



INSURANCE PROPOSAL				
<b>To:</b> Lockton Companies 444 West 47th Street, Suite 900 Kansas Cit, Missouri 64112 <b>Attn:</b> Cheri Weathers		<b>From:</b> Jay Mathiason, CPCU States Self-Insurers Risk Ret. Grp. 222 S Ninth St Suite 2700 Minneapolis, MN 55402-3332		
<b>Proposal For:</b> City of Independence, MO, et al		<b>Proposal Expires On:</b> 4/1/2021		
<b>ONE YEAR PROPOSAL</b>				
<b>OPTION 1</b>				
<b>Company Limits</b>	<b>Self-Insured Retention Limit</b>	<b>PREMIUM</b>	<b>TRIA</b>	<b>TOTAL</b>
\$10,000,000 /Occ	\$250,000 /Occ	\$595,723	\$17,872	\$613,595
\$10,000,000 /Agg				
<b>OPTION 2</b>				
<b>Company Limits</b>	<b>Self-Insured Retention Limit</b>	<b>PREMIUM</b>	<b>TRIA</b>	<b>TOTAL</b>
\$0 /Occ	\$0 /Occ	\$0	\$0	\$0
\$0 /Agg				
<b>OPTION 3</b>				
<b>Company Limits</b>	<b>Self-Insured Retention Limit</b>	<b>PREMIUM</b>	<b>TRIA</b>	<b>TOTAL</b>
\$0 /Occ	\$0 /Occ	\$0	\$0	\$0
\$0 /Agg				
<b>OPTION 4</b>				
<b>Company Limits</b>	<b>Self-Insured Retention Limit</b>	<b>PREMIUM</b>	<b>TRIA</b>	<b>TOTAL</b>
\$0 /Occ	\$0 /Occ	\$0	\$0	\$0
\$0 /Agg				
<b>SPECIAL TERMS AND CONDITIONS</b>				
<b>Occurrence Policy Form</b>				
⇒ The quoted premium has 10% commission. ⇒ All premiums are due at the inception date of the policy. ⇒ Premiums will be annually rerated to reflect experience and exposure. ⇒ TRIA Act Coverage must be elected or declined. If declined, a Terrorism exclusion will apply. ⇒ Maximum Limit of Liability - Auto is not included in Maximum ⇒ Auto Definition ⇒ Obligation to resolve claims ⇒ Cyber Liability Exclusion - ⇒ Exclusion Communicable Disease ⇒ ⇒ ⇒				
<b>***Please see attached for any additional terms and conditions.</b>				
_____ <b>Signed</b>				3/1/2021 _____ <b>Date</b>

## AGENT/BROKER COMPENSATION ACKNOWLEDGEMENT

States Self-Insurers Risk Retention Group, Inc. (States) is committed to keeping and ensuring that the insurance transaction between States, the member/owner (member) and the agent/broker (broker) is kept transparent. It is understood that the broker is a representative of the member and not of States and there is no contractual or agency arrangement between States and the member's chosen broker.

The States member shall negotiate with the broker the amount and form of compensation that the broker is to be paid.

To ensure this transparency we request that the following be appropriately completed and signed.

(Please check the appropriate box)

☐ City of Independence, MO, et al (the States member) agrees to compensate  
Lockton Companies (broker) on a fee basis to be paid directly to the broker.

☐ City of Independence, MO, et al (the States member) agrees to compensate  
Lockton Companies (broker) on a commission basis with said commission to be built into the premium. Member authorizes States to build in \_\_\_\_\_ % (not to be greater than 20%) for commission.  
Gross Premium calculation is: Net premium divided by the reciprocal of the commission.  
Example: \$100,000 / .90 (reciprocal of 10%) = \$111,111

This applies to the 4/1/2021 to 4/1/2022 policy period only.

City of Independence, MO, et al  
(States Member Entity Name)

Lockton Companies  
(Agent, Broker or Consultant Name)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

States member and broker should keep one copy for their records.

The States' member will send a copy to States at the following address upon binding coverage.

States Self-Insured Risk Retention Group, Inc.  
Underwriting Department  
c/o BRAC, LLC  
222 South Ninth Street, Suite 2700  
Minneapolis, MN 55402-3332

The quoted premium has 10% commission.

Fax: 612-766-3399

Email: [jmathiason@berkleyrisk.com](mailto:jmathiason@berkleyrisk.com)

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), that you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of Treasury - in concurrence with the Secretary of State 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 an air carrier or vessel 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. Coverage under your #### New or #### RENEWAL policy may be affected as follows:

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 AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% 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.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S 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**

<input type="checkbox"/>	I hereby elect to purchase coverage, subject to the limitations of the Act, for acts of terrorism, as defined in the Act , for a premium of \$17,872
<input type="checkbox"/>	I hereby decline coverage for terrorism. I understand that I will have no coverage for losses resulting from acts of terrorism.

City of Independence, MO, et a

States RRG

Applicant/Named Insured

Insurance Company

The quoted premium has 10% commission.

By:\_\_\_\_\_

Authorized Representative's Signature

\_\_\_\_\_  
Authorized Representative's Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

Please indicate your choice above, sign where indicated, and return the original form to us at the address below no later than

We recommend that you keep a copy of this notice for your records.

States RRG  
c/o Berkley Risk Administrators Company  
222 S Ninth St Ste 2700  
Minneapolis, MN 55402-3332