



PRESENTED BY  
**GALLAGHERIA JRMS**  
1076 HIGHLAND COLONY PKWY  
RIDGELAND , MS - 39157

PROPOSED ON 06/22/2022 FOR  
**CITY OF SOUTHAVEN**  
8710 NORTHWEST DRIVE  
SOUTHAVEN, MS 38671

On behalf of **GALLAGHERIA JRMS** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **CITY OF SOUTHAVEN** with the following policy proposal.



**Travelers Risk Control: Our Expertise is Your Advantage**

Travelers Risk Control is an innovative provider of cost-effective risk management services and products. As one of the largest Risk Control departments in the industry, our scale allows the right resource at the right time to meet customer needs. For over 110 years, our loss prevention professionals have assisted agents, brokers and customers across the country and around the world.

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**Claim Services:**

Travelers has over 11,000 highly trained Claim professionals located across the U.S. Our local field representatives are supported by teams of dedicated customer service, catastrophe response, legal, medical, investigative, engineering, and large loss experts. Claims can be complex and expensive. We'll help you manage claims to control your total risk-related costs.

<https://www.travelers.com/claims>

# Meet your Travelers team

## General

### **Overall Account**

Sharon Winter  
Account Executive  
SRWINTER@travelers.com  
210-525-3811

### **Policy Services**

Kimberly Seeger  
Operations Account Specialist  
KSEEGER@travelers.com  
651-310-2774

To report, ask a question or discuss a claim please call 1-800-238-6225. A Claim Customer Service Representative is available 24 hours a day, 7 days a week to take the first notice of loss or provide assistance on any existing claim.

# Your policies

## Commercial Package Program - Simp. Occ.

<b>Policy Number</b>	H-630-9G180169-TIL-22
<b>Effective</b>	07/01/2022 – 07/01/2023
<b>Insuring Company</b>	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

## Workers Compensation

<b>Policy Number</b>	UB-7K570580-22-PB-G
<b>Effective</b>	07/01/2022 – 07/01/2023
<b>Insuring Company</b>	TRAVELERS CASUALTY AND SURETY COMPANY

## General Liability

<b>Policy Number</b>	ZLP-14R86999-22-PB
<b>Effective</b>	07/01/2022 – 07/01/2023
<b>Insuring Company</b>	THE CHARTER OAK FIRE INSURANCE CO

## Employee Benefit Liability

<b>Policy Number</b>	ZLP-14R86999-22-PB
<b>Effective</b>	07/01/2022 – 07/01/2023
<b>Insuring Company</b>	THE CHARTER OAK FIRE INSURANCE CO

## Law Enforcement Liability

<b>Policy Number</b>	ZLP-14R86999-22-PB
<b>Effective</b>	07/01/2022 – 07/01/2023
<b>Insuring Company</b>	THE CHARTER OAK FIRE INSURANCE CO

## Public Entity Management Liability

**Policy Number** ZLP-14R86999-22-PB  
**Effective** 07/01/2022 – 07/01/2023  
**Insuring Company** THE CHARTER OAK FIRE INSURANCE CO

## Public Entity Employment-Related Practices Liability

**Policy Number** ZLP-14R86999-22-PB  
**Effective** 07/01/2022 – 07/01/2023  
**Insuring Company** THE CHARTER OAK FIRE INSURANCE CO

## Auto Liability

**Policy Number** H-810-3032P351-IND-22  
**Effective** 07/01/2022 – 07/01/2023  
**Insuring Company** THE TRAVELERS INDEMNITY COMPANY

## Auto Physical Damage

**Policy Number** H-810-3032P351-IND-22  
**Effective** 07/01/2022 – 07/01/2023  
**Insuring Company** THE TRAVELERS INDEMNITY COMPANY

# Locations schedule

## 630 - 9G180169 – Commercial Package Program - Simp. Occ.

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	WATER PLANT BLDG	8779 WHITWORTH, SOUTHAVEN, MS, 38671
2/2	FIRE DEPARTMENT 2	8400 GREENBROOK, SOUTHAVEN, MS, 38671
2/3	WATER TOWER	8400 GREENBROOK, SOUTHAVEN, MS, 38671
3/4	UTILITY EQUIPMENT SHED	7525 GREENBROOK PKWY, GREENBROOK SUB DIVISION, SOUTHAVEN, MS, 38671
3/5	WATER PLANT	7525 GREENBROOK PKWY, GREENBROOK SUB DIVISION, SOUTHAVEN, MS, 38671
4/6	ANIMAL SHELTER	5813 PEPPER CHASE, SOUTHAVEN, MS, 38671
4/7	PUBLIC WORKS OFFICE	5813 PEPPER CHASE, SOUTHAVEN, MS, 38671
4/8	UTILITY EQUIPMENT SHED	5813 PEPPER CHASE, SOUTHAVEN, MS, 38671
5/9	FIRE DEPARTMENT 3	6050 ELMORE, SOUTHAVEN, MS, 38671
6/10	COMMUNITY CENTER	1320 BROOKHAVEN DR, SOUTHAVEN, MS, 38671
7/11	CITY HALL	8710 NORTHWEST DR, SOUTHAVEN, MS, 38671
8/12	STAGE	6275 SNOWDEN LN, SOUTHAVEN, MS, 38671
8/13	DRESSING ROOM	6275 SNOWDEN LN, SOUTHAVEN, MS, 38671
8/14	AMPHITHEATER	6275 SNOWDEN LN, SOUTHAVEN, MS, 38671
8/15	VIP TOILETS	6275 SNOWDEN LN, SOUTHAVEN, MS, 38671
8/16	PUBLIC TOILETS	6275 SNOWDEN LN, SOUTHAVEN, MS, 38671
9/17	SNOWDEN HOME COMM CENTER	6205 6205A - SNOWDEN LN, SNOWDEN PARK, SOUTHAVEN, MS, 38671
9/18	RENTAL COTTAGE (6205A)	6205 6205A SNOWDEN LN, SOUTHAVEN, MS, 38671
10/19	FIRE DEPARTMENT STATION 4	6450 GETWELL DR, SOUTHAVEN, MS, 38671
10/20	MOBILE STORAGE BLDG	6450 GETWELL DR, SOUTHAVEN, MS, 38671
10/21	MOBILE STORAGE BLDG	6450 GETWELL DR, SOUTHAVEN, MS, 38671
10/22	MOBILE STORAGE BLDG	6450 GETWELL DR, SOUTHAVEN, MS, 38671
10/23	PUMP HOUSE	6450 GETWELL DR, SOUTHAVEN, MS, 38671
11/24	POLICE STATION	3164 MAY BLVD SNOWDEN PARK, SOUTHAVEN, MS, 38671
12/25	FENCING AND SEATS	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/26	PARK LIGHTING	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/27	MAIN CONCESSION STAND	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/28	SCORE BOARDS	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/29	A-RESTROOMS	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/30	D-COMPLEX	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/31	FABRIC AWNING	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
12/32	MARQUE/BILLBOARD FOR SNOWDEN PARK	3376 NAIL RD SNOWDEN PARK, REGULA BALL FIELD, SOUTHAVEN, MS, 38671
13/33	MAIN CONCESSION STAND	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671

13/34	A-RESTROOMS	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
13/35	B-RESTROOMS	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
13/36	FENCING AND SEATS	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
13/37	PARK LIGHTING	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
13/38	SCORE BOARDS	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
13/39	FABRIC AWNINGS	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
13/40	TRAILER ( FORMER GOLF SHOP)	800 STOWEWOOD RD, GREENBROOK SOFTBALL PARK, SOUTHAVEN, MS, 38671
14/41	MAIN CONCESSION STAND	7505 CHERRY VALLEY BLVD, CHERRY VALLEY PARK, SOUTHAVEN, MS, 38671
14/42	FENCING AND SEATS	7505 CHERRY VALLEY BLVD, CHERRY VALLEY PARK, SOUTHAVEN, MS, 38671
14/43	PARK LIGHTING	7505 CHERRY VALLEY BLVD, CHERRY VALLEY PARK, SOUTHAVEN, MS, 38671
14/44	SCORE BOARDS	7505 CHERRY VALLEY BLVD, CHERRY VALLEY PARK, SOUTHAVEN, MS, 38671
15/45	CONCESSION STAND	4700 STATE LINE RD, SOCCER COMPLEX, SOUTHAVEN, MS, 38671
15/46	FENCING AND SEATS	4700 STATE LINE RD, SOCCER COMPLEX, SOUTHAVEN, MS, 38671
15/47	PARK LIGHTING	4700 STATE LINE RD, SOCCER COMPLEX, SOUTHAVEN, MS, 38671
16/48	SEWER LIFT STATION	TCHULAHOMA ST, SOUTHAVEN, MS, 38671
17/49	SEWER LIFT STATION	TRINITY LAKES SUBDIVISION, SOUTHAVEN, MS, 38671
18/50	POLICE HEADQUARTERS	8691 NORTHWEST DR, SOUTHAVEN, MS, 38671
19/51	CLUB HOUSE - GOLF COURSE	8925 SWINNEA RD, SOUTHAVEN, MS, 38671
19/52	SHOP	8925 SWINNEA RD, SOUTHAVEN, MS, 38671
20/53	MULTI PURPOSE ARENA	7360 HIGHWAY 51 N, SOUTHAVEN, MS, 38671
21/54	UMPIRE BUILDING	333 SUNSET LOOP, SOUTHAVEN, MS, 38671
22/55	FIELD OF DREAMS BUILDING	6070 SNOWDEN LN, FIELD OF DREAMS, SOUTHAVEN, MS, 38671
22/56	FENCING AND SEATS	6070 SNOWDEN LN, FIELD OF DREAMS, SOUTHAVEN, MS, 38671
22/57	RUBBERIZED FIELD	6070 SNOWDEN LN, FIELD OF DREAMS, SOUTHAVEN, MS, 38671
23/58	FARMERS MARKET	1798 STATE LINE RD, SOUTHAVEN, MS, 38671
24/59	TENNIS COMPLEX	3750 FREEMAN LN, SOUTHAVEN, MS, 38671
24/60	FENCING / COURT LIGHTS	3750 FREEMAN LN, SOUTHAVEN, MS, 38671
25/61	PARKS OFFICE	3335 PINE TAR ALLEY, SOUTHAVEN, MS, 38671
26/62	MOBILE STOAGE BLDG	PECAN GROVE, SOUTHAVEN, MS, 38671
27/63	MOBILE STOAGE BLDG	6206 SNOWEN PARK, CENTRAL PARK, SOUTHAVEN, MS, 38671
28/64	MOBILE STOAGE BLDG	7505 STONEGATE CENTRAL PARK, SOUTHAVEN, MS, 38671
29/65	FIRE STATION 1	1940 STATELINE RD WEST, SOUTHAVEN, MS, 38671
30/66	FIRE TRAINING CENTER	8325 TULANE DR, SOUTHAVEN, MS, 38671
30/67	TRAINING EQUIPMENT	8325 TULANE DR, SOUTHAVEN, MS, 38671

30/68	YARD TRAINING EQUIPMENT	8325 TULANE DR, SOUTHAVEN, MS, 38671
30/69	POLICE TRAINING BUILDING	8325 TULANE DR, SOUTHAVEN, MS, 38671
30/70	CLASSROOM BUILDING	8325 TULANE DR, SOUTHAVEN, MS, 38671
31/71	WATER TOWER	1200 BROOKHAVEN DR, SOUTHAVEN, MS, 38671
32/72	WATER TOWER	7696 AIRWAYS BLVD, SOUTHAVEN, MS, 38671
33/73	WATER TOWER	5240 GETWELL, SOUTHAVEN, MS, 38671
33/74	WATER PLANT	5240 GETWELL, SOUTHAVEN, MS, 38671
34/75	WATER TOWER	180 COLLEGE RD, SOUTHAVEN, MS, 38671
34/76	WATER PLANT	180 COLLEGE ROAD, SOUTHAVEN, MS, 38671
35/77	WATER TOWER	8989 STATON DR, FREEPORT TOWER, SOUTHAVEN, MS, 38671
36/78	CASTLE RIDGE SEWER LIFT STATION	LOT 4 AND 5 CASTLE RIDGE, SUBDIVISION, SOUTHAVEN, MS, 38671
37/79	NEW FIRESTATION 2	7980 SWINNEA RD, SOUTHAVEN, MS, 38671
38/80	WATER TOWER	8507 INVERNESS DR, SOUTHAVEN, MS, 38671
39/81	WATER TOWER	2017 STARLANDING RD, SOUTHAVEN, MS, 38671
40/82	M R DAVID LIBRARY	8854 NORTHWEST DR, SOUTHAVEN, MS, 38671
41/83	COURT SERVICES	8889 NORTHWEST DR, SOUTHAVEN, MS, 38671
42/84	POLICE PRECINT WEST	7320 HWY 51, SOUTHAVEN, MS, 38671
43/85	POLICE NARCOTICS BLDG	1855 VETERANS DR, SOUTHAVEN, MS, 38671
44/86	MEMA/FEMA STORM SHELTER	7312 HIGHWAY 51 N, SOUTHAVEN, MS, 38671
45/87	8 TENNIS COURTS/LIGHTING/PARKING L	3750 FREEMAN LANE, SOUTHAVEN, MS, 38671
46/88	SENIOR CENTER AT SNOWDEN	6208 GETWELL ROAD, SOUTHAVEN, MS, 38671
47/89	SNOWDEN MINI STADIUMS	6070 SNOWDEN LANE, SOUTHAVEN, MS, 38671
48/90	GREENBROOK PARK GIFT SHOP	800 STOWEWOOD, SOUTHAVEN, MS, 38671
49/91	INDOOR TRAINING FACILITY	800 STOWEWOOD RD, SOUTHAVEN, MS, 38671
50/92	PARKS SHOP	3656 PINE TAR ALLEY, SOUTHAVEN, MS, 38672
51/93	SOCCER CONCESSIONS	6650 SNOWDEN LANE, SOUTHAVEN, MS, 38672



# Property coverage premium summary

**Policy Number** 630-9G180169

## Coverages and limits of insurance – described premises

Insurance applies on a BLANKET basis only to a coverage or type of property for which a Limit of Insurance is shown below, and then only at the premises locations for which a value for such coverage or property is shown on the Statement of Values dated 6/1/2022 , or subsequently reported to and insured by us. For Insurance that applies to a specific premises location see Deluxe Property Coverage Part Schedule - Specific Limits

BLANKET DESCRIPTION OF COVERAGE OR PROPERTY	LIMITS OF INSURANCE
<b>Building and Your Business Personal Property</b>	<b>\$107,719,773</b>

## Co-insurance provision

Coinsurance does not apply to Blanket Coverages shown above.

## Valuation provision

Replacement cost (subject to limitations) applies to most types of covered property (See Valuation Loss Condition).

## Deluxe property coverage part schedule - specific limits - described premises

Insurance applies only to a premises location and building number and to a coverage or type of property for which a Specific Limit of Insurance is shown on schedule.

## Co-insurance provision

Coinsurance does not apply to any Building,Personal Property or “Stock” coverage for which a Specific Limit of Insurance applies as shown on schedule.

## Valuation provision

Replacement cost (subject to limitations) applies to most types of covered property (See Valuation Loss Condition).

### Other

LOCATION 041 / BUILDING 083 MR DAVID LIBRARY @  
NORTHWEST DR - YBPP ONLY - REPLACEMENT COST NO COINSURANCE



# Additional covered property

## LIMITS OF INSURANCE

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### Personal Property at Undescribed Premises

At any “exhibition” premises	\$50,000
At any installation premises or temporary storage premises	Not Covered
At any other not owned, leased or regularly operated premises	\$50,000

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<b>Personal Property in Transit</b>	\$50,000
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# Deluxe property coverage form - additional coverages & coverage extensions

The Limits of Insurance shown in the left column are included in the coverage form and apply unless a Revised Limit of Insurance or Not Covered is shown in the Revised Limits of Insurance column on the right. The Limits of Insurance apply in any one occurrence unless otherwise stated.

	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
<b>Accounts Receivable</b>		
At all described premises	\$50,000	\$500,000
In transit or at all undescribed premises	\$25,000	\$500,000
<b>Appurtenant Buildings and Structures</b>	\$100,000	
<b>Claim Data Expense</b>	\$25,000	
<b>Covered Leasehold Interest – Undamaged Improvements &amp; Betterments</b>		
Lesser of Your Business Personal Property limit or:	\$100,000	
<b>Debris Removal (additional amount)</b>	\$250,000	
<b>Deferred Payments</b>	\$25,000	\$100,000
<b>Duplicate Electronic Data Processing Data and Media</b>	\$50,000	\$500,000
<b>Electronic Data Processing Data and Media</b>		
At all described premises	\$50,000	\$500,000
<b>Employee Tools</b>		
In any one occurrence	\$25,000	
Any one item	\$2,500	
<b>Expediting Expenses</b>	\$25,000	\$250,000
<b>Extra Expense</b>	\$25,000	
<b>Fine Arts</b>		
At all described premises	\$50,000	\$250,000
In transit	\$25,000	
<b>Fire Department Service Charge</b>	Included*	
<b>Fire Protective Equipment Discharge</b>	Included*	
<b>Green Building Alternatives – Increased Cost Percentage 1%</b>		
<b>Maximum amount – each building</b>	\$100,000	
<b>Green Building Reengineering and Recertification Expense</b>	\$25,000	
<b>Limited Coverage for Fungus, Wet Rot or Dry Rot – Annual Aggregate</b>	\$25,000	\$1,000,000
<b>Loss of Master Key</b>	\$25,000	\$100,000
<b>Newly Constructed or Acquired Property</b>		
Buildings - each	\$2,000,000	\$2,500,000
Personal Property at each premises	\$1,000,000	

\*Included means included in applicable Covered Property Limit of Insurance

# Deluxe property coverage form - additional coverages & coverage extensions

	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
<b>Non-Owned Detached Trailers</b>	\$25,000	
<b>Ordinance or Law Coverage</b>	\$250,000	\$1,000,000
<b>Outdoor Property</b>	\$25,000	
Any one tree, shrub or plant	\$2,500	
<b>Outside Signs</b>		
At all described premises	\$100,000	
At all undescribed premises	\$5,000	
<b>Personal Effects</b>	\$25,000	
<b>Personal Property At Premises Outside of the Coverage Territory</b>	\$50,000	
<b>Personal Property In Transit Outside of the Coverage Territory</b>	\$25,000	
<b>Pollutant Cleanup and Removal – Annual Aggregate</b>	\$100,000	
<b>Preservation of Property</b>		
Expenses to move and temporarily store property	\$250,000	
Direct loss or damage to moved property	Included*	
<b>Reward Coverage</b>		
25% of covered loss up to a maximum of:	\$25,000	\$100,000
<b>Stored Water</b>	\$25,000	
<b>Theft Damage to Rented Property</b>	Included*	
<b>Undamaged Parts of Stock in Process</b>	\$50,000	
<b>Valuable Papers and Records – Cost of Research</b>		
At all described premises	\$50,000	\$500,000
In transit or at all undescribed premises	\$25,000	\$500,000
<b>Water or Other Substance Loss – Tear Out and Replacement Expense</b>	Included*	

\*Included means included in applicable Covered Property Limit of Insurance

# Deluxe business income (and extra expense) coverage form - described premises

PREMISES LOCATION NO. 001-051	BUILDING NO. 001-093	LIMITS OF INSURANCE \$5,000,000
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Rental Value: Included  
Ordinary Payroll: Included

## Deluxe business income - additional coverages and coverage extensions

The Limits of Insurance, Coverage Period and Coverage Radius shown in the left column are included in the coverage form and apply unless a revised Limit of Insurance, Coverage Period, Coverage Radius or Not Covered is shown under the column on the right. The Limits of Insurance apply in any one occurrence unless otherwise stated.

	LIMITS OF INSURANCE, COVERAGE PERIOD OR COVERAGE RADIUS	REVISED LIMITS OF INSURANCE, COVERAGE PERIOD OR COVERAGE RADIUS
<b>Business Income from Dependent Property</b>		
At Premises Within the Coverage Territory	\$100,000	
At Premises Outside of the Coverage Territory	\$100,000	
<b>Civil Authority</b>		
Coverage Period	30 days	
Coverage Radius	100 miles	
<b>Claim Data Expense</b>	\$25,000	
<b>Contract Penalties</b>	\$25,000	
<b>Extended Business Income</b>		
Coverage Period	180 days	
<b>Fungus, Wet Rot or Dry Rot – Amended Period of Restoration</b>		
Coverage Period	30 days	
<b>Green Building Alternatives – Increased Period of Restoration</b>		
Coverage Period	30 days	
<b>Ingress or Egress</b>	\$25,000	
Coverage Radius	1 mile	
<b>Newly Acquired Locations</b>	\$500,000	
<b>Ordinance or Law - Increased Period of Restoration</b>	\$250,000	
<b>Pollutant Cleanup and Removal – Annual Aggregate</b>	\$25,000	
<b>Transit Business Income</b>	\$25,000	
<b>Undescribed Premises</b>	\$25,000	

## Causes of loss – Earthquake

– aggregate in any one policy year, for all losses covered under the Causes of loss – Earthquake endorsement, commencing with the inception date of this policy:

		AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01-93	\$5,000,000

If more than one Annual Aggregate Limit applies in any one occurrence, the most we will pay is the highest involved Annual Aggregate Limit. The most we will pay during each annual period is the highest of the Annual Aggregate Limits shown.

## Causes of loss – Broad Form Flood

– aggregate in any one policy year, for all losses covered under the Causes of loss – Broad Form Flood endorsement, commencing with the inception date of this policy:

		AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01-40,50-52,54-58,60-63,66-78,81-83,89,92-93	\$5,000,000
02. Applies at the following Building(s) numbered:	41-47,53,59,64-65,79-80,84-87,90-91	\$2,000,000

If more than one Annual Aggregate Limit applies in any one occurrence, the most we will pay is the highest involved Annual Aggregate Limit. The most we will pay during each annual period is the highest of the Annual Aggregate Limits shown.

EXCESS OF LOSS LIMITATION APPLIES – See Causes of Loss – Broad Form Flood endorsement.

## Causes of loss – equipment breakdown

The insurance provided for loss or damage caused by or resulting from Equipment Breakdown is included in, and does not increase the Covered Property, Business Income, Extra Expense, and/or other coverage Limits of Insurance that otherwise apply under this Coverage Part.

COVERAGE EXTENSION:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Spoilage	\$25,000	\$250,000

LIMITATIONS:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Ammonia Contamination	\$25,000	\$250,000
Hazardous Substance	\$25,000	\$250,000

## Utility services

	LIMITS OF INSURANCE
Direct Damage - in any one occurrence (See Utility Services – Direct Damage endorsement)	\$250,000

Coverage is provided for the following:

Water Supply

Communication Supply

Power Supply

Coverage for Overhead Transmission Lines is: excluded.

## Electronic Vandalism Limitation Endorsement DX T3 98

ELECTRONIC VANDALISM

LIMIT OF INSURANCE

Aggregate in any 12 month period of this policy: \$10,000

## Causes Of Loss-Equipment Breakdown DX T3 19

LIMIT OF INSURANCE

Spoilage Limit: \$250,000  
Ammonia Contamination Limit: \$250,000  
Hazardous Substance Limit: \$250,000

## ADDITIONAL COVERED PROPERTY DX T3 62

Prem#	Bldg#	Desc. Of Property	Limit Of Insurance
012	025	BLDG COVERAGE: FENCES OUTSIDE OFBUILDINGS.	\$567,795
013	036	BUILDING COVERAGE: FENCES OUTSIDE OFBUILDINGS.	\$382,216
014	042	BUILDING COVERAGE: FENCES OUTSIDE OFBUILDINGS.	\$114,665
015	046	BUILDING COVERAGE: FENCES OUTSIDE OFBUILDINGS.	\$88,203
022	056	BUILDING COVERAGE: FENCES OUTSIDE OFBUILDINGS.	\$551,257
024	060	BUILDING COVERAGE: FENCES OUTSIDE OFBUILDINGS.	\$142,724

## Public Sector Services Additional Coverage Endorsements

LIMIT OF INSURANCE

**Sewer or Drain Backup Amendment DX T4 45** \$50,000

**Law Enforcement Animals DX T4 46** LIMIT OF INSURANCE

Any one law enforcement animal \$15,000

All law enforcement animals – maximum per occurrence \$45,000

LIMIT OF INSURANCE

**Unintentional E&O-Failure To Report DX T4 59** \$1,000,000

# Deductibles

## By Earthquake

	PERCENTAGE	OCCURENCE
01. At each of the following Building(s) numbered:		
001-093	2%	
subject to the following minimum, in any one occurrence		\$100,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		

## By Flood

		OCCURENCE
01. At each of the following Building(s) numbered:		
001-040,050-052,054-058,060-063,066-078,081-083,089,092-093		
in any one occurrence		\$100,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		
02. At each of the following Building(s) numbered:		
041-047,053,059,064-065,079-080,084-087,090-091		
in any one occurrence		\$250,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		

## By Windstorm or Hail

At the following described premises:

PREMISES LOCATION NO	BUILDINGS NO
001-051	001-093

in any one occurrence:	\$100,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations above.	

## To “Electronic Data Processing Equipment”

in any one occurrence:	\$10,000
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## To “Electronic Data Processing Data And Media”

in any one occurrence: \$10,000

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## To “Accounts Receivable”

in any one occurrence: \$10,000

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## To “Fine Arts”

in any one occurrence: \$10,000

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## To “Valuable Papers And Records”

in any one occurrence: \$10,000

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## To To Property In The Course Of Construction Or Renovations:

in any one occurrence: \$25,000

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## To Law Enforcement Animals:

in any one occurrence: \$2,500

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## Business Income

As respects Business Income Coverage, for which no other deductible is stated above or in the coverage description, a 72 hour deductible applies.

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## Any Other Covered Loss

in any one occurrence: \$10,000

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# Rating Basis

<b>Total Rating Basis</b>	\$112,998,259
<b>Building Rate</b>	0.166
<b>Business Personal Property Rate</b>	0.184
<b>Time Element Rate</b>	0.1
<b>Premium for Policy Period</b>	\$200,662

Note: The Premium shown above includes the premium charged for Equipment Breakdown coverage. The premium for Equipment Breakdown coverage is \$7,306.

If you elect not to purchase Equipment Breakdown coverage, please contact your Account Executive and a revised quote without Equipment Breakdown coverage will be sent to you.

# Deluxe Property Coverage Part Schedule – Specific Limits

PREM	BUILDING	DESCRIPTION OF COVERAGE OR PROPERTY	LIMITS OF INSURANCE
40	82	Your Business Personal Property	\$278,486



# Inland Marine coverage premium summary

**Policy Number** 630-9G180169

## Miscellaneous Property Coverage Form CM T2 39

### COVERAGE AND LIMITS OF INSURANCE

Covered property consists of the following when indicated by an 'X' below:

**Scheduled items:**

As shown on the most current schedule on file with us. The amount shown on such schedule for each item is the limit of insurance applying to that item.

Total limit of insurance for all scheduled items: \$2,451,023

COVERAGE EXTENSIONS	LIMITS OF INSURANCE
<b>Fire Protective Systems:</b>	\$75,000
<b>Newly Acquired Property:</b>	\$25,000
<b>Preservation Of Property Expense:</b>	\$5,000
<b>Valuable Papers and Records:</b>	\$50,000

ADDITIONAL COVERAGES:	LIMITS OF INSURANCE
<b>Claim Data Expense:</b>	\$5,000
<b>Debris Removal Increased Limit:</b>	\$75,000
<b>Fire Or Police Department Service Charge:</b>	\$25,000
<b>Pollutant Cleanup And Removal:</b>	\$25,000
<b>Reward Coverage:</b>	\$2,500

### Deductible

Deductible applying to all covered loss or damage unless a more specific deductible for the covered loss is shown below or elsewhere in this proposal: \$10,000

### Valuation

Actual Cash Value

### Coinsurance

The following Coinsurance applies when indicated by an 'X':

100%     90%     80%     No Coinsurance Applies

## Premium

Premium: \$5,858 Annual Premium \$5,858 Term Premium

Minimum earned premium: None

## Other Terms and Conditions

**CM T7 72** – Windstorm Or Hail Deductible

Dollar Deductible: \$25,000

**CM T7 52** – Earth Movement Exclusion

**CM T7 63** – Flood Exclusion

# Contractors Equipment Coverage Form CM T2 42

## COVERAGE AND LIMITS OF INSURANCE

### Covered Property

Coverage consists of the following when indicated by an 'X':

**Scheduled Equipment**

As shown on the most current schedule on file with us. The amount shown on such schedule for each item of equipment is the limit of insurance applying to that item.

Total limit of insurance for all Scheduled Equipment: \$2,672,993

**Total limit of insurance for all items of Equipment in any one Occurrence:** \$2,672,993

## Deductible

Deductible applying to all covered loss or damage indicated by an 'X' below unless a more specific Deductible for the covered loss or damage is shown elsewhere in this proposal:

Dollar Deductible: \$10,000

## Valuation and Coinsurance

### Valuation

The following Valuation applies to the applicable Covered Property:

#### **Scheduled Equipment:**

Actual Cash Value Valuation applies unless replaced by the Optional Valuation indicated by an 'X'.

**Equipment Owned By Others:**

The amount for which you are legally liable, not to exceed Replacement Cost.

**Coinsurance**

The following coinsurance applies to Scheduled Items when indicated by an 'X':

100%     90%     80%     No Coinsurance Applies

**Premium**

The following Premium options apply when indicated by an 'X':

**Scheduled and Unscheduled Owned Equipment**

Non Reporting Premium \$5,613

Premium Adjustment Values  
Premium Base  
Estimated Premium Base Amount  
Annual Rate Per \$100  
Inception Premium  
Adjustment Rate Per \$100

**Other Terms and Conditions**

**CM B0 97 - Contractors Equipment Supplemental Declarations**

COVERAGE EXTENSIONS	LIMIT OF INSURANCE
<b>Business Personal Property In Job Trailers:</b>	\$10,000
<b>Document And Data Restoration Costs:</b>	\$50,000
<b>Fire Protective Systems:</b>	\$75,000
<b>Hauling Property Of Others:</b>	\$100,000
<b>Newly Acquired Equipment - Per Item:</b>	\$250,000
<b>Rental Costs:</b>	
Any One Item:	\$5,000
Any One Occurrence:	\$25,000
<b>Upgrades To Covered Property:</b>	\$25,000





# Crime coverage premium summary

**Policy Number** 630-9G180169

## Government Crime - Discovery Coverage

The Government Crime - Discovery Coverage Part consists of this Declarations Form and the Government Crime - Discovery Coverage Form.

### Employee benefit plan(s) included as insureds:

INSURING AGREEMENTS	LIMIT OF INSURANCE PER OCCURRENCE	DEDUCTIBLE AMOUNT PER OCCURRENCE
Employee Theft – Per Loss Coverage	\$250,000	\$5,000
Forgery Or Alteration	\$100,000	\$5,000
Inside The Premises – Theft of Money And Securities	\$250,000	\$5,000
Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$100,000	\$5,000
Outside The Premises	\$100,000	\$5,000
Computer Fraud	Not Covered	Not Covered
Funds Transfer Fraud	Not Covered	Not Covered
Money Orders And Counterfeit Paper Currency	Not Covered	Not Covered

## Cancellation of prior insurance issued by us:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. \_\_\_\_\_; the cancellation to be effective at the time this Coverage Part becomes effective.

**Gross Premium:** \$1,658





# Workers Comp coverage premium summary

**Policy Number** UB-7K570580

## Workers Compensation

### Coverage information

#### Part One

Workers Compensation Insurance: Statutory Requirements

Part One of the policy applies to the Workers Compensation Law of the states listed here:

**MS**

#### Part Two

Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Part One.

The limits of our liability under Part Two are:

Bodily Injury by Accident	<u>\$1,000,000</u>	each accident
Bodily Injury by Disease	<u>\$1,000,000</u>	policy limit
Bodily Injury by Disease	<u>\$1,000,000</u>	each employee

#### Part Three

Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

**AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO,MT,NC,NE,NH,NJ,NM,NV,NY,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WI,WV**



# Workers Comp coverage premium summary

## Premium schedule

	PREMIUM
Experience Modification Factor: NCCI 0.72	
Total Estimated Annual Standard Premium including Expense Constant	\$671,646
Premium Discount	-\$40,289
Terrorism	\$2,967
CAT (other than Certified Acts of Terrorism)	\$5,687
Total Estimated Premium	\$640,011
Taxes and Surcharges	\$0
<b>Total</b>	<b>\$640,011</b>
Total Payroll	\$24,726,282

If an experience rating modification factor applies to this policy, it may change. We will apply any change in accordance with our manual rules and state law. A change in your experience rating modification may increase or decrease your premium.

**NOTE- TERRORISM PREMIUM CHARGES ARE SUBJECT TO CHANGE AT ANY TIME BASED ON STATE REGULATORY ACTION.**



# General Liability coverage premium summary

**Policy Number** ZLP-14R86999

## Occurrence

### Option 1

**Gross Premium** \$129,327

COVERAGE	LIMIT
General Aggregate Limit	\$3,000,000
Products/Completed Operations Aggregate Limit	\$3,000,000
Personal and Advertising Injury Liability Any One Person or Organization Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
The following limits apply:	
Damage to Premises Rented to You Limit (Any One Premises)	\$100,000
Medical Expense Limit (Any One Person)	Excluded
Sewage Back-Up Limit	\$100,000
Failure To Supply Limit	\$1,000,000
Abuse or Molestation Aggregate Limit	\$1,000,000
Each Abuse or Molestation Offense Limit - Subject to Statutory Cap Limits of Coverage	\$500,000

## Statutory Cap Limits Of Insurance Endorsement

COVERAGE	LIMIT
Mississippi Each Occurrence Statutory Cap Limit	\$500,000

## Deductibles

The following deductibles (Loss Only) apply:

Deductible Each Occurrence (Bodily Injury/Property Damage)	\$10,000
Deductible Each Occurrence - Sewer Back Up (Bodily Injury/Property Damage)	\$10,000
Deductible Each Occurrence - Failure to Supply (Bodily Injury/Property Damage)	\$10,000

## Miscellaneous Items

DESCRIPTION
Additional Insured - Designated Person Or Organization
Ergon Asphalt & Emulsions, Inc
Marathon Petroleum Company, Llc & Its Affiliates
Limited Abuse Or Molestation Liability Coverage

# Amendments

DESCRIPTION

XTEND Endorsement For Public Entities
Mobile Equipment Redefined - Public Entities
Amendment - Pollution Exclusion
Cap On Losses From Certified Acts Of Terrorism
Exclusion - Injury To Volunteer Firefighters
Exclusion - Law Enforcement Activities Or Operations
Coverage C - Medical Payments Exclusion
Exclusion - Employees And Volunteer Workers As Insureds For Certain Bodily Injury, Personal Injury And Property Damage
Exclusion - Public Use Of Private Property
Fungi Or Bacteria Exclusion - With Limited Exception For Bacteria In Sewage Back-Up
Exclusion - Discrimination
Exclusion - Professional Health Care Services - Public Entities
Exclusion - Violation Of Consumer Financial Protection Laws
Amendment Of Intellectual Property Exclusion
Exclusion - Lead
Exclusion - Nuclear Energy Liability
Amendment Of Common Policy Conditions - Prohibited Coverage - Unlicensed Insurance And Trade Or Economic Sanctions
Amendment - Non Cumulation Of Each Occurrence Limit Of Liability And Non Cumulation Of Personal And Advertising Injury Limit
Amendment Of Contractual Liability Exclusion - Exception For Damages Assumed In An Insured Contract Applies Only To Named Insured

Professional Health Care & Social Services Liability Coverage – Designated Professionals – Public Entities Applies When “Yes” Is Indicated Below:

NURSES	NO	PARAMEDIC / EMT	YES
JAIL NURSES	NO	SOCIAL SERVICES	NO
CORONER	NO		



# General Liability Employee benefits liability

**Policy Number** ZLP-14R86999

## Claims Made

### Option 1

**Gross Premium** \$381

COVERAGE	LIMIT
Aggregate Limit	\$3,000,000
Each Employee Limit	\$1,000,000

## Deductibles

The following deductibles (Loss Only) apply:

Each Employee Deductible (Loss Only)	\$1,000
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**Retroactive Date:** None



**Policy Number** ZLP-14R86999

## Occurrence

### Option 1

**Gross Premium** \$471,452

COVERAGE	LIMIT
Aggregate Limit	\$3,000,000
Each Wrongful Act Limit	\$1,000,000

## Statutory Cap Limits Of Insurance Endorsement

COVERAGE	LIMIT
Mississippi Statutory Cap Limit	\$500,000

## Deductibles

Deductibles apply to damages & defense expenses unless required otherwise by state regulation

The following deductible (Damages and Defense Expenses) applies

Each Wrongful Act Deductible - Damages and Defense Expenses	\$25,000
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## Miscellaneous Items

DESCRIPTION
Amendment Of Professional Health Care Services Exclusion - Emergency Medical Dispatchers Or 911 Operators

## Amendments

DESCRIPTION
Cap On Losses From Certified Acts Of Terrorism
Amendment Of Common Policy Conditions - Prohibited Coverage -Unlicensed Insurance And Trade Or Economic Sanctions
Amendment Of Law Enforcement Activities Or Operations
Mobile Equipment Redefined - Exclusion Of Vehicles Subject To Motor Vehicle Laws
Fungi Or Bacteria Exclusion



**Policy Number** ZLP-14R86999

## Claims Made

### Option 1

**Gross Premium** \$27,100

COVERAGE	LIMIT
Aggregate Limit	\$3,000,000
Each Wrongful Act Limit	\$1,000,000

**Retroactive Date:** 07/01/1996

## Deductibles

Deductibles apply to damages & defense expenses unless required otherwise by state regulation

The following deductible (Damages and Defense Expenses) applies:

Each Wrongful Act Deductible - Damages and Defense Expenses	\$25,000
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## Miscellaneous Items

DESCRIPTION
Defense Expenses Reimbursement For Injunctive Relief Suits
Defense Expenses Reimbursement Limit - Aggregate: \$25,000
Defense Expenses Reimbursement Limit - Each Wrongful Act: \$25,000
Injunctive Relief Each Wrongful Act Participation Amount: 10%
Limited Special Expenses Coverage - Key Employees
Limited Special Expenses Aggregate Limit - Key Employees: \$25,000
Limited Special Expenses Participation Percentage - Key Employees: 10%

# Amendments

DESCRIPTION

Amendment Of Joint Powers Authority Definition

Cap On Losses From Certified Acts Of Terrorism

Amendment Of Network And Information Security Wrongful Act Definition

Amendment Of Common Policy Conditions - Prohibited Coverage - Unlicensed Insurance And Trade Or Economic Sanctions

Amendment Of Law Enforcement Activities Or Operations Definition

**The following are excluded when “yes” is indicated below. If “no” is indicated, an amendment and/or manuscript endorsement may be required**

Yes Airport

Yes Health Care Facilities: Clinics

Yes Health Care Facilities: Hospital

Yes Health Care Facilities: Blood Banks

Yes Health Care Facilities: Nursing Homes

Yes Health Care Facilities: Rehabilitation Facilities

Yes Port Authorities

Yes Transit Authorities

Yes Gas Utilities

Yes Electric Utilities

Yes Housing Authorities

Yes Schools or School Districts

Yes Joint Powers Authority





**Policy Number** ZLP-14R86999

## Claims Made

### Option 1

**Gross Premium** \$65,390

## Important notice

Defense expenses are payable within the limits of Insurance

COVERAGE	LIMIT
Aggregate Limit	\$3,000,000
Each Wrongful Employment Practice Offense Limit	\$1,000,000

## Deductibles

Deductibles apply to damages & defense expenses unless required otherwise by state regulation.

The following deductible (Damages and Defense Expenses) applies:

Each Wrongful Employment Practice Offense Deductible - Damages and Defense Expenses	\$25,000
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**Retroactive Date** 07/01/1996

## Miscellaneous Items

DESCRIPTION
Non-Employment Related Sexual Harassment Endorsement
Workplace Violence Expenses Coverage
Workplace Violence Expenses Limit: \$250,000

# Amendments

DESCRIPTION

Amendment Of Joint Powers Authority Definition

Cap On Losses From Certified Acts Of Terrorism

Exclusion - Other Employment Laws

Amendment Of Common Policy Conditions - Prohibited Coverage - Unlicensed Insurance And Trade Or Economic Sanctions

**The following are excluded when “yes” is indicated below. If “no” is indicated, an amendment and/or manuscript endorsement may be required**

Yes Airport

Yes Health Care Facilities: Clinics

Yes Health Care Facilities: Hospital

Yes Health Care Facilities: Blood Banks

Yes Health Care Facilities: Nursing Homes

Yes Health Care Facilities: Rehabilitation Facilities

Yes Port Authorities

Yes Transit Authorities

Yes Gas Utilities

Yes Electric Utilities

Yes Housing Authorities

Yes Schools or School Districts

Yes Joint Powers Authority



# Commercial Auto coverage premium summary

## Option 1

**Gross Premium** \$231,298

COVERAGE	AUTO SYMBOLS	LIMITS
Liability	1 only	\$1,000,000
Bodily Injury, Non-Stacked Limits	2 only	
Uninsured/Underinsured Motorist	2 only	\$1,000,000
<b>Number of autos, excluding trailers</b>	249	
<b>Number of trailers</b>	35	

## Statutory Cap Limits Of Insurance Endorsement

	LIMIT
Mississippi Statutory Cap Limit	\$500,000

## Deductibles

The following each accident deductibles (Loss Only) apply:

Auto Liability (Bodily Injury/Property Damage)	\$10,000
--	----------

## Amendments

DESCRIPTION
Amendment Of Bodily Injury Definition
Public Entity Auto Extension
Professional Services Not Covered
Emergency Services - Volunteer Firefighters' & Workers' Injuries Excluded
Amendment Of Employee Definition
Amendment Of Common Policy Conditions - Prohibited Coverage - Unlicensed Insurance And Trade Or Economic Sanctions



# Commercial Auto Physical Damage

## Option 1

### Gross Premium

\$45,073

COVERAGE	VALUATION	UNITS	DEDUCTIBLE
Symbol 2,8			
Comprehensive	Actual Cash Value	269	\$10,000
Comprehensive	Agreed Value	15	\$25,000
Collision	Actual Cash Value	269	\$10,000
Collision	Agreed Value	15	\$25,000

## Miscellaneous Items

### DESCRIPTION

Hired Auto Physical Damage-Loss Of Use-Comprehensive/Collision-Deductible: \$1,000/\$1,000

## Amendments

### DESCRIPTION

Public Entity Auto Extension



## Automobile Composite Rating

In order to provide our insureds better service and administrative efficiency, Travelers Public Sector Services is pleased to provide the following process for handling mid-term automobile change requests. All requests will be managed in accordance with the Composite Rate Application outlined below. The insured should continue to submit all change requests to their agent for accurate record keeping and claims verification purposes. Particular attention should be paid to Item 5, which specifies the types of automobiles that will continue to require reporting to the Company.

### Composite Rate Application

1. If your policy includes the coverage for which a composite rate is designated in the table below then the premium for that coverage is composite rated. Automobile Liability is rated on a "per unit" basis and Automobile Physical Damage is rated on the basis of the original cost new of the autos. **The composite rates reflect premium charges for any applicable miscellaneous auto coverages, with the exception of Garagekeepers Legal Liability.**
2. The composite rates for Automobile Liability and Physical Damage are the rates applicable at the inception of the policy. Based on the information provided for this proposal and as of the date of this proposal, these rates are as follows:

	LIABILITY	COMPREHENSIVE	COLLISION
Option 1	\$929	0.225	0.174

3. The premium charged at inception is the estimated annual premium based on the number of units and total original cost new for all covered autos on file with the company at inception. The insured is to submit a current schedule of owned automobiles as of the expiration of the policy and the total earned premium will be computed on the basis of the average net change in units and their corresponding original cost new for the policy term.
4. All autos added will carry the same Liability limits and Physical Damage deductibles issued at policy inception for autos of the same type.
5. Any new auto requiring valuation other than actual cash value must be reported within 30 days of acquisition. These autos will be added to the policy automobile schedule mid-term and a final premium will be determined at policy expiration.

# Federal terrorism risk insurance act disclosure

The federal Terrorism Risk Insurance Act of 2002 as amended (“TRIA”) establishes a program under which the Federal Government may partially reimburse “Insured Losses” (as defined in TRIA) caused by “Acts Of Terrorism” (as defined in TRIA). “Act Of Terrorism” is defined in Section 102(1) of TRIA to mean any act that is 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.

The Federal Government’s share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer’s “Insurer Deductible” (as defined in TRIA), subject to the “Program Trigger” (as defined in TRIA). In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For each coverage provided by this policy, other than Workers’ Compensation/Employers’ Liability, that applies to such Insured Losses, the charge for such Insured Losses that has been included for each such coverage is the percentage of the premium for such coverage indicated below, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA.

For Workers’ Compensation/Employers’ Liability coverage, the charge for such Insured Losses is an additional premium, which is reflected in the Workers’ Compensation/Employers’ Liability premium schedule, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA.

# Account summary

## Premium summary

COVERAGE	POLICY NUMBER	PREMIUM
DELUXE	630-9G180169	\$200,662
GENERAL LIABILITY	ZLP-14R86999	\$129,327
EMPLOYEE BENEFITS LIABILITY	ZLP-14R86999	\$381
INLAND MARINE	630-9G180169	\$11,471
CRIME	630-9G180169	\$1,658
WORKERS COMPENSATION	UB-7K570580	\$640,011
LAW ENFORCEMENT LIABILITY	ZLP-14R86999	\$471,452
PUBLIC ENTITY MANAGEMENT LIABILITY	ZLP-14R86999	\$27,100
PUBLIC ENTITY EMPLOYMENT RELATED PRACTICES LIABILITY	ZLP-14R86999	\$65,390
AUTO LIABILITY	810-3032P351	\$231,298
AUTO PHYSICAL DAMAGE	810-3032P351	\$45,073

**Total** **\$1,823,823**

**Note:** The estimated premium shown in the Premium Schedule and Quote Options, if any, may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, as well as rounding. Estimated taxes and surcharges may differ depending on selection of Quote Options, if any.

### IMPORTANT NOTE REGARDING ACCOUNT MINIMUM PREMIUM

The lines of business shown in the Premium Schedule and Quote Options, if any, are subject to a \$5,000 account minimum premium. If the line(s) of business selected for binding do not total at least \$5,000, then the premiums shown for those lines of business will be adjusted to total \$5,000.

## Payment plan

**Agency Bill - Yearly All Policies except Workers Compensation**

**Workers Compensation - Agency Bill - Quarterly Pay**

**Bill Payment Options can be found at: [Travelers.com/AutoPay](https://Travelers.com/AutoPay)**

**Note:** The amount of each installment will be reflected on your policy invoicing.

**Additional Information:**

Please provide the following information:

- Detailed Inland Marine Schedule
- Current Auto Schedule

Minimum coverage required to bind: all lines. Our pricing is based on all lines being bound. If any lines of coverage are not bound, we may need to re-quote.



# Account summary

## Disclosure

Unless accepted, the offer(s) of insurance contained in this proposal expire(s) automatically thirty (30) days after the proposal date referenced on the cover page, or the proposed effective date if earlier. This proposal is not a binding contract of insurance. If you have questions regarding this proposal, please contact your Travelers Representative.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal/quote. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal/quote have not been agreed to by Travelers. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and reunderwrite this quote

The policies will also be subject to all state-mandated endorsements.

At our discretion, we may decide to perform an interim test audit during the upcoming policy period to verify the adequacy of the exposure estimates that have been provided to us. If we decide to perform an interim test audit, a Travelers Auditor will contact the insured at the appropriate time to set up an appointment. The results of any interim test audit that we perform will be shared with you as soon as possible after the audit report has been completed.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies.



# Property coverage form index

**Policy Number** 630-9G180169

## Coverage and amendments

DESCRIPTION	FORM NUMBER
TABLE OF CONTENTS - DELUXE PROP COV PART	DX 00 04 11 12
DELUXE PROP COV PART DECLARATIONS	DX T0 00 11 12
DELUXE PROPERTY COVERAGE FORM	DX T1 00 11 12
DELUXE BI (AND EE) COVERAGE FORM	DX T1 01 11 12
CAUSES OF LOSS-EARTHQUAKE	DX T3 01 11 12
CAUSES OF LOSS - BROAD FORM FLOOD	DX T3 02 11 12
CAUSES OF LOSS-EQUIPMENT BREAKDOWN	DX T3 19 11 12
WINDSTORM OR HAIL DEDUCTIBLE	DX T3 37 11 12
ADDITIONAL COVERED PROPERTY	DX T3 62 11 12
UTILITY SERVICES-DIRECT DAMAGE	DX T3 85 11 12
ELECTRONIC VANDALISM LIMITATION ENDT	DX T3 98 04 02
FEDERAL TERRORISM RISK INSURANCE ACT DIS	DX T4 02 01 21
LIMITED SEWER DRAIN BACK-UP COVERAGE	DX T4 45 04 13
LAW ENFORCEMENT ANIMALS	DX T4 46 11 12
UNINTENTIONAL E&O-FAILURE TO REPORT	DX T4 59 02 11

# Package common coverage form index

**Policy Number** 630-9G180169

## 630 Common coverage and amendments

DESCRIPTION	FORM NUMBER
MISSISSIPPI CHANGES	IL F0 90 02 11
ACV - MS	IL F1 48 12 21
COMMON DEC	IL T0 02 11 89
LOCATION SCHEDULE	IL T0 03 04 96
COMMON POLICY CONDITIONS-DELUXE	IL T3 18 05 11
EXCLUSION OF CERTAIN COMPUTER LOSSES	IL T3 55 05 13
EXCL OF LOSS DUE TO VIRUS OR BACTERIA	IL T3 82 05 13
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12 03 15
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14 01 21
ADDITIONAL BENEFITS	IL T4 27 06 19
PROTECTION OF PROPERTY	IL T4 40 10 20
MS CHANGES-CANCELLATION AND NONRENEWAL	IL T9 43 12 06
LIBERALIZATION LTR-IM PROD MODERNIZATION	PN CN 24 02 21
FLOOD POLICYHOLDER NOTICE	PN T0 53 12 13
JURISDICTIONAL INSPECTIONS NOTICE	PN T1 89 06 99
NOTICE INDEPENDENT AGENT AND BROKER COMP	PN T4 54 01 08
NOT CHG POL TERMS ACV - MS	PN U4 17 12 21



**Policy Number** 630-9G180169

## Coverage and amendments

### Inland Marine

DESCRIPTION	FORM NUMBER
COMMERCIAL INLAND MARINE CONDITIONS	CM 00 01 09 04
MISC PROPERTY COVERAGE FORM DEC	CM B0 72 02 18
CONTRACTORS EQUIPMENT COVERAGE FORM DEC	CM B0 96 01 21
CONTRACTORS EQUIPMENT SUPPLEMENTAL DEC	CM B0 97 01 21
CONTRACTORS EQUIPMENT DEDUCTIBLE SCHED	CM B0 99 01 21
TABLE OF CONTENTS	CM T0 11 08 05
MISCELLANEOUS PROPERTY COVERAGE FORM	CM T2 39 01 16
CONTRACTORS EQUIPMENT COVERAGE FORM	CM T2 42 01 21
FEDERAL TERRORISM RISK INSURANCE ACT DIS	CM T3 98 01 21
EARTH MOVEMENT EXCLUSION	CM T7 52 01 16
FLOOD EXCLUSION	CM T7 63 01 16
WINDSTORM OR HAIL DEDUCTIBLE	CM T7 72 02 18
FLOOD EXCLUSION	CM U3 50 01 21
WINDSTORM OR HAIL DEDUCTIBLE	CM U3 59 01 21
EARTH MOVEMENT EXCLUSION	CM U3 66 01 21



**Policy Number** 630-9G180169

## Coverage and amendments

DESCRIPTION	FORM NUMBER
GOV'T CRIME COV FORM (DISCOVERY FORM)	CR 00 24 07 02
GOVERNMENT CRIME COV PART DECLARATIONS	CR T0 22 07 02
TABLE OF CONTENTS - GOV'T DISCOVERY FORM	CR T0 29 01 05



# Workers Comp coverage form index

**Policy Number** UB-7K570580

## Coverage and amendments

DESCRIPTION	FORM NUMBER
WORKERS COMPENSATION SCHEDULE RATING WORKSHEET (MISSISSIPPI)	W23K2G00
MISSISSIPPI AVAILABILITY OF SAFETY PROGRAM	W23M1A21
MISSISSIPPI WORKERS COMPENSATION NOTICE OF COVERAGE (ENGLISH)	W23P2O08
MISSISSIPPI POSTING NOTICE - NOTICE OF COVERAGE - FORM MWCC A-16 (SPANISH)	W23P3P07
MISSISSIPPI POSTING NOTICE (LETTER)	W23P4S12
INFORMATION PAGE 1	WC 00 00 01 AA
INFORMATION PAGE 2	WC 00 00 01 AB
INFORMATION PAGE SCHEDULE	WC 00 00 01 AC
LISTING OF ENDORSEMENTS	WC 00 00 01 AD
90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	WC 00 04 14 A
MULTI-STATE PREMIUM DUE DATE ENDORSEMENT	WC 00 04 19 00
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT	WC 00 04 21 E
TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	WC 00 04 22 C
AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	WC 00 04 24 00
EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT	WC 00 04 25 00
MISSISSIPPI CANCELLATION, NONRENEWAL, AND RENEWAL ENDORSEMENT	WC 23 06 01 00
PREMIUM DISCOUNT ENDORSEMENT	WC 99 04 08 00
IMPORTANT NOTICE - NEW, UNCOLLECTED OR UNCONTEMPLATED SURCHARGES	WUND1C17
WORKERS COMPENSATION SCHEDULE RATING REMOVAL WORKSHEET	WUNK1D17
IMPORTANT NOTICE - COPYRIGHT	WUNN1B18
POLICY COVER - TRAVELERS	WUNN2H95
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY	WUNN4I14
IMPORTANT POLICY AUDIT INFORMATION	WUNN7F00
PRIVACY NOTICE - PRIVACY POLICY	WUNNAB09
IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER COMPENSATION	WUNNDD08
POSTING NOTICE GENERAL INFORMATION FORM	WUNNNN19
SAFETY SERVICES NOTICE	WUNT3A21
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# Commission summary

COVERAGE	POLICY NUMBER	COMMISSION
DELUXE	630-9G180169	15.00 %
GENERAL LIABILITY	ZLP-14R86999	15.00 %
EMPLOYEE BENEFITS LIABILITY	ZLP-14R86999	15.00 %
INLAND MARINE	630-9G180169	15.00 %
CRIME	630-9G180169	15.00 %
WORKERS COMPENSATION	UB-7K570580	7.50 %
LAW ENFORCEMENT LIABILITY	ZLP-14R86999	15.00 %
PUBLIC ENTITY MANAGEMENT LIABILITY	ZLP-14R86999	15.00 %
PUBLIC ENTITY EMPLOYMENT RELATED PRACTICES LIABILITY	ZLP-14R86999	15.00 %
AUTO LIABILITY	810-3032P351	15.00 %
AUTO PHYSICAL DAMAGE	810-3032P351	15.00 %

**Note:** *It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.*

\* Commission percentage displayed does not apply to any North Carolina Reinsurance Facility loss recoupment surcharge amounts included in the liability premium of the Commercial Auto Policy, if applicable.

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If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.