,422.00	
TOTAL PREMIUM FOR ACCEPTED OPTIONAL COVERAGE		

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

ACCEPTED BY: Bobbie Tallas

PRINTED NAME & TITLE: Bobbie Tallas, Vice Chairman

DATE: 10/17/22

FEDERAL TAX ID #: 57-1159190

WEB ADDRESS IF ANY: www.fbctra.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.

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EFFECTIVE DATE

THIS AGREEMENT IS EFFECTIVE ON THE DATE IT IS APPROVED BY THE FORT BEND COUNTY COMMISSIONERS COURT, AND IF NOT SO APPROVED SHALL BE NULL AND VOID.

DATE OF COMMISSIONERS COURT APPROVAL: _____

AGENDA ITEM NO.: _____

FBCTRA Insured Property List

Location	Building Description	Building Scheduled Value	Year Built
Westmoor - Eastbound	Toll Pipe Structure	345,827	2006
Westmoor - Westbound	Toll Pipe Structure	345,827	2006
Westmoor - Eastbound	Toll Equipment, Antennas, Cameras	462,876	2006
Westmoor - Westbound	Toll Equipment, Antennas, Cameras	462,876	2006
Westmoor - Eastbound	Electrical Cabinet & Equipment	223,457	2006
Westmoor - Westbound	Electrical Cabinet & Equipment	106,408	2006
Peek - Eastbound	Toll Pipe Structure	345,827	2006
Peek - Westbound	Toll Pipe Structure	345,827	2006
Peek - Eastbound	Toll Equipment, Antennas, Cameras	462,876	2006
Peek - Westbound	Toll Equipment, Antennas, Cameras	462,876	2006
Peek	Electrical Cabinet & Equipment	106,408	2006
Peek	Electrical Cabinet & Equipment	223,457	2006
Sienna	Toll Gantry, Electrical Cabinets, Equipment, Antennas, Cameras	1,170,490	2004
Fondren	Toll Gantry, Electrical Cabinets, Equipment, Antennas, Cameras	1,141,768	2015
McHard	Toll Gantry, Electrical Cabinets, Equipment, Antennas, Cameras	1,141,768	2015
Lake Olympia	Toll Gantry, Electrical Cabinets, Equipment, Antennas, Cameras	1,141,768	2015
Katy-Gatson	Toll Gantry, Electrical Cabinets, Equipment, Antennas, Cameras	1,200,000	2017



**SOMPO
INTERNATIONAL**

Inland Marine
12222 Merit Drive, Suite 950
Dallas, TX 75251

Inland Marine Quotation for Ft. Bend Co. Toll Rd. Authority

October 14, 2022

To: Wes Henry
R-T Specialty, LLC
12404 Park Central Drive
Suite 380
Dallas, TX 75251
wes.henry@RTSpecialty.com

We are pleased to provide the following renewal quotation:

Named Insured: Ft. Bend Co. Toll Rd. Authority
202 Century Square Boulevard
Sugar Land, TX 77478

Insurer: Endurance American Insurance Company
Admitted Paper - A.M. Best Rating: A+XV
Standard & Poor's Credit Rating: A+ (Strong)

Policy Period: From: December 1, 2022 To: December 1, 2023
(12:01 AM Standard Time on both dates at the address of the Named Insured noted above.)

Contractors Equipment Coverage (IM 7000 / IM 7005)		
Property Covered: Schedule on File with Company Received October 03, 2022		
Limits of Liability		Deductible(s)
Contractors Equipment's Coverage:		
Catastrophe Limit: \$13,690,336 (\$9,690,336 Contractor's Equipment. \$4,000,000 Business Income)		\$100,000 Per Occurrence except; 2 % of TIV Per Unit Per Occurrence subject to a minimum of \$100,000 for wind and hail 5 Days Per Occurrence ; 120 hour wait period applies for Business Income/Extra Expense
Coverage Extensions:	Additional Debris Removal Expenses	\$5,000
Supplemental Coverages:	Equipment Leased or Rented From Others	\$25,000
	Employee Tools	\$5,000
	Pollutant Cleanup And Removal	\$25,000
	Rental Reimbursement Limit	\$5,000
	Rental Reimbursement - Waiting Period	72 Hours
	Spare Parts and Fuel	\$5,000
	Newly Purchased Equipment	\$25,000

Contractors Equipment Coverage (IM 7000 / IM 7005)	
Additional Coverages	
Limits of Liability	Deductible(s)
Income Coverage:	
Income Coverage Limit \$4,000,000 a 5-day (120-hour) wait period applies.	
<u>Equipment Schedule</u> 1-17 - Toll Pipe Structures, Equipment, Antennas, Cameras, Electrical Cabinets, Toll Gantries	
Coinsurance:	80%
Valuation:	Actual Cash Value:
Premium Rate:	scheduled equipment \$0.34 per \$100 of TIV (Total Insured Values) valued at \$9,690,336 (\$32,947 Premium) business income \$0.34 per \$100 of TIV (Total Insured Values) valued at \$4,000,000 (\$13,600 Premium)
Additional Comments:	Flood sub-limit: \$2,500,000. Flood coverage is provided only in Flood Zones C and X as defined by FEMA. \$100,000 flood deductible. Earthquake sub-limit: \$2,500,000. Earthquake deductible: \$100,000. CE Rates: Scheduled Equipment: \$0.34 per \$100 per Total Insured Values valued at \$9,690,336 Business Income: \$0.34 per \$100 per Total Insured Values valued at \$4,000,000

Premium Recap:	\$46,547	Contractors Equipment
	<u>\$1,513</u>	TRIA Premium
	\$48,060	Annual

Endorsements and Notices:

Number	Title
PN 0001 0712	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)
PN 0007 0115	Claim Notice
IMG 0001 04 13	Declaration Page
IL 1007 0114	Signature Page
CL 0100 03 99	Common Policy Conditions
IM 7005 01 12	Schedule of Coverages - Contractors Equipment
IM 7000 04 04	Contractors Equipment Coverage Form
IM 7032 01 12	Equipment Schedule - Income Coverage
IM 7027 04 04	Contractors' Equipment - Income Coverage Endorsement
IM 7861 08 11	Limited Fungus Coverage
IM 7870 01 12	Split Deductible Endorsement
EIM 3058 03 17	Flood And Earth Movement Limitation Endorsement
IM 7854 04 04	Loss Payable Options
IM 7902 01 12	Loss Payable Schedule

Number	Title
CL 0700 10 06	Virus Or Bacteria Exclusion
CL 0273 07 19	Amendatory Endorsement - Texas
IM 2089 03 19	Amendatory Endorsement - Texas
PN 0025 0520 TX	Texas - Important Notice
CL 0600 01 15	Certified Terrorism Loss
CL 0605 01 15	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses

Quotation Expires On: 30 Days from date of Issuance of this Quote

- Special Conditions:**
1. All loss payees on file with the company and/or the agent are included.
 2. Notwithstanding the payment of any premium, this quotation shall be considered a temporary and conditional quotation letter and is expressly contingent upon receipt, review and acceptance of the subjectivities listed below. We must receive all of the items identified below by the due date listed above. If all of these items are not received within and accepted by us on or before the due date, this quotation letter will, unless otherwise provided by law, automatically expire without further notice or action
 3. This quote is subject to disclosure of any claims or occurrences which the applicant shall become aware of subsequent to the application date and prior to the inception date of coverage for this quote.
 4. This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances which may be reasonably expected to give rise to a claim under any policy being proposed by this letter is a renewal, replacement or excess of). In the event of such change in risk the insurer may, at its sole discretion, modify and/or withdraw this proposal
 5. Terms and conditions provided by Endurance are subject to change if any underlying terms and conditions are altered

Subjectivities:	<u>Item</u>	<u>Due Date</u>
	1. Return Of Signed Terrorism Election Form	Prior to Binding

Please read the foregoing carefully. Terms and conditions may not correspond with the coverage specifications included with your submission material.





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.

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Fossil Fuels Boycott Verification.

As required by 2274.002, Texas Government Code (as added by Senate Bill 13, 87th Texas Legislature, Regular Session), as amended, McDonald & Wessendorff Insurance hereby verifies that McDonald & Wessendorff Insurance, including any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the same, does not boycott energy companies, and will not boycott energy companies during the term of this Agreement. As used in the foregoing verification, "boycott energy companies" shall have the meaning assigned to the term "boycott energy company" in Section 809.001, Texas Government Code, as amended.

Firearms Discrimination Verification.

As required by Section 2274.002, Texas Government Code (as added by Senate Bill 19, 87th Texas Legislature, Regular Session, "SB 19"), as amended, McDonald & Wessendorff Insurance hereby verifies that McDonald & Wessendorff Insurance, including any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the same, (i) does not have a practice, policy, guidance or directive that discriminates against a firearm entity or firearm trade association, and (ii) will not discriminate against a firearm entity or firearm trade association during the term of this Agreement. As used in the foregoing verification, "discriminate against a firearm entity or trade association" shall have the meaning assigned to such term in Section 2274.001(3), Texas Government Code (as added by SB 19), as amended.

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**

Certificate Number:
2022-934664

Date Filed:
09/16/2022

Date Acknowledged:
10/18/2022

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

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Ft. Bend Toll Road 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.

12/01/2022
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 penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)