

**Village of Sea Ranch Lakes**

**Premium Comparison 21-22 vs 22-23**

<b>Coverage</b>	<b>Expiring 21-22</b>	<b>Quote 22-23</b>	<b>Premium Difference</b>	<b>% Change in Premium</b>
Property	\$ 2,000.00	\$ 2,000.00	\$ -	
Inland Marine	\$ 1,200.00	\$ 1,200.00	\$ -	
Crime	\$ 602.00	\$ 1,000.00	\$ 398.00	
General Liability	\$ 2,500.00	\$ 3,125.00	\$ 625.00	
Law Enforcement Liability	\$ 10,509.00	\$ 11,779.00	\$ 1,270.00	
Public Officials and Employment Practices Liability	\$ 19,941.00	\$ 22,952.00	\$ 3,011.00	
Cyber Liability	\$ 2,438.00	\$ 5,000.00	\$ 2,562.00	
Automobile Liability	\$ 5,000.00	\$ 5,776.00	\$ 776.00	
Automobile Physical Damage	\$ 1,483.00	\$ 1,665.00	\$ 182.00	
<b>PKG Yearly Totals</b>	<b>\$ 45,673.00</b>	<b>\$ 54,497.00</b>	<b>\$ 8,824.00</b>	<b>19.32%</b>
<b>Workers Comp Yearly Totals</b>	<b>\$ 19,540.00</b>	<b>\$ 19,695.00</b>	<b>\$ 155.00</b>	<b>0.79%</b>
<b>Total Combined Policies (PKG &amp; WC)</b>	<b>\$ 65,213.00</b>	<b>\$ 74,192.00</b>	<b>\$ 8,979.00</b>	<b>13.77%</b>

LEL Payroll increase from 849,230 to \$891,692 = \$42,462

Clerical Payroll increase from \$69,926 to \$78,000 = \$8,074

CLAIM: Cyber Ransomware \$126,500



Named Covered Party: Village of Sea Ranch Lakes

Term: 10/01/2022 to 10/01/2023

Coverage Provided By: Preferred Governmental Insurance Trust

Quote Number: WC FL1 0062511 22-09 01 - 1

#### Compensation Disclosure

We appreciate the opportunity to assist with your insurance needs. Information concerning compensation paid to other entities for this placement and related services appears below. Please do not hesitate to contact us if any additional information is required.

PRU is owned by Brown & Brown, Inc. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so.

For the Coverage Term referenced above, your insurance was placed through Preferred Governmental Insurance Trust (Preferred). Preferred is an independent entity formed by Florida public entities through an Interlocal Agreement for the purpose of providing its members with an array of insurance coverages and services. Preferred has contracted with entities owned by Brown & Brown, Inc. to perform various services. As explained below, those Brown & Brown entities are compensated for their services.

Preferred has contracted with Public Risk Underwriters of Florida Inc. (PRU), a company owned by Brown & Brown, Inc., to administer Preferred's operations. The administrative services provided by PRU to Preferred include:

Underwriting / Coverage review / Marketing / Policy Review / Accounting / Issuance of Preferred Coverage Agreements / Preferred Member Liaison / Risk Assessment and Control

Pursuant to its contract with Preferred, Public Risk Underwriters of Florida Inc. (PRU) receives an administration fee, based on the size and complexity of the account, of up to 9.75% of the Preferred premiums billed and collected.

Preferred has also contracted with Preferred Governmental Claims Solutions (PGCS), a company owned by Brown & Brown, Inc., for purposes of administering the claims of Preferred members. The services provided by PGCS to Preferred may include:

Claims Liaison with Insurance Company / Claims Liaison with Preferred Members / Claims Adjustment

Pursuant to its contract with Preferred, PGCS receives a claims administration fee for those accounts which PGCS services of up to 3.85% of the non-property portion of the premiums you pay to Preferred.

Preferred also utilizes wholesale insurance brokers, some of which (such as Peachtree Special Risk Brokers and Apex Insurance Services) are owned by Brown & Brown, Inc., for the placement of Preferred's insurance policies. The wholesale insurance broker may provide the following services to Preferred:

- Risk Placement
- Coverage review
- Claims Liaison with Insurance Company
- Policy Review
- Current Market Intelligence

The wholesale insurance broker's compensation is largely dictated by the insurance company. It typically ranges between 5% and 10% of the premiums you pay to Preferred for your coverage.



Named Insured: Village of Sea Ranch Lakes  
 Agent: Foundation Risk Partners of Florida LLC, DBA  
 Acentria Insurance (Orlando)  
 Quote Number: WC FL1 0062511 22-09 01 - 1  
 Proposed Policy Period: From: 10/01/2022 To: 10/01/2023  
 Rating Basis Date: 10/01/2022  
 Emp. Liability Limits: 1,000,000/1,000,000/1,000,000

Issue Date: 9/5/2022

Schedule Page 1 of 2

**Quotation Schedule of Operations**

Period Effective: 10/01/2022

<b>State:</b> FL	<u>Experience Mod</u>	<u>Status</u>	<u>Effective Date</u>
	0.77	FINAL	10/01/2022

<u>Policy</u>	<u>Insured</u>			<u>Premium</u>		<u>Estimated</u>
<u>Loc</u>	<u>Loc</u>	<u>Code</u>	<u>Classifications</u>	<u>Basis</u>	<u>Rate</u>	<u>Premium</u>
0000	N/A	7720	POLICE OFFICERS & DRIVERS	891,692	3.36	\$29,961
0000	N/A	8810	CLERICAL OFFICE EMPLOYEES NOC	78,000	0.16	\$125
		<b>Total</b>		<b>969,692</b>		<b>\$30,086</b>



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 Acentria Insurance (Orlando)  
 Quote Number: WC FL1 0062511 22-09 01 - 1  
 Proposed Policy Period: From: 10/01/2022 To: 10/01/2023  
 Rating Basis Date: 10/01/2022  
 Emp. Liability Limits: 1,000,000/1,000,000/1,000,000

Issue Date: 9/5/2022

Schedule Page 2 of 2

**Quotation Schedule of Operations**

**State Level Summary**

<u>Coverage</u>	<u>Factor</u>	<u>Deductible</u>	<u>Est. Annual Premium</u>
Manual Premium			\$30,086
Total Manual Premium			\$30,086
Subject Premium			\$30,086
Safety Program	2		\$(602)
Drug-Free Workplace	5		\$(1,474)
Total Subject Premium			\$28,010
Experience Mod	0.770		\$(6,442)
Total Modified Premium			\$21,568
Schedule Rating Factor			\$(1,078)
Total Standard Premium			\$20,490
Premium Discount			\$(955)
<b>Estimated Standard State Premium:</b>			<b>\$19,535</b>



Named Insured: Village of Sea Ranch Lakes  
 Agent: Foundation Risk Partners of Florida LLC, DBA Acentria Insurance (Orlando)  
 Quote Number: WC FL1 0062511 22-09 01 - 1  
 Proposed Policy Period: From: 10/01/2022 To: 10/01/2023

Issue Date: 9/5/2022

Summary Page 1 of 2

**Quote Summary**

<b><u>Coverage/Policy Item</u></b>	<b><u>Est. Annual Premium</u></b>
Manual Premium	\$30,086
Total Manual Premium	\$30,086
Subject Premium	\$30,086
Safety Program	\$(602)
Drug-Free Workplace	\$(1,474)
Total Subject Premium	\$28,010
Experience Mod	\$(6,442)
Total Modified Premium	\$21,568
Schedule Rating Factor	\$(1,078)
Total Standard Premium	\$20,490
Premium Discount	\$(955)
Expense Constant	\$160
<b>Estimated Premium</b>	<b>\$19,695</b>

Disclaimer: This summary page is used for illustration purposes only; it should not be used to calculate premium items for individual states. Please refer to the state specific pages for actual calculation of the respective states calculation.



Named Insured: Village of Sea Ranch Lakes

Issue Date: 9/5/2022

Agent: Foundation Risk Partners of Florida LLC, DBA Acentria  
Insurance (Orlando)

Quote Number: WC FL1 0062511 22-09 01 - 1

Proposed Policy Period: From: 10/01/2022 To: 10/01/2023

Summary Page 2 of 2

### **Quotation Terms and Conditions Including but Not Limited To**

1. Please review the quote carefully, as coverage terms and conditions may not encompass all requested coverages indicated in the application.
2. Quote subject to review and acceptance by Preferred Board of Trustees.
3. The Coverage Agreement premium shall be pro-rated as of the first day of coverage from the minimum policy premium.
4. Down payment is due at inception.
5. The Trust requires that the Member maintains valid and current certificates of workers' compensation insurance on all work performed by persons other than its employees.
6. If NCCI re-promulgates a mod, we will honor the mod as promulgated. If the mod changes during the fund year, we reserve the right to apply a correct mod back to the inception date of the Coverage Agreement.
7. Quote was prepared using payrolls supplied by your agency.
8. Safety and Drug Free program credits (if applicable) are subject to program requirements.
9. Payrolls are subject to final audit.
10. Deletion of any coverage presented, Package and/or Workers' Compensation, will result in re-pricing of account.
11. Coverage is not bound until confirmation is received from a licensed representative of Public Risk Underwriters.



Named Covered Party: Village of Sea Ranch Lakes  
 Term: 10/01/2022 to 10/01/2023  
 Coverage Provided by Preferred Governmental Insurance Trust  
 Quote Number: WC FL1 0062511 22-09 01 - 1

**Total Premium Due:** \$19,695  
 Commission: 7.00%  
 Payment Plan: WC - 25% Down & 4 Equal Installments

**ADDITIONAL TERMS AND CONDITIONS INCLUDING BUT NOT LIMITED TO**

- Receipt of signed Preferred Work Comp application within 30 days of effective date of coverage
  - Receipt of signed Drug Free application within 30 days of effective date of coverage
  - Receipt of signed Safety Program application within 30 days of effective date of coverage
  - All lines of coverage (Package & Worker's Compensation) must be accepted in order to bind coverage with Preferred.
- Worker's Compensation agreement is conditional upon binding Package coverage. This is an ALL or nothing quote.



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 Term: 10/01/2022 to 10/01/2023  
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**EMPLOYER WORKPLACE SAFETY PROGRAM  
 PREMIUM CREDIT APPLICATION**

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I am submitting a copy of my workplace safety program which meets the requirements of Section 440.1025, Florida Statutes. I certify that this Safety Program has been implemented in the workplace and is being maintained as submitted to "Preferred (The Trust)".

This is to certify that the Workplace Safety program meets or exceeds the following provisions as provided for in Section 440.1025, Florida Statutes:

1. Written Safety Policy and Safety Rules
2. Safety Inspections
3. Preventive Maintenance
4. Safety Training
5. First Aid
6. Accident Investigation
7. Necessary Record Keeping

I am aware that we may be subject to on-site inspections by "The Trust", for the purpose of validation the accuracy of this information.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s.775.083 or s.775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Certification or Employer Workplace Safety Program Premium Credit, and that the facts stated in it are true.

Employer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Officer/Owner Signature\*: \_\_\_\_\_

Title: \_\_\_\_\_

\*Application must be signed by an officer or owner.

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**DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM APPLICATION**

**Testing:**

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- Job Applicant
- Reasonable suspicion
- Routine fitness for duty
- Follow-up testing to Employee Assistance Program

**Notice of Employer's Drug Testing Policy:**

- Copy to all employees prior to testing
- Posted on/at employer's premises
- Copy to job applicants prior to testing
- General notice given 60 days prior to testing
- Show notice of drug testing on vacancy announcements
- Copies available to personnel office or other suitable locations
- No notice required because drug testing program in place prior to July 1, 1990

**Education:**

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer: \_\_\_\_\_

A. Name of approved Agency for Health Care Administration lab or United States Department of Health and human Services Certified Laboratory: \_\_\_\_\_

B. Phone Number: \_\_\_\_\_

C. Address: \_\_\_\_\_

Your certification is subject to physical verification by "Preferred (The Trust)". Your coverage agreement is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the Coverage Agreement if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly and with intent in injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Application for Drug-Free Workplace Premium Credit Program, and that the facts stated in it are true.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Officer/Owner Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\*Application must be signed by an officer or owner.

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**Property Coverage**

Coverage Description	Limit	Deductible
Blanket Value Building & Contents Limit, per attached schedule	\$50,000	\$1,000 Per Occurrence - All other perils 5% Per Occurrence - Named Storm subject to minimum of \$10,000
Boiler & Machinery	\$50,000	\$1,000 Per Occurrence

**Schedule of Sublimits-** These limits do not increase any other applicable limit of liability.

Coverage Description	Limit	Deductible
Flood Limit – Per Occurrence Excess of NFIP, whether purchased or not	Not Included	N/A Per Flood, except zones A,V excess of NFIP whether purchased or not
Earth Movement Limit – Per Occurrence	Not Included	N/A
TRIA (Includes Inland Marine if applicable)	\$50,000	\$1,000 Per Occurrence

**Extensions of Coverage-** These limits do not increase any other applicable limit of liability. Deductible per terms of the Coverage Agreement.

Coverage Description	Limit
Accounts Receivable	\$500,000
Additional Expense	\$1,000,000
Animals (annual aggregate limit)	\$5,000
Business Income	\$500,000
Buildings Under Construction	If shown on Property Schedule
Debris Removal- limit shown or 25% of loss, whichever is greater, per occurrence	\$250,000 or 25% of loss, whichever is greater, per occurrence
Demolition, Ordinance, and ICC	\$500,000
Duty to Defend	Included
Errors and Omissions	\$250,000
Expediting Expense	\$5,000
Fire Department Charges	\$25,000
Fungus Cleanup Expense (annual aggregate limit)	\$50,000
Lawns, Plants, Trees and Shrubs	\$25,000
Leasehold Interest	\$0
New Locations	\$2,000,000
Personal Property of Employees	\$50,000
Pollution Cleanup Expense (annual aggregate limit)	\$50,000
Preservation of Property	\$250,000
Professional Fees	\$ 20,000
Property at Miscellaneous Unnamed Locations	\$150,000
Recertification	\$10,000
Service Interruption Coverage	\$100,000
Transit	\$250,000
Vehicle Property Coverage	\$0

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**Inland Marine Coverage**

<u>Coverage Description</u>	<u>Limit</u>	<u>Deductible</u>
Blanket Unscheduled Inland Marine (subject to \$25,000 any one item, excludes Watercraft)	\$600,000	Per attached schedule
Scheduled Inland Marine	N/A	Per attached schedule
<b>Total All Inland Marine</b>	<b>\$600,000</b>	<b>Per attached schedule</b>

**Crime Coverage**

<u>Coverage Description</u>	<u>Limit</u>	<u>Deductible</u>
Forgery and Alteration	\$250,000	\$1,000
Theft, Disappearance or Destruction	\$100,000	\$1,000
Computer Fraud including Funds Transfer Fraud	\$100,000	\$1,000
Employee Dishonesty, Including faithful performance, per loss	\$250,000	\$1,000

**Deadly Weapon Protection (Claims Made)**

<u>Coverage Description</u>	<u>Limit</u>	<u>Deductible</u>
Third Party Liability Coverage	\$1,000,000	\$0
Crisis Management Services	Included	
Counseling Services	\$ 250,000 sublimit	
Funeral Expenses	\$ 250,000 sublimit	
Retro Date: 10/01/2019		
Coverage Highlights: Broad definition of Deadly Weapon Event, 24 hour Crisis Response Team Services		
<b>Claims expenses are inside the limit of liability. Automatic Extended Reporting Period is 60 days.</b>		

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Public Officials Liability Coverage (Claims Made)		
Public Officials Liability Limit	Deductible	Retroactive Date
\$2,000,000 per claim Aggregate Limit: N/A	\$1,000	10/01/2014
Total Payroll: \$969,692		
Supplementary Payments: Pre-termination \$2,500 per employee/ \$5,000 annual aggregate Non Monetary: \$100,000 Aggregate		

Employment Practices Liability Coverage (Claims Made)		
Employment Practices Liability Limit	Deductible	Retroactive Date
\$2,000,000 per claim Aggregate Limit: N/A	\$1,000	10/01/2014
#FT emp: 12	# PT Emp: 11	#Volunteers: 0

Cyber Liability (Claims Made)		
Coverage Description	Limit	Deductible
Policy Limit	\$2,000,000 annual aggregate	Applies per below
Third Party Liability Coverage:		
• Privacy & Security Liability	\$2,000,000 each claim	\$25,000
• Media Content Services Liability	\$2,000,000 each claim	\$25,000
• PCI DSS	\$1,000,000 sublimit	\$25,000
First Party Liability Coverage:		
• Cyber Extortion & Ransomware	\$500,000 each claim	\$25,000
• Data Breach & Crisis Management	\$2,000,000 each claim	\$25,000
• Data Recovery	\$2,000,000 each claim	\$25,000
• Business Interruption/ Extra Expense	\$2,000,000 each claim	\$25,000 / Waiting Period: 12 Hrs
• Cyber Crime	\$250,000 Agg - see form for sublimits	\$25,000
• Utility Fraud	\$100,000 Agg - see form for sublimits	\$25,000
• Bricking Coverage	\$500,000 sublimit	\$25,000
• System Failure- BI/EE	\$1,000,000 sublimit	\$25,000 / Waiting Period: 12 Hrs
• Dependent Business Interruption	\$1,000,000 sublimit	\$25,000 / Waiting Period: 12 Hrs
o BI/EE	Included in above sublimit	\$25,000 / Waiting Period: 12 Hrs
o System Failure	\$1,000,000 sublimit	\$25,000 / Waiting Period: 12 Hrs
Retroactive date: 10/01/2011		
Voluntary Notification endorsement is included, see coverage form for all limits and sublimits		

**Extended Reporting Periods POL/EPLI/Cyber (only applicable for claims made)**

If the Trust terminates or does not renew this Coverage Agreement (other than for failure to pay a premium when due), or if the Public Entity terminates or does not renew this Coverage Agreement and does not obtain replacement coverage as of the effective date of such cancellation or non-renewal, the Public Entity shall have the right, upon payment of the additional premium described below, to a continuation of the coverage granted by this Coverage Agreement for at least one Extended Reporting Period as follows:

- A. Automatic Extended Reporting Period - 60 days per PGIT MN 500 & PGIT MN 700 (Cyber form)
- B. Optional Extended Reporting Period - 12 months at additional premium per PGIT MN 500 & PGIT MN 700 (Cyber Form)

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**General Liability Coverage (Occurrence Form)**

<u>Coverage Description</u>	<u>Limit</u>
Bodily Injury and Property Damage Limit	\$1,500,000
Personal and Advertising Injury	Included
Products & Completed Operations Limit	Included
Employee Benefits Liability Limit, per person	\$1,500,000
Herbicide & Pesticide Aggregate Limit	\$1,000,000
Medical Payments Limit	N/A
Fire Damage	Included
Sewer Backup and Water Damage Limit	\$10,000 no fault /\$200,000 at fault; subject to \$200,000 aggregate
PGIT MN-203 Part B Limit (Bert Harris, Inverse Condemnation, Takings claims; See Form for specifics)	\$100,000 Aggregate
<i>General Liability Deductible:</i>	\$0
<i>Rating Basis</i>	
<i>Ratable Payroll:</i>	\$78,000

**Unmanned Aircraft**

Coverage is limited, see specimen form for policy details

<u>Coverage Description</u>	<u>Limit</u>	<u>Deductible</u>
Unmanned Aircraft	N/A	N/A

**Law Enforcement Liability Coverage (Occurrence Form)**

<u>Coverage Description</u>	<u>Limit</u>	<u>Deductible</u>
Law Enforcement Liability	\$2,000,000 Per Person \$2,000,000 Per Occurrence	\$0
<i>Rating Basis</i>		
<i>Full Time Officers: 7</i>	<i>Part Time Officers: 5</i>	<i>Vol Officers:</i>

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Coverage Provided by: Preferred Governmental Insurance Trust

Quote Number: PK FL1 0062511 22-09

<b>Automobile Coverage</b>			
<b>Coverage</b>	<b>Symbol</b>	<b>Limit</b>	<b>Deductible</b>
Liability	7, 8, 9	\$1,500,000	\$0
Personal Injury Protection	5	Statutory	\$0
Added PIP	N/A	Not Included	N/A
Auto Medical Payments	N/A	N/A	N/A
Uninsured/ Underinsured Motorist		N/A	N/A
Physical Damage Comprehensive Coverage	7, 8	Actual cash value or cost of repair, whichever is less, minus deductible. Hired Comprehensive limit: \$35,000	Per attached schedule Hired deductible: \$1,000
Physical Damage Collision Coverage	7, 8	Actual cash value or cost of repair, whichever is less, minus deductible. Hired Collision limit: \$35,000	Per attached schedule Hired deductible: \$1,000
Garagekeepers Comprehensive Coverage	N/A	Actual cash value or cost of repair, whichever is less, minus deductible, for each covered auto per attached locations schedule, but no deductible applies to loss caused by fire or lightning.	N/A
Garagekeepers Collision Coverage	N/A	Actual cash value or cost of repair, whichever is less, minus deductible, for each covered auto per attached locations schedule.	N/A

<b>Automobile Symbols</b>	
1	Any "Auto"
2	Owned "Autos" only
3	Owned private passenger "Autos" only
4	Owned "Autos" other than private passenger "Autos" only
5	Owned "Autos" subject to No-Fault
6	Owned "Autos" subject to a Compulsory Uninsured Motorist Law
7	Scheduled "Autos" only
8	Hired "Autos" only
9	Non-owned "Autos" only
30	"Autos" left with you for service, repair, storage, or safekeeping.
* These are abbreviated descriptions. A full description of symbols is included in the coverage agreements	

**Symbol 10 comp & collision:**

**Symbol 10 liability:**

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Quote Number: PK FL1 0062511 22-09

**Total Premium Due: \$54,497**

Pay Term: PKG - 50% Down, 25% due at 75 days and 25% due at 166 days

**IMPORTANT NOTE**

Defense Costs- Outside of the limit, does not erode the limit for General Liability, Law Enforcement Liability, Public Officials Liability, and Employment Practices Liability.

Deductible does not apply to defense costs. Self Insured Retention does apply to defense cost.

**QUOTATION TERMS & CONDITIONS INCLUDING BUT NOT LIMITED TO:**

1. Please review the quote carefully, as coverage terms and conditions may not encompass all requested coverages indicated on the application.
2. The Coverage Agreement shall be 25% minimum earned as of the first day of the "Coverage Period".
3. Premium is late if not paid within 30 days of due date, unless otherwise stated.
4. Deletion of any line of coverage presented, Package and/or Workers Compensation, may result in re-pricing of account.
5. The Preferred Property program is a shared limit. The limits purchased are a per occurrence limit and in the event an occurrence exhausts the limit purchased by Preferred on behalf of the members, payment to you for a covered loss will be reduced pro-rata based on the amounts of covered loss by all members affected by the occurrence.
6. Coverage is not bound until confirmation is received from an authorized representative of Public Risk Underwriters.

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.





Named Covered Party: Village of Sea Ranch Lakes  
Term: 10/01/2022 to 10/01/2023  
Coverage Provided by: Preferred Governmental Insurance Trust  
Quote Number: PK FL1 0062511 22-09

#### ADDITIONAL TERMS & CONDITIONS

- Initialed and signed POL/EPLI application within 30 days of effective date of coverage
- Receipt of signed Signature Page form within 30 days of effective date of coverage
- Receipt of signed UM form within 30 days of effective date of coverage
- Signed first page of the Preferred Application (Florida Fraud Statement) within 30 days of effective date of coverage
- During the proposed Coverage Agreement period, we will not charge an additional premium for new locations if the location is acquired after the inception date of the Coverage Agreement. If the newly added location was owned or acquired prior to the inception date of the Coverage Agreement then additional annual premium will be invoiced by endorsement. For two year coverage periods, additional premium will be charged on the second annual installment for locations added during the first year of the coverage agreement.
- Inland Marine Named Storm Deductible: 5% per Occurrence per Covered Equipment/Item subject to \$10,000 minimum per Occurrence. For any Blanket coverage listed on the applicable Inland Marine Schedule, the Deductible shall be calculated based upon the total Insured Value, not on the per item value. For individually scheduled inland marine items, the deductible is calculated based upon the scheduled value of the item.

**Agency Information Recap**

9/5/2022 / 11:30:01AM



Named Covered Party: Village of Sea Ranch Lakes  
 Term: 10/01/2022 to 10/01/2023  
 Coverage Provided by: Preferred Governmental Insurance Trust  
 Quote Number: PK FL1 0062511 22-09

**PREMIUM BREAKDOWN**

Property	\$2,000
Inland Marine	\$1,200
Crime	\$1,000
General Liability (Includes Drone coverage if applicable)	\$3,125
Law Enforcement Liability	\$11,779
Public Officials and Employment Practices Liability	\$22,952
Cyber Liability	\$5,000
Automobile Liability	\$5,776
Automobile Physical Damage	\$1,665
Garage Keepers	N/A
Excess Workers Compensation	N/A
Stop Loss Aggregate	N/A
Deadly Weapon	\$0
<b>Grand Total</b>	<b>\$54,497.00</b>
Commission	10.00%
Payment Terms	PKG - 50% Down, 25% due at 75 days and 25% due at 166 days

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Named Covered Party: Village of Sea Ranch Lakes

Agreement Number: 10/01/2022 to 10/01/2023

Coverage Provided By: Preferred Governmental Insurance Trust

Quote Number: PK FL1 0062511 22-09

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the Coverage Agreement. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability coverage agreements include Uninsured Motorist coverage at limits equal to the Bodily Injury limits in your coverage agreement unless you select a lower limit offered by the Trust, or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your Coverage Agreement:

- a. I hereby reject Uninsured Motorist coverage.
- b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability Limits:  
each person (enter limit if applicable)  
each accident
- c. I hereby select Uninsured Motorist coverage limits equal to my Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

**ELECTION OF NON-STACKED COVERAGE**

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this Coverage Agreement will apply only to the extent of coverage (if any) which applies to that vehicle in this Coverage Agreement. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a Named Covered Party, covered family member, or covered resident of the Named Covered Party's household. This Coverage Agreement will not apply if you select the coverage available under any other Coverage Agreement issued to you or the Coverage Agreement of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your Coverage Agreement limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Coverage Agreement limits would automatically change during the Coverage Agreement term if you increase or decrease the number of autos covered under the Coverage Agreement.

I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability Coverage Agreement and future renewals or replacements of such Coverage Agreement which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Trust or my agent know in writing.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

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**SIGNATURE PAGE**

Policy#: PK FL1 0062511 22-09

Named Covered Party: Village of Sea Ranch Lakes

Effective: 10/01/2022

Termination: 10/01/2023

**I hereby confirm that the limits/coverages as shown here, corresponding with the Coverage Agreement, are correct:**

X	Property <b>TIV: \$50,000</b>
X	Inland Marine <b>Blanket Unscheduled IM: \$600,000</b> <b>Scheduled Inland Marine: Not Included</b> <b>Total All Inland Marine: \$600,000</b>
X	Property TRIA (Terrorism Risk Insurance Act) coverage
X	Crime
X	General Liability <b>Ratable Payroll: \$78,000</b>
X	Law Enforcement Liability <b>Officers: 12</b>
X	Professional Liability <b>Employees: 23</b>
X X	Automobile                            5 <b>Units - Auto Liability</b> 5 <b>Units - Comprehensive</b> 5 <b>Units - Collision</b>
N/A	<b>Stop Loss Aggregate: Not Included</b> Applies to:
N/A	<b>Excess Workers' Compensation</b> <b>Payroll: Not Included</b>
N/A	I confirm that I have received a copy of Preferred's Current Interlocal Agreement (last amended October 1, 2004) and Amendment A (effective October 1, 2013).
N/A	I confirm having read and agreed to the terms as laid out in the attached Preferred Participation Agreement (which also requires a signature).

A signed copy of the following is also required where applicable: First Page of Preferred Application; Professional Liability Application; Uninsured Motorist Rejection/Election Form; SIR Signature Page.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Date \_\_\_\_\_

**Coverage is provided by Preferred Governmental Insurance Trust**

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Property Schedule

Agreement Period: 10/01/2022 through 10/01/2023

COVERED PARTY: Village of Sea Ranch Lakes

QUOTE NUMBER: PK FL1 0062511 22-09

AGENCY: Foundation Risk Partners of Florida LLC, DBA Acentria Insurance (Orlando)

Loc #	Description	Address	Const Type	Eff. Date	Term. Date	Building Value	Contents value
001	Village Hall & Police Station	1 Gatehouse Road Sea Ranch Lakes FL 33308	119 - JM	10/01/2022	10/01/2023	\$0	\$50,000

<b>Total</b>	\$0	\$50,000
<b>TIV</b>	\$50,000.00	



Inland Marine Schedule

Agreement Period: 10/01/2022 through 10/01/2023

COVERED PARTY: Village of Sea Ranch Lakes

QUOTE NUMBER: PK FL1 0062511 22-09

AGENCY: Foundation Risk Partners of Florida LLC, DBA Acentria Insurance (Orlando)

Item #	Description	Serial Number	Classification Code	Effective Date	Value	Deductible
				Term Date		
001	Unscheduled Items		Blanket Unscheduled	10/01/2022	\$600,000.00	\$1,000
				10/01/2023		

<b>Total</b>	<b>\$600,000.00</b>
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Vehicle Schedule

Agreement Period: 10/01/2022 through 10/01/2023

COVERED PARTY: Village of Sea Ranch Lakes

QUOTE NUMBER: PK FL1 0062511 22-09

AGENCY: Foundation Risk Partners of Florida LLC, DBA Acentria Insurance (Orlando)

Unit#	Make	Model/Description	Department	AL Eff	Comp Ded	Comp Eff	Comp Term	Value
	Year	VIN #	Vehicle Type	AL Term	Coll Ded	Coll Eff	Coll Term	Valuation Type
001	Ford	Explorer		10/01/2022	\$1,000	10/01/2022	10/01/2023	\$20,763
	2008	1FMEU63E98UA92746	Police Car	10/01/2023	\$1,000	10/01/2022	10/01/2023	Actual Cash Value
002	Ford	Crown Victoria		10/01/2022	\$1,000	10/01/2022	10/01/2023	\$1,800
	2004	2FAFP71WX4X141592	Police Car	10/01/2023	\$1,000	10/01/2022	10/01/2023	Actual Cash Value
003	Ford	Explorer Police Interceptor		10/01/2022	\$1,000	10/01/2022	10/01/2023	\$35,000
	2018	1FM5K8AR8JGA72080	Police Car	10/01/2023	\$1,000	10/01/2022	10/01/2023	Actual Cash Value
004	Ford	Explorer Police Interceptor		10/01/2022	\$1,000	10/01/2022	10/01/2023	\$35,000
	2018	1FM5K8AR0JGB68172	Police Car	10/01/2023	\$1,000	10/01/2022	10/01/2023	Actual Cash Value
005	Ford	Explorer Police Interceptor		10/01/2022	\$1,000	10/01/2022	10/01/2023	\$35,000
	2021	1FM5K8AB7MGB04587	Police Car	10/01/2023	\$1,000	10/01/2022	10/01/2023	Actual Cash Value

<b>Total</b>	<b>\$127,563.00</b>
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