



# Proposal of Insurance

## Village of Long Grove

3110 Old McHenry Road  
Long Grove, IL 60047

**Presented:** November 18, 2021

**Effective:** December 31, 2021

**Ethan Salsinger**

Account Executive

**Arthur J. Gallagher Risk Management Services, Inc.**

2850 Golf Road

Rolling Meadows, IL 60008

**(630) 773-3800**

**Ethan\_Salsinger@ajg.com**



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# Gallagher

Insurance | Risk Management | Consulting

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## Service Team

**Ethan Salsinger** has primary service responsibility for your company. We operate using a team approach. Your Service Team consists of:

NAME / TITLE	PHONE / ALT. PHONE	EMAIL	ROLE
<b>Ethan Salsinger</b> Account Executive	(630) 285-3651	Ethan_Salsinger@ajg.com	Producer
<b>Marissa Olszewski</b> Client Service Manager	(630) 285-4252	Marissa_Olszewski@ajg.com	Client Service Manager

**Arthur J. Gallagher Risk Management Services, Inc.**

Main Office Phone Number: (630) 773-3800

## Program Structure

## Named Insured

**Named Insured Schedule:**

Add / Change / Delete	Named Insured	Package	Equipment Breakdown	Crime	Umbrella	Workers' Compensation
	Village Of Long Grove	X	X	X	X	X

**Note:** Any entity not named in this proposal, may not be an insured entity. This may include affiliates, subsidiaries, LLC's, partnerships and joint ventures.

## Market Review

We approached the following carriers in an effort to provide the most comprehensive and cost effective insurance program.

INSURANCE COMPANY	LINE OF COVERAGE	RESPONSE	PREMIUM
<b>Atlantic Specialty Insurance Company</b>	Package	Recommended Quote	\$34,910.00
<b>Travelers Property Casualty Co of America</b>	Equipment Breakdown	Recommended Quote	\$1,611.00
<b>Allmerica Financial Benefit Insurance Co</b>	Crime	Recommended Quote	\$647.34
<b>American Alternative Insurance Corp</b>	Umbrella	Recommended Quote	\$5,789.00
<b>Illinois Public Risk Fund</b>	Workers' Compensation	Recommended Quote	\$3,747.00

## Location Schedule

LINE OF COVERAGE	LOC # / BLDG #	LOCATION ADDRESS
Equipment Breakdown	1/1	1150 Old Mchenry RD Long Grove, IL 60047
	2/1-2	3110 Rfd Long Grove, IL 60047-9623
	3/1	Downtown Long Grove, IL 60047
	4/1	IL 83 Robert Parker Long Grove, IL 60047
	5/1	No Specific Location
Package	1/1	1150 Old McHenry RD Long Grove, IL 60047
	2/1-2	3110 Rfd Long Grove, IL 60047-9623
	3/1	Downtown Long Grove, IL 60047
	4/1	IL 83 Robert Parker Coffin RD Long Grove, IL 60047
Umbrella	1/1	3110 Old McHenry Road Long Grove, IL 60047

## Program Details

**Coverage:** Package - Property Including Inland Marine

**Carrier:** Atlantic Specialty Insurance Company

**Policy Period:** 12/31/2021 to 12/31/2022

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

**Coinsurance or Agreed Amount:**

DESCRIPTION	AGREED AMOUNT	COINSURANCE %
Except as otherwise stated below, Coinsurance does not apply to this Commercial Property Coverage Part	N/A	0 %
Building, Business Personal Property Coverage, Business Income Coverage	N/A	90 %

**Coverage:**

LOCATION DETAILS	SUBJECT OF INSURANCE	AMOUNT
	The Limits of Insurance Shown are the Total Coverage Limits for that Particular Coverage and Apply in any One Occurrence Unless Otherwise Stated	
Loc.#/Bldg.# 1/1, 2/1, 2/2, 3/1, 4/1	Blanket Building	\$7,845,341 – 5% Inflation Applied Per Carrier
Loc.#/Bldg.# 2/1, 2/2	Blanket Business Personal Property	\$77,000
Loc.#/Bldg.# 1/1, 2/1, 2/2, 3/1, 4/1	Blanket Business Income and Extra Expense	\$1,250,000
Loc.#/Bldg.# 1/All - 4/All	Earthquake - All Covered Property and Coverages Located at Described Premises:	
	- Per Occurrence	\$4,000,000
	- Annual Aggregate	\$4,000,000
Loc.#/Bldg.# 1/All - 3/All	Flood - All Covered Property and Coverages Located at Described Premises:	
	- Per Occurrence	\$4,000,000
	- Annual Aggregate	\$4,000,000
	Inland Marine Coverages:	
	- Leased/Borrowed	\$250,000
	- Equipment Max Per Item; 2 Trailers-VIN #5546 & #5547	\$100,000

**Deductibles / Self-Insured Retention**

Coverage	Amount
Building - Loc.#/Bldg.# 1/1, 2/1, 2/2, 3/1, 4/1 Each -	\$1,000



**Deductibles / Self-Insured Retention**

Coverage	Amount
Business Personal Property - Loc.#/Bldg.# 2/1, 2/2 Each	\$1,000
Business Income and Extra Expense: Waiting Period - Loc.#/Bldg.# 1/1, 2/1, 2/2, 3/1, 4/1 Each	72 Hours
- Civil Authority: Waiting Period	72 Hours
- Ingress and Egress: Waiting Period	72 Hours
Earthquake - All Covered Property - Loc.#/Bldg.# 1/All - 4/All	\$25,000
Flood - All Covered Property - Loc.#/Bldg.# 1/All - 3/All	\$25,000
Ordinance or Law-Coverage B & C - Loc.#/Bldg.# 1/1, 2/1, 2/2, 3/1, 4/1 Each	\$1,000
Electronic Data Processing Equipment - Loc.#/Bldg.# 2/2	\$1,000
Discharge from Sewer, Drain or Sump Property Damage - Loc.#/Bldg.# 4/1	\$1,000
Dependent Properties: Waiting Period	72 Hours
Property Policy Coverages:	
Green Upgrades Limit of Insurance	\$1,000
Accounts Receivable	\$1,000
Debris Removal	\$1,000
Electronic Data	\$1,000
Fungus, Wet Rot and Dry Rot	\$1,000
Newly Acquired or Constructed Property	\$1,000
Non-Owned Detached Trailers	\$1,000
Outdoor Property	\$1,000
Paved Surfaces Coverage Limit of Insurance	\$1,000
Personal Effects of Others	\$1,000
Valuable Papers and Records	\$1,000
Bucket Limit of Insurance*	\$1,000
Exhibition, Fair or Trade Show Coverage	\$1,000
Fine Arts	\$1,000
Property In Transit	\$1,000
Property at Other Locations	\$1,000
Electronic Data Cyber Incident	\$1,000
Utility Services - Direct Damage Coverage	\$1,000
Pollutant Clean-up and Removal	\$1,000
Inland Marine Coverages:	
Contractor's Equipment: Deductible Amount	\$1,000

**Additional Coverage:**

LOCATION DETAILS	DESCRIPTION	AMOUNT
Loc.#/Bldg.# 1/1, 2/1, 2/2,	Blanket Business Income and Extra Expense	

**Additional Coverage:**

LOCATION DETAILS	DESCRIPTION	AMOUNT
3/1, 4/1 Each		
	- Civil Authority	Included
	-- Coverage Period	4 Weeks
	-- Coverage Radius	1 Mile
	- Alteration and New Buildings	Included
	- Ingress and Egress	Included
	-- Coverage Period	4 Weeks
	-- Coverage Radius	1 Mile
	- Rental Value	Included
	- Extended Period of Indemnity	90 Days
	Ordinance or Law-Coverage A: Applicable at each building with Building Coverage under Commerical Property Coverage part	Included
Loc.#/Bldg.# 1/1, 2/1, 2/2, 3/1, 4/1 Each	Ordinance or Law-Coverage B & C	\$500,000
Loc.#/Bldg.# 2/2	Electronic Data Processing Equipment	\$250,000
Loc.#/Bldg.# 4/1	Discharge from Sewer, Drain or Sump Property Damage	\$100,000
Loc.#/Bldg.# 4/1	Discharge from Sewer, Drain or Sump Time Element	\$100,000
	Property Policy Coverages:	
	Green Upgrades Limit of Insurance 10% Green Upgrades Percentage	\$50,000
	Additional Coverage Program:	
	Accounts Receivable	\$250,000
	Claims Expenses Coverage	\$25,000
	Debris Removal	\$250,000
	Electronic Data	\$50,000
	Emergency Response Service Charge	\$25,000
	Fungus, Wet Rot and Dry Rot	\$15,000 - Annual Aggregate
	- Period of Restoration	30 Days
	- Extended Period of Restoration	30 Days
	Newly Acquired or Constructed Property:	
	- Building	\$2,000,000
	- Personal Property	\$1,000,000
	- Coverage Period Days	180 Days
	Non-Owned Detached Trailers	\$15,000
	Outdoor Property	\$25,000
	Paved Surfaces Coverage Limit of Insurance	\$250,000
	Personal Effects of Others	\$25,000

**Additional Coverage:**

LOCATION DETAILS	DESCRIPTION	AMOUNT
	Pollutant Clean-up and Removal	\$50,000 - Annual Aggregate
	Preservation of Property - Expense Coverage	\$50,000
	Valuable Papers and Records	\$250,000
	Bucket Limit of Insurance*	\$500,000
	Fine Arts Unscheduled Per Item Limit	\$10,000
	Catastrophe Allowance Coverage	\$50,000 - Annual Aggregate
	Exhibition, Fair or Trade Show Coverage	\$50,000
	Expediting Expense Coverage	\$50,000
	Extra Expense	\$100,000
	Fine Arts	\$100,000
	Fire Extinguisher & Automatic Extinguishing System Recharge Coverage	\$25,000
	Lock Replacement Coverage	\$10,000
	Property In Transit	\$50,000
	Property at Other Locations	\$100,000
	Reward Coverage	\$50,000
	Soft Costs Coverage	\$25,000
	Contractual Penalties	\$50,000
	Dependent Properties	\$250,000
	Interruption of Computer Operations	\$50,000
	Lessee's Leasehold Interest Coverage	\$25,000
	Lessor's Lease Cancellation Coverage	\$25,000
	Lessor's Tenant Relocation Expense Coverage	\$25,000
	Newly Acquired Locations - Business Income and Extra Expense	\$250,000
	- Coverage Period Days	180 Days
	Time Element Claims Expenses Coverage	\$25,000
	Electronic Data Cyber Incident	\$50,000 - Annual Aggregate
	Electronic Data Cyber Incident Business Income and Extra Expense	\$50,000 - Annual Aggregate
	Utility Services - Business Income and Extra Expense Coverage	\$25,000
	Utility Services - Direct Damage Coverage	\$25,000
	Inland Marine Coverages:	
	- All Covered Property	\$257,000
	- Additionally Acquired Equipment	\$250,000
	-- Days	60 Days

**Additional Coverage:**

LOCATION DETAILS	DESCRIPTION	AMOUNT
	- Construction Documents	\$2,500
	- Debris Removal	\$5,000
	- Employee Tools and Clothing	\$2,500
	- Pollutant Clean Up	\$10,000
	- Preservation of Property - Expense Coverage	\$2,500
	-- Days	30 Days
	- Rental Expense Reimbursement	\$2,500
	-- Days	2 Days
	- Leased, Rented or Borrowed: Contractors Equipment from Others:	
	-- Any One Item	\$100,000
	-- All Items	\$250,000
	- Your Contractor's Equipment Leased, Rented or Borrowed by Others:	
	-- Any One Item	\$1,000
	-- All Items	\$2,000

**Valuations:**

DESCRIPTION	LIMITATIONS
Replacement Cost	Applies to Most Types of Covered Property
Actual Cash Value	Inland Marine

**Perils Covered:**

TYPE	DESCRIPTION
Special Form Perils	Applies

**Exclusions include, but are not limited to:**

DESCRIPTION
Earth Movement Exclusion
Flood Exclusion
Government Action Exclusion
War Exclusion
Nuclear Hazard, Power Failure

**Binding Requirements:**

DESCRIPTION
Subject To:
-Selection or Rejection of Terrorism Insurance Coverage
-Signed SOV

**Binding Requirements:**

**DESCRIPTION**

- Signed Illinois Notice and Waiver of Mine Subsidence Coverage

**Other Significant Terms and Conditions/Restrictions:**

**DESCRIPTION**

\*Bucket Limit of Insurance: Tenants Improvements & Betterments, Emergency Response Service Charge Additional Coverage, Personal Effects of Others, Coverage Extension, Valuable Papers and Records, Coverage Extension, Accounts Receivable Coverage Extension, Outdoor Property Coverage Extension, Fine Arts Additional Coverage, Fire Extinguisher and Automatic, Extinguishing System Recharge, Additional Coverage, Lock Replacement Additional Coverage

Total Premium Includes Inland Marine Premium \$1,000

**Premium**

**\$34,910.00**

**ESTIMATED PROGRAM COST**

TRIA/TRIPRA PREMIUM

(+ Additional Surcharges, Taxes and Fees as applicable)

**\$507.00**

**Statement of Values (SOV)**

LOC # / BLDG #	LOCATION ADDRESS/ BUILDING DESCRIPTION	BUILDING - INCREASED 5%	CONTENTS
1/1	1150 Old McHenry Rd Long Grove IL 60047	\$52,500	-
2/1	3110 Rfd Long Grove IL 60047	\$9,230	\$1,000
2/2	3110 Rfd Long Grove IL 60047	\$433,611	\$76,000
3/1	Downtown Long Grove, IL 60047	\$2,625,000	-
4/1	IL 83 Robert Parker Coffin RD Long Grove, IL 60047	\$4,725,000	-
<b>Grand Total</b>		<b>\$7,845,341</b>	<b>\$77,000</b>

\_\_\_\_\_  
Client Signature

**Coverage:** Package - General Liability  
**Carrier:** Atlantic Specialty Insurance Company  
**Policy Period:** 12/31/2021 to 12/31/2022

**Form Type:**

COVERAGE	FORM TYPE	RETROACTIVE DATE
General Liability	Occurrence	Not Applicable
Employee Benefits Liability	Claims Made	12/31/2012
Sexual Abuse Liability	Occurrence	Not Applicable

**Coverage:**

DESCRIPTION	AMOUNT
General Aggregate	\$2,000,000
Products/Completed Operation Aggregate	\$2,000,000
Coverage A Bodily Injury and Property Damage	\$1,000,000
Coverage B Personal and Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$1,000,000
<b>Employee Benefits -</b>	
Each Claim	\$1,000,000
Annual Aggregate	\$1,000,000
Sexual Abuse	\$300,000

**Deductibles / Self-Insured Retention**

COVERAGE	AMOUNT
Coverage A & B Loss Only Deductible Each Occurrence or Offense	\$0
Employee Benefits	\$0

**Claims Made Coverage:**

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within ([Days To Extend]) days of the expiration date. The cost of this extended reporting period is [Percent Cost]% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within ([Days To Report]) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

**Definition of Claim:**

DESCRIPTION
Refer to attached policy form

**Incident or Claim Reporting Provision:**

REPORTING CONDITION TYPE	DESCRIPTION
	Refer to attached policy form

**Exclusions include, but are not limited to:**

COVERAGE TYPE	DESCRIPTION
General Liability	Bodily Injury and Property Damage from pollutants - Absolute Exclusion
General Liability	Losses arising from the ownership maintenance or use of aircraft (including drones), autos, or watercraft, with some minor exceptions including certain contractual obligations
General Liability	Employment Related Practices Exclusion
General Liability	Liquor Liability Exclusion
General Liability	Aircraft Products Exclusion
General Liability	Professional Liability Exclusion
General Liability	Real Property in Your Care, Custody, and Control Exclusion
General Liability	Absolute Asbestos Exclusion
General Liability	Absolute Lead Exclusion
General Liability	War and Nuclear Hazard
General Liability	Mold / Fungus
EBL	Dishonest, fraudulent, criminal or malicious act or omission
EBL	Bodily Injury or Property Damage or Personal Injury
EBL	Failure of performance of contract
EBL	Failure of any investment to perform as represented by you
EBL	Failure to comply with mandatory provisions of any law concerning Workers' Compensation, unemployment insurance, social security or disability benefits
EBL	Wrongful termination of an employee
EBL	Coercion, demotion, reassignment, discipline or harassment of an employee
EBL	Discrimination against an employee
General Liability	General Liability Medical Payment Exclusion

**Binding Requirements:**

DESCRIPTION
Subject to Selection or Rejection of Terrorism Insurance Coverage

**Other Significant Terms and Conditions/Restrictions:**

DESCRIPTION
Total Premium includes the Employee Benefits Premium of \$160, Sexual Abuse Premium of \$400

Premium

Included Above

**ESTIMATED PROGRAM COST**

TRIA/TRIPRA PREMIUM

(+ Additional Surcharges, Taxes and Fees as applicable)

**\$260.00**

**Auditable Exposures:**

CLASS CODE	DESCRIPTION	EXPOSURE	RATE
44114	General purpose government risks organized as cities, towns, townships, villages or boroughs (Coverage A&B)- Loc./Bldg.#1/1	-	-
48727	Streets, Roads, Highways or Bridges -existence and maintenance hazard only (Coverage A&B - Including Products) - Loc./Bldg.#1/1	-	



**Coverage:** Package - Business Auto  
**Carrier:** Atlantic Specialty Insurance Company  
**Policy Period:** 12/31/2021 to 12/31/2022

**Coverage:**

DESCRIPTION	AMOUNT	COVERED AUTOS
Liability	\$1,000,000	8,9
Hired Auto-Hired Primary Auto Liability	Covered	8
Non-Owned Auto-Non-Owned Auto Liability	Covered	9

**Covered Autos:**

SYMBOL	SYMBOL NAME	DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS
1	Any Auto	
2	Owned Autos Only	Only those autos you own (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos you acquire ownership of after the policy begins.
3	Owned Private Passenger Autos Only	Only the private passenger autos you own. This includes those private passenger autos you acquire ownership of after the policy begins.
4	Owned Autos Other Than Private Passenger Autos Only	Only those autos you own that are not of the private passenger type (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos not of the private passenger type you acquire ownership of after the policy begins.
5	Owned Autos Subject To No-Fault	Only those autos you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.
6	Owned Autos Subject To A Compulsory Uninsured Motorists Law	Only those autos you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists' requirement.
7	Specifically Described Autos	Only those autos described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any trailers you don't own while attached to any power unit described in Item Three).
8	Hired Autos Only	Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent, or borrow from any of your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Nonowned Autos Only	Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees, partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.
19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those autos that are land vehicles and that would qualify under the definition of mobile equipment under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

**Additional Coverage:**

DESCRIPTION	AMOUNT
Supplementary Payments Broadened	Cost of bail bonds is \$3,500; expenses incurred is \$500 per day
Auto Theft Reward	\$2,000
Hired Auto Physical Damage Coverage	\$50,000
Physical Damage	Transportation Expenses Coverage - broadened to provide \$75 per day with maximum of \$1,800

**Exclusions include, but are not limited to:**

DESCRIPTION
Excluded Drivers
Expected or Intended Injury
Contractual
Workers' Compensation
Employers' Liability
Property Damage to Property Owned or Transported by you
Pollution
Other standard policy exclusions apply
Terrorism

**Binding Requirements:**

DESCRIPTION
Subject to :
-Sign Illinois Uninsured Motorists Coverage and Underinsured Motorists Coverage Selection/Rejection

**Other Significant Terms and Conditions/Restrictions:**

DESCRIPTION
Note: Policyholder Disclosure Notice of Terrorism Insurance Coverage amount does not include auto because the automobile line of insurance is not part of the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA).

**Premium**

**Included Above**

**ESTIMATED PROGRAM COST**

**Subject to Audit: Not Auditable**

**Coverage:** Package - Umbrella  
**Carrier:** Atlantic Specialty Insurance Company  
**Policy Period:** 12/31/2021 to 12/31/2022

**Form Type:**

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Umbrella	Occurrence	N/A	Not Applicable

**Coverage:**

DESCRIPTION	LIMIT TYPE	AMOUNT
Aggregate Limit	Limit	\$4,000,000
All Claims excess of Underlying Insurance		
Each Claim (Each Claim excess of Underlying Insurance)	Limit	\$4,000,000

**Underlying Policies:**

COVERAGE	DESCRIPTION	LIMIT	CARRIER NAME	EFFECTIVE DATE	EXPIRATION DATE
General Liability	Limit	Covered	Atlantic Specialty Insurance Company	12/31/2021	12/31/2022
Professional Liability	Limit	Covered	Atlantic Specialty Insurance Company	12/31/2021	12/31/2022
Auto Liability	Limit	Covered	Atlantic Specialty Insurance Company	12/31/2021	12/31/2022

**Exclusions include, but are not limited to:**

DESCRIPTION
Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Laws
Pollution (Hostile Fire Exception)
Asbestos
Physical Damage to Property in Insured's Care, Custody, or Control
Auto First-party Coverage
Pollution (Auto)
Products Recall
Employment Related Practices Exclusion
Total Pollution Exclusion
Professional Liability Exclusion
Retained Limit

**Binding Requirements:**

DESCRIPTION
Subject to Selection or Rejection of Terrorism Insurance Coverage

**Premium** **Included Above**

**ESTIMATED PROGRAM COST**

TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	<b>\$32.00</b>
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**Coverage:** Package - Professional Liability  
**Carrier:** Atlantic Specialty Insurance Company  
**Policy Period:** 12/31/2021 to 12/31/2022

**Form Number:**

**Form Type:**

COVERAGE	FORM TYPE	RETROACTIVE DATE
Public Officials Errors & Omissions	Claims Made	12/31/2012
Public Officials Employment Practices	Claims Made	12/31/2012

**Coverage:**

DESCRIPTION	AMOUNT
Public Officials Errors & Omissions:	-
- Each Wrongful Act	\$1,000,000
- Aggregate	\$1,000,000
Public Officials Employment Practices:	-
- Each Offense	\$1,000,000
- Aggregate	\$1,000,000

**Deductibles / Self-Insured Retention**

TYPE	COVERAGE	AMOUNT
Deductible	Public Officials Errors & Omissions	\$2,500
Deductible	Public Officials Employment Practices	\$2,500

**Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:**

COVERAGE	CONTINUITY DATE	LIMITS	CONDITIONS
Public Officials Errors & Omissions	--		
Public Officials Employment Practices	--		

**Claims Made Coverage:**

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within ([Days To Extend]) days of the expiration date. The cost of this extended reporting period is [Percent Cost]% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within ([Days To Report]) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

**Definition of Claim:**

**DESCRIPTION**

Refer to attached policy form

**Incident or Claim Reporting Provision:**

**DESCRIPTION**

Refer to attached policy form

**Run Off Provisions:**

**DESCRIPTION**

Refer to attached policy form

**Premium**

**Included Above**

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**ESTIMATED PROGRAM COST**



**Coverage:** Equipment Breakdown  
**Carrier:** Travelers Property Casualty Co of America  
**Policy Period:** 12/31/2021 to 12/31/2022

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

**Coinsurance or Agreed Amount:**

DESCRIPTION	AGREED AMOUNT	COINSURANCE %
Business Income Coinsurance - Suspended	N/A	N/A

**Coverage:**

DESCRIPTION	LIMIT TYPE	AMOUNT
Total Limit Per Breakdown	Limit	\$7,548,753
Property Damage (PD) (Includes Micro-Circuitry Electronics)		Included in Total Limit Per Breakdown

**Deductibles / Self-Insured Retention**

TYPE	COVERAGE	AMOUNT
Deductible	Utility Interruption-Spoilage coverage applies only if the interruption lasts at least (waiting period)	4 Hours
Deductible	Utility Interruption-Time Element coverage applies only if the interruption lasts at least (waiting period) - (Includes Interruption of Cloud Services and Data Restoration)	4 Hours
Deductible	Combined Deductible	\$1,000

**Additional Coverage:**

DESCRIPTION	AMOUNT
Coverage Extensions	
a. Business Income Coverage Extension (BI):	Included in Total Limit per Breakdown
b. Extra Expense Coverage Extension (EE)	Included in Total Limit per Breakdown
c. Spoilage Damage Coverage Extension – including Utility Interruption-Spoilage (SD):	Included in Total Limit per Breakdown
d. Utility Interruption-Time Element Coverage Extension (UI-TE):	Included in Total Limit per Breakdown
e. Civil Authority Coverage Extension	100 Miles, 3 Weeks
f. “Dependent Property” Coverage Extension “Dependent Property” Locations:	Included in Total Limit per Breakdown All Direct Supplying, Recipient, Manufacturing and Leader Locations
g. “Electronic Data” Or “Media” Coverage Extension (1)“Electronic Data” Or “Media” Stored At “Covered Premises”:	\$5,000,000
(2)“Electronic Data” Or “Media” Stored With “Electronic Data Storage Provider	Included With “Electronic Data” Or “Media” Stored At “Covered Premises”
h. Errors And Omissions Coverage Extension:	Included in Total Limit per Breakdown
i. Expediting Expense Coverage Extension:	Included in Total Limit per Breakdown

**Additional Coverage:**

DESCRIPTION	AMOUNT
j. Extended Period of Restoration Coverage Extension:	365 Days
k. "Fungus", Wet Rot And Dry Rot Coverage Extension:	
(1)Property Damage:	\$100,000
(2)Business Income Or Extra Expense:	60 Days
l. Green Enhancements Coverage Extension:	
Property Damage Percentage Factor:	5%
Property Damage Additional Costs Limit of Insurance:	\$1,000,000
Business Income Or Extra Expense Additional Number of Days:	30 Days
m. Ingress Or Egress Coverage Extension:	1 Days
n. Newly Acquired Locations Coverage Extension:	Included in Total Limit per Breakdown
Number of Days of Coverage:	365 Days
o. Off-Premises Transportable Equipment Coverage Extension:	\$5,000,000
p. Ordinance Or Law (Including Demolition And Increased Cost Of Construction) Coverage Extension:	
(a) Undamaged Property:	Included in Total Limit per Breakdown
(b) Demolition:	Included With Undamaged Property
(c) Increased Cost Of Construction:	Included With Undamaged Property
q. Sump Overflow Coverage Extension:	\$5,000
<b>COVERAGE LIMITATIONS</b>	
a Hazardous Substance Limitation:	Included in Total Limit per Breakdown
b Refrigerant Contamination Limitation:	Included in Total Limit per Breakdown
c Water Damage Limitation:	Included in Total Limit per Breakdown
Drying Out Limit Of Insurance:	Included with PD
<b>ADDITIONAL COVERAGE EXTENSIONS / RESTRICTIONS / CONDITIONS:</b>	
Brands and Labels	Included
Claim Data Expense	\$25,000
Covered Locations Special Schedule	Per latest Statement of Values on file with us
Diagnostic Equipment	Covered
Joint Loss Agreement	Included
Jurisdictional Inspections	Included
Knowledge of Loss Endorsement EB T3 58	Included
New Generation Valuation – Up to an additional 50%	Included
Ordinary Payroll	Covered
Pairs or Sets Valuation	Included
Production Machines	Covered



**Additional Coverage:**

DESCRIPTION	AMOUNT
Underground Pressure Vessel and Piping Coverage Endorsement EB T3 94	Included in Total Limit per Breakdown
Unnamed Locations Endorsement EB T3 34	Included in Total Limit per Breakdown
Unused Extended Warranty Reimbursement	Included

**Valuations:**

DESCRIPTION	LIMITATIONS
Repair/Replacement Included	Applies

**Endorsements include, but are not limited to:**

DESCRIPTION
Claim Data Expense Endorsement - EB T3 36
Covered Locations Special Schedule - EB T3 26
Knowledge of Loss Endorsement - EB T3 58
Underground Pressure Vessel and Piping Coverage Endorsement - EB T3 94
Unnamed Locations Endorsement - EB T3 34

**Exclusions include, but are not limited to:**

DESCRIPTION
Equipment Exclusion - EB T3 29 (Covered Premises / Location: All Covered Locations : Underground waste, drainage or sewer piping, Underground water piping that is not part of a closed loop used to conduct heat or cooling from a boiler or a refrigeration or air conditioning system)
Equipment Exclusion - EB T3 29

**Binding Requirements:**

DESCRIPTION
Subject to:
- Signed Travelers Boiler & Machinery Equipment Breakdown Proposal Binder Village of Long Grove

**Other Significant Terms and Conditions/Restrictions:**

DESCRIPTION
Basis of Coverage Plan Proposal: 2021 Building and Content Values: \$7,548,753 Occupancy: Municipality Loss History in past 3 years: On File
Number of Days for Notice of Cancellation: 90 Days, except 20 days for non-payment of premium, subject to state regulations
Total Premium Includes TRIA Premium Of 1% of your total Equipment Breakdown or Boiler and Machinery Coverage Part premium.

<b>Premium</b>	<b>\$1,611.00</b>
<hr/>	
<b>ESTIMATED PROGRAM COST</b>	<b>\$1,611.00</b>
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	<b>INCLUDED</b>

**Subject to Audit: Not Auditable**

**Coverage:** Crime  
**Carrier:** Allmerica Financial Benefit Insurance Co  
**Policy Period:** 12/31/2021 to 12/31/2024

**Form Type:**

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Crime	Discovery	N/A	Not Applicable

**Coverage:**

DESCRIPTION	AMOUNT	BASIS
Crime:		
1. Employee Theft – Per Loss	\$500,000	Per Occurrence
3. Forgery Or Alteration	\$100,000	Per Occurrence
4. Inside The Premises - Theft of Money And Securities	\$100,000	Per Occurrence
5. Inside The Premises - Robbery Or Safe Burglary of Other Property	\$100,000	Per Occurrence
6. Outside The Premises	\$100,000	Per Occurrence
7. Computer Fraud	\$100,000	Per Occurrence
8. Funds Transfer Fraud	\$100,000	Per Occurrence
9. Money Orders And Counterfeit Money	\$10,000	Per Occurrence

**Deductibles / Self-Insured Retention**

TYPE	COVERAGE	AMOUNT
Deductible	Crime:	-
Deductible	1. Employee Theft - Per Occurrence	\$2,500
Deductible	3. Forgery Or Alteration - Per Occurrence	\$1,000
Deductible	4. Inside The Premises - Theft of Money And Securities - Per Occurrence	\$1,000
Deductible	5. Inside The Premises - Robbery Or Safe Burglary of Other Property - Per Occurrence	\$1,000
Deductible	6. Outside The Premises - Per Occurrence	\$1,000
Deductible	7. Computer Fraud - Per Occurrence	\$1,000
Deductible	8. Funds Transfer Fraud - Per Occurrence	\$1,000
Deductible	9. Money Orders And Counterfeit Money - Per Occurrence	\$250
Deductible	False Pretenses Coverage - Per Occurrence	\$10,000

**Additional Coverage:**

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
False Pretenses Coverage	Limit	\$25,000	Per Occurrence

**Additional Coverage:**

DESCRIPTION	LIMIT TYPE	AMOUNT	BASIS
Add Faithful Performance of Duty Coverage for Government Employees: Employee Theft – Per Loss Coverage	Limit	\$500,000	

**Endorsements include, but are not limited to:**

DESCRIPTION
Government Crime Declarations - CR DS 04 08 13
Government Crime Policy (Discovery Form) - CR 00 26 11 15
Illinois Changes - CR 02 02 01 18
Include Chairperson and Members of Specified Committees as Employees - CR 25 06 10 10
Include Specified Non-Compensated Officers as Employees - CR 25 08 10 10
Faithful Performance of Duty - CR 25 19 08 13
False Pretenses Coverage - 181-1826 10 20
Delete Exclusions for Bonded Employee, Treasurer and Tax Collector - 181-1836 10 20
Amend Computer and Funds Transfer Fraud Insuring Agreement - 181-1851 10 20
Difference in Conditions - MAN-2900 05 21

**Exclusions include, but are not limited to:**

DESCRIPTION
Third Party Employee Dishonesty
Government Action Exclusion
Accounting or Arithmetic Errors
Voluntary Parting of Property
Loss in which the existence of such loss is only proved by a profit and loss comparison or inventory records
Any theft or criminal act committed by a partner of the insured
Employee Dishonesty (does not apply to Employee Theft Coverage)

**Binding Requirements:**

DESCRIPTION
Subject to:
- Please Advise the Total Employee Count Which Should Include the Following: Any Paid Staff, Any Directors or Officers and any Volunteers

**Other Significant Terms and Conditions/Restrictions:**

DESCRIPTION
Government Crime Proposal
Premium and Tax Year 1: Premium: \$647.34 Premium and Tax Year 2: Premium: \$647.33 Premium and Tax Year 3: Premium: \$647.33

**Other Significant Terms and Conditions/Restrictions:**

**DESCRIPTION**

Cancellation Of Prior Insurance Issued By Us: By acceptance of this Policy, you give us notice cancelling prior Policy Numbers BDC 1014198 02 ; the cancellation to be effective at the time this Policy becomes effective.

<b>Premium</b>	<b>\$647.34</b>
<b>ESTIMATED PROGRAM COST</b>	<b>\$647.34</b>



**Coverage:** Umbrella  
**Carrier:** American Alternative Insurance Company  
**Policy Period:** 12/31/2021 to 12/31/2022

**Form Type:**

COVERAGE	FORM TYPE	RETROACTIVE DATE	PENDING & PRIOR DATE
Umbrella	Occurrence	N/A	Not Applicable

**Coverage:**

DESCRIPTION	LIMIT TYPE	AMOUNT
Limit	Limit	\$3,000,000 / \$3,000,000

**Endorsements include, but are not limited to:**

DESCRIPTION
Evidence Of Insurance - Evidence of Ins OACU 01-2006
Commercial Excess Liability Declarations - CXD 01 12 13 12-2013
Schedule Of Forms - CXD 01 12 13 12-2013
Schedule Of Underlying Insurance - CXS 01 02 02-2010
Commercial Excess Liability Coverage Form - CX 00 01 04-2013
Illinois Municipality Limited Liability Endorsement - CXE IL 11 06 02-2010
Illinois Changes - Defense Costs - CX 01 22 09-2008
Illinois Changes - Cancellation And Nonrenewal - CX 02 14 01-2018
Cap On Losses From Certified Acts Of Terrorism - CX 21 30 01-2015
Municipality Amendatory Endorsement - CXE 01 89 12-2013
Public Officials' Errors And Omissions Follow Form Endorsement - CXE 02 21 02-2010
Watercraft Limited Coverage Endorsement - CXE 02 48 02-2010
Additional Insured Endorsement - CXE 02 61 12-2013
Illinois Changes - Pollution Exclusion - Hostile Fire Exception - CX 22 55 09-2008
Professional Services Exclusion Amendment - CXE 01 36 12-2013

**Exclusions include, but are not limited to:**

DESCRIPTION
Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Laws
Pollution (Hostile Fire Exception)
Asbestos
Physical Damage to Property in Insured's Care, Custody, or Control
Auto First-party Coverage
Pollution (Auto)

**Exclusions include, but are not limited to:**

DESCRIPTION
Products Recall
Employment Related Practices Exclusion
Total Pollution Exclusion
Professional Liability Exclusion
Retained Limit
Illinois Communicable Disease Exclusion - CXE IL 1119 02-2010
Illinois Abuse Or Molestation Exclusion - CXE IL 11 04 02-2010
Illinois Sexual Abuse Or Molestation Exclusion - CXE IL 11 09 02-2010
Exclusion Of Certified Acts Of Terrorism - CX 21 33 01-2015
Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism - CX 21 36 01-2015
Total Aircraft Liability Exclusion - CXE 01 03 02-2010
Asbestos Exclusion - CXE 01 06 02-2010
Blood Bank Professional Liability Exclusion - CXE 01 20 02-2010
Broadcasting Or Telecasting Activities Exclusion - CXE 01 21 02-2010
Dams, Levees, Dikes Or Reservoirs Exclusion - CXE 01 31 02-2010
Exclusion - Designated Work - CXE 01 37 02-2010
Discrimination Exclusion - CXE 01 39 02-2010
Employers Liability Exclusion - CXE 01 52 02-2010
F.E.L.A. Liability Exclusion - CXE 01 67 02-2010
Fireworks Or Pyrotechnics Exclusion - CXE 01 72 02-2010
Fungi Or Bacteria Exclusion - CXE 01 73 02-2010
Foreign Liability Exclusion - CXE 01 75 02-2010
Hospital Professional Liability Exclusion And Patient Injury Limitation Endorsement - CXE 01 77 02-2010
Landfill And Disposal Site Liability Exclusion - CXE 01 79 02-2010
Lead Exclusion - CXE 01 80 02-2010
Liquor Liability Exclusion - CXE 01 86 12-2013
Exclusion - Personal And Advertising Injury - CXE 02 01 02-2010
Police Or Law Enforcement Activities Exclusion - CXE 02 08 02-2010
Damage To Real And Personal Property - Total Exclusion - CXE 02 18 12-2012
Punitive Or Exemplary Damages Exclusion - CXE 02 22 02-2010
Recreational Vehicles Exclusion - CXE 02 29 02-2010
Trampoline And Rebounding Equipment Exclusion - CXE 02 40 02-2010
Total Watercraft Exclusion - CXE 02 46 02-2010
Sexual Abuse Or Molestation Exclusion - CXE 02 60 02-2010
Maritime Employer's Liability (jones Act) Exclusion - CXE 02 64 02-2010
Exclusion - Data Privacy And Cyber Liability - CXE 03 20 10-2017

**Exclusions include, but are not limited to:**

DESCRIPTION
Exclusion - Terrorism Risk Insurance Act

**Binding Requirements:**

DESCRIPTION
Subject to:
- Receipt of Lead \$4,000,000 Umbrella Policy for the 2021-2022 Policy Period.
- We Require Payment and a Thoroughly-Completed & Signed Application on or Before the Effective Date of Coverage. The Earliest Date that we can Bind Coverage is the Date that we Receive a Thoroughly-Completed & Signed Application, Along with a Written Request to Bind. / "Indications" are Subject to Thoroughly Completed Applications. "Quotes" are not Provided Without Thoroughly Completed Applications.
- Signed TRIA Form

<b>Premium</b>	<b>\$5,789.00</b>
<b>ESTIMATED PROGRAM COST</b>	<b>\$5,789.00</b>
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	<b>\$550.00</b>



**Coverage:** Workers' Compensation

**Carrier:** Illinois Public Risk Fund

**Policy Period:** 1/1/2022 to 1/1/2023

**Coverage:**

DESCRIPTION	AMOUNT	BASIS
Coverage A - Workers' Compensation	Statutory	
Employers' Liability Limits: Bodily Injury by Accident	\$3,000,000	Each Accident
Employers' Liability Limits: Bodily Injury by Disease	\$3,000,000	Per Employee
Employers' Liability Limits: Bodily Injury by Disease	\$3,000,000	Policy Limit

**Deductibles / Self-Insured Retention**

TYPE	COVERAGE	AMOUNT
Deductible	Workers' Compensation	None

**States:**

DESCRIPTION	STATE
States Covered:	IL
States Excluded:	OH, ND, WA, WY

**Endorsements include, but are not limited to:**

DESCRIPTION
Broad Form All States for Employee Travel - IPRF WC 00 001 18
Federal Employers' Liability Act Coverage - IPRF WC 00 002 18
Foreign Voluntary Workers' Compensation and Employers' Liability For Traveling Employees - IPRF WC 00 003 18
Longshoremen's and Harbor Workers' Compensation Act Coverage - IPRF WC 00 004 18
Maritime Coverage - IPRF WC 00 005 18
Voluntary Compensation - IPRF WC 00 006 18

**Exclusions include, but are not limited to:**

DESCRIPTION
Voluntary Compensation
Longshore & Harbor Workers' Act
Owners or Officers
Bodily Injury to an Employee While Employed in Violation of Law

**Exclusions include, but are not limited to:**

DESCRIPTION
Bodily Injury Intentionally Caused by Insured
Federal Employers' Liability Act
Assumptions under Contract

**Premium** **\$3,638.00**

**Fees**

Administrative Fee	\$109.00
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**Total Fees** **\$109.00**

**ESTIMATED PROGRAM COST** **\$3,747.00**

Minimum Earned Premium - **100.00 %**

TRIA/TRIPRA PREMIUM **INCLUDED**  
 (+ Additional Surcharges, Taxes and Fees as applicable)

**Subject to Audit: Annually**

**Auditable Exposures:**

STATE	CLASS CODE	DESCRIPTION	EXPOSURE	RATE PER \$100
IL	8810	Clerical	\$393,186 - Payroll	\$0.124
IL	9410	Municipal Employees	\$95,847 - Payroll	\$3.287

## Premium Summary

The estimated program cost for the options are outlined in the following table:

LINE OF COVERAGE		EXPIRING PROGRAM		PROPOSED PROGRAM	
		CARRIER	EXPIRING COST	CARRIER	ESTIMATED COST
<b>Package - Property Including Inland Marine, General Liability, Auto, Professional Liability, and Excess Liability</b>	Premium	Atlantic Specialty Insurance Company (White Mountains Insurance Group)	<b>\$30,749.00</b>	Atlantic Specialty Insurance Company (White Mountains Insurance Group)	\$34,910.00
	Premium with TRIA				\$35,404.00
<b>Equipment Breakdown</b>	Premium	Travelers Property Casualty Co of America (The Travelers Companies, Inc.)	-	Travelers Property Casualty Co of America (The Travelers Companies, Inc.)	-
	<b>Estimated Cost</b>		<b>\$1,368.00</b>		<b>\$1,611.00</b>
	Annualized Cost		-		-
	TRIA Premium		Included		Included
<b>Crime</b>	Premium	Hanover Insurance Company (Hanover Insurance Companies)	-	Allmerica Financial Benefit Insurance Co (Hanover Insurance Companies)	-
	<b>Estimated Cost</b>		<b>\$615.00</b>		<b>\$647.34</b>
	Annualized Cost		-		-
	TRIA Premium		-		-
<b>Umbrella</b>	Premium		-	American Alternative Insurance Corp (Munich Re America Corporation Group)	-
	<b>Estimated Cost</b>		-		<b>\$5,789.00</b>
	Annualized Cost		-		N/A
	TRIA Premium		-		\$550.00
<b>Workers' Compensation</b>	Premium	Illinois Public Risk Fund (Illinois Public Risk Fund)	\$3,500.00	Illinois Public Risk Fund (Illinois Public Risk Fund)	\$3,638.00
	Total Fees		\$105.00		\$109.00
	<b>Estimated Cost</b>		<b>\$3,605.00</b>		<b>\$3,747.00</b>
	Annualized Cost		-		-
	TRIA Premium		Included		Included
<b>AJG RMS Service Fee</b>			<b>\$4,210.00</b>		<b>\$4,334.00</b>

LINE OF COVERAGE	EXPIRING PROGRAM		PROPOSED PROGRAM	
	CARRIER	EXPIRING COST	CARRIER	ESTIMATED COST
<b>Total Estimated Program Cost</b>		<b>\$40,547.00</b>		<b>\$51,038.34</b>

Quote from **Allmerica Financial Benefit Insurance Co (Hanover Insurance Companies)** is valid until **12/31/2021**

Quote from **Travelers Property Casualty Co of America (The Travelers Companies, Inc.)** is valid until **1/1/2022**

Quote from **Illinois Public Risk Fund (Illinois Public Risk Fund)** is valid until **1/1/2022**

Quote from **Atlantic Specialty Insurance Company (White Mountains Insurance Group)** is valid until **12/31/2021**

Quote from **American Alternative Insurance Corp (Munich Re America Corporation Group)** is valid until **12/31/2021**

Gallagher is responsible for the placement of the following lines of coverage:

- Package**
- Equipment Breakdown**
- Crime**
- Umbrella**
- Workers' Compensation**

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

## Premium Financing

Arthur J. Gallagher is pleased to offer Premium Financing for our clients.

### What is Premium Financing?

Premium financing is a short-term loan that provides premium payment flexibility. By financing, you have the option to spread out your premium payments instead of paying in full at the time of policy purchase or renewal.

### Why Premium Financing May be Good for Your Business?

- May improve **capital and cash flow management** by spreading out premium payments over the policy period.
- Allows for **consolidation of** multiple policies into one premium finance agreement with a single monthly or quarterly payment.
- Provides automated **ACH options and flexible payment** terms.

### Want to Learn More?

If you are interested in learning more or obtaining a quote, contact your Client Service Manager.

## Payment Plans

CARRIER / PAYABLE CARRIER	LINE OF COVERAGE	PAYMENT SCHEDULE	PAYMENT METHOD
<b>Atlantic Specialty Insurance Company (White Mountains Insurance Group)</b>	Package	Annual - Payment in Full No Installments	Agency Bill
<b>Travelers Property Casualty Co of America (The Travelers Companies, Inc.)</b>	Equipment Breakdown	All Premiums and any fees are due to RPS within 20 days of binding.	Agency Bill
<b>Allmerica Financial Benefit Insurance Co (Hanover Insurance Companies)</b>	Crime	Premium Paid Annually for 3-years	Agency Bill
<b>American Alternative Insurance Corp (Munich Re America Corporation Group)</b>	Umbrella		Agency Bill
<b>Illinois Public Risk Fund (Illinois Public Risk Fund)</b>	Workers' Compensation	4 Equal Quarterly Installments	Direct Bill

## Coinsurance Illustration

**Coinsurance Formula:**

$$\text{Insurance Carried} \div \text{Insurance Required} \times \text{Loss} - \text{Deductible} = \text{Settlement}$$

**Example of Coinsurance formula applied to a hypothetical loss situation:**

Property Value	=	\$1,000,000
Coinsurance Amount	=	80%
Deductible	=	\$500
Insurance Required	=	\$800,000 (80% of \$1,000,000)
Insurance Carried	=	\$400,000
Loss Incurred	=	\$200,000

Settlement determined by applying the coinsurance formula:

$$\frac{\$400,000 \text{ (Insurance Carried)}}{\$800,000 \text{ (Insurance Required)}} \times \$200,000 \text{ (Loss)} - \$500 \text{ (Deductible)} = \$99,500 \text{ Settlement}$$

**Note:** If the property in the above example is insured for the full insurance required (\$800,000), the insured will recover \$199,500. In the above example, the insured will suffer a \$100,000 penalty for not being insured to the proper limit.

## Carrier Ratings and Admitted Status

PROPOSED INSURANCE COMPANIES	A.M. BEST'S RATING & FINANCIAL SIZE CATEGORY *	ADMITTED/NON-ADMITTED **
<b>Allmerica Financial Benefit Insurance Co</b>	A XV	Admitted
<b>American Alternative Insurance Corp</b>	A+ XV	Admitted
<b>Atlantic Specialty Insurance Company</b>	A+ XV	Admitted
<b>Illinois Public Risk Fund</b>		Admitted
<b>Travelers Property Casualty Co of America</b>	A++ XV	Admitted

\*Gallagher companies use A.M. Best rated insurers and the rating listed above was verified on the date the proposal document was created.

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\*\*If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines or non-admitted carrier, and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund.

Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.



## Proposal Disclosures



## Proposal Disclosures

The following disclosures are hereby made a part of this proposal. Please review these disclosures prior to signing the Client Authorization to Bind or e-mail confirmation.

### Proposal Disclaimer

**IMPORTANT:** The proposal and/or any executive summaries outline certain terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. The insurance policies themselves must be read to fully understand the terms, coverages, exclusions, limitations and/or conditions of the actual policy contract of insurance. Policy forms will be made available upon request. We make no warranties with respect to policy limits or coverage considerations of the carrier.

### Compensation Disclosure

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary based on market conditions and the insurance product placed for the client.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.
3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.
4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third-parties, please contact Gallagher via e-mail at [Compensation\\_Complaints@ajg.com](mailto:Compensation_Complaints@ajg.com) or by regular mail at:

Chief Compliance Officer  
 Gallagher Global Brokerage  
 Arthur J. Gallagher & Co.  
 2850 Golf Rd.  
 Rolling Meadows, IL 60008

### TRIA/TRIPRA Disclaimer

If this proposal contains options to purchase TRIA/TRIPRA coverage, the proposed TRIA/TRIPRA program may not cover all terrorism losses. While the amendments to TRIA eliminated the distinction between foreign and domestic acts of terrorism, a number of lines of coverage excluded under the amendments passed in 2005 remain excluded including commercial automobile, burglary and theft insurance; surety insurance, farm owners multiple perils and professional liability (although directors and officers liability is specifically included). If such excluded coverages are required, we recommend that you consider purchasing a separate terrorism policy. Please note that a separate terrorism policy for these excluded coverages may be necessary to satisfy loan covenants or other contractual obligations. TRIPRA includes a \$100 billion cap on insurers' aggregate liability.

TRIPRA is set to expire on December 31, 2027. There is no certainty of extension, thus the coverage provided by your insurers may or may not extend beyond December 31, 2027. In the event you have loan covenants or other contractual obligations requiring that TRIA/TRIPRA be maintained throughout the duration of your policy period, we recommend that a separate "Stand Alone" terrorism policy be purchased to satisfy those obligations.

## Client Signature Requirements

## Coverages for Consideration

### Overview

- A proposal for any of the coverages can be provided.
- The recommendations and considerations summarized in this section are not intended to identify all exposures.
- Since Gallagher does not handle your complete insurance program, these recommendations only reflect items within our scope of responsibility.

### Other Coverage Considerations

- Cyber Liability
- Flood

## Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/31/2021, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	COVERAGE/CARRIER
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Package</b>
	Atlantic Specialty Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Equipment Breakdown</b>
	Travelers Property Casualty Co of America
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Crime</b>
	Allmerica Financial Benefit Insurance Co
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Umbrella</b>
	American Alternative Insurance Corp
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<i>TRIA</i>
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<b>Workers' Compensation</b>
	Illinois Public Risk Fund
<i>TRIA Cannot Be Rejected</i>	

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

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**Producer/ Insured Coverage Amendments and Notes:**

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**Exposures and Values**

We confirm the payroll, values, schedules, and other data contained in the proposal, and submitted to the underwriters, are compiled from information provided by you and we acknowledge it is our responsibility to see that such information is updated and maintained accurately. For renewal policies, if no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies.

**Provide Quotations or Additional Information on the Following Coverage Considerations:**

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By rejecting a quotation for this valuable coverage, you understand that there will be no coverage and agree to hold Gallagher harmless in the event of a loss.

**Other Coverages to Consider**

- Yes  No - Cyber Liability
- Yes  No - Flood

**Other Services to Consider**

- Yes  No - CORE360™ Loss Control Portal
- Yes  No - eRiskHub

Gallagher's liability to Client arising from any acts or omissions of Gallagher shall not exceed \$20 million in the aggregate. Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages or attorneys' fees. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with this Agreement or any Services provided hereunder may be brought by either party any later than two (2) years after the accrual of such claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>.

I have read, understand and agree that the above information is correct and has been disclosed to us prior to authorizing Gallagher to bind coverage and/or provide services to us.

By: \_\_\_\_\_  
Print Name (Specify Title)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

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

## Appendix

## Bindable Quotations & Compensation Disclosure Schedule

Client Name: Village of Long Grove

COVERAGE(S)	CARRIER NAME(S)	WHOLESALE, MGA, OR INTERMEDIARY NAME <sup>1</sup>	EST. ANNUAL PREMIUM <sup>2</sup>	COMM.% OR FEE <sup>3</sup>	GALLAGHER U.S. OWNED WHOLESALE, MGA, OR INTERMEDIARY %
Package - Property Including Inland Marine General Liability Business Auto Umbrella Professional Liability	Atlantic Specialty Insurance Company (White Mountains Insurance Group)	Intact Insurance Public Entities	\$ \$34,910.00	0 %	*
Equipment Breakdown	Travelers Property Casualty Co of America (The Travelers Companies, Inc.)	Risk Placement Services, Inc.	\$1,611.00	0%	10%
Crime	Allmerica Financial Benefit Insurance Co (Hanover Insurance Companies)	AJG – Bond Department	\$1,942.02	10%	10%
Umbrella	American Alternative Insurance Corp (Munich Re America Corporation Group)	McGowan & Company, Inc.	\$5,789.00	\$289.45	-
Workers' Compensation	Illinois Public Risk Fund (Illinois Public Risk Fund)	N/A	\$3,638.00	10%	3%
AJG RMS Service Fee	N/A	N/A	\$4,334.00	\$0.00	-



1 We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.

2 If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

\* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.

3 The commission rate is a percentage of annual premium excluding taxes & fees.

\* Gallagher is receiving \_\_\_% commission on this policy. The fee due Gallagher will be reduced by the amount of the commissions received.

## Binding Requirements

COVERAGE (ISSUING CARRIER)	BINDING REQUIREMENT
<p><b>Package</b> Atlantic Specialty Insurance Company</p>	<p><b>Property Including Inland Marine</b> - -Selection or Rejection of Terrorism Insurance Coverage</p> <p><b>Property Including Inland Marine</b> - -Signed SOV</p> <p><b>Property Including Inland Marine</b> - - Signed Illinois Notice and Waiver of Mine Subsidence Coverage</p> <p><b>Property Including Inland Marine</b> - Subject To:</p> <p><b>General Liability</b> - Subject to Selection or Rejection of Terrorism Insurance Coverage</p> <p><b>Business Auto</b> - Subject to :</p> <p><b>Business Auto</b> - -Sign Illinois Uninsured Motorists Coverage and Underinsured Motorists Coverage Selection/Rejection</p> <p><b>Umbrella</b> - Subject to Selection or Rejection of Terrorism Insurance Coverage</p> <p><b>Professional Liability</b> - N/A</p>
<p><b>Equipment Breakdown</b> Travelers Property Casualty Co of America</p>	<p>Subject to:</p> <p>- Signed Travelers Boiler &amp; Machinery Equipment Breakdown Proposal Binder Village of Long Grove</p>
<p><b>Crime</b> Allmerica Financial Benefit Insurance Co</p> <p><b>Umbrella</b> American Alternative Insurance Corp</p>	<p>Subject to:</p> <p>- Please Advise the Total Employee Count Which Should Include the Following: Any Paid Staff, Any Directors or Officers and any Volunteers</p> <p>Subject to:</p> <p>- Receipt of Lead \$4,000,000 Umbrella Policy for the 2021-2022 Polciy Period.</p> <p>- We Require Payment and a Thoroughly-Completed &amp; Signed Application on or Before the Effective Date of Coverage. The Earliest Date that we can Bind Coverage is the Date that we Receive a Thoroughly-Completed &amp; Signed Application, Along with a Written Request to Bind. / "Indications" are Subject to Thoroughly Completed Applications. "Quotes" are not Provided Without Thoroughly Completed Applications.</p> <p>- Signed TRIA Form</p>
<p><b>Workers' Compensation</b> Illinois Public Risk Fund</p>	<p>N/A</p>

## Claims Reporting By Policy

### Direct Reporting

- Package – General Liability, Property Including Inland Marine, Excess Liability, Auto, Professional Liability
  - Atlantic Specialty Insurance Company
  - Phone: (877) 284-5602
  - Fax: (866) 894-1633
  - Email: [PublicEntityClaims@intactinsurance.com](mailto:PublicEntityClaims@intactinsurance.com)
  - Website: [www.intactspecialty.com](http://www.intactspecialty.com)
  
- Equipment Breakdown
  - Travelers Property Casualty Company of America
  - Phone#: (800) 238-6225
  - Fax#: 877.784.5329
  - Email:
  
- For Workers Compensation claims report to:
  - TPA or Carrier Name: Illinois Public Risk Fund
  - By Phone: (888) 532-6981
  - By Fax: (888) 223-1638
  - Website: [iprf.com](http://iprf.com)
  
- Crime
  - Allmerica Financial Benefits Insurance Company
  - Phone#: 800-628-0250; Platinum Holders: 800-799-6977
  - Fax#: 800-399-4734
  - Email: [firstreport@hanovr.com](mailto:firstreport@hanovr.com)
  - Website: <https://www.hanover.com/claims.html>
  - Other Comments: <https://www.hanover.com/about-our-companies.html>
  
- Umbrella
  - American Alternative Insurance Company
  - Phone#: 888-729-2242
  - Fax#: 609-243-4558
  - Email: [clmsins@munichreamerica.com](mailto:clmsins@munichreamerica.com)
  - Website: <http://www.americanalternativeinsurancecorporation.com/en.html>

# CORE360™

## Loss Control Portal



Insurance | Risk Management | Consulting



CORE360™

## Reduce Your Risk and Simplify Training

Safety training programs and educational materials for employees are critical for reducing accidents, increasing retention and minimizing your total cost of risk now and in the future.

Gallagher's CORE360™ **Loss Control Portal** is our proprietary Learning Management System (LMS) that supports your safety program, provides real time access to your loss control plans and keeps employees up to date with the latest safety standards.

### Key benefits of CORE360™ Loss Control Portal:

- **Access** up to 10 modules of your choice from a library of over 100 training and safety shorts. In addition, monthly bulletins are available covering topics such as General and Environmental Safety, Human Resources, and Health and Wellness.
- **Save** valuable time by assigning employee training and monitoring their latest progress and completion.
- **Simplify** the process of training to stay in compliance and avoid costly penalties.
- **Onboard** and train an unlimited number of users while enhancing your overall risk control program.
- **Customize** your platform with your company's logo, training content and modules tailored to your business, and personalized procedures and forms for an added fee.

### Most Popular Training Modules:

- Sexual Harassment and Discrimination
- Slip, Trip and Fall Training
- Electrical Safety Training
- Back Safety Training
- Bloodborne Pathogens
- Safe Lifting Practices
- Defensive Driving Basics
- Fire Prevention Basics
- Personal Protective Equipment
- GHS Hazard Communication



Please visit  
[ajg.com/LossControlPortal](http://ajg.com/LossControlPortal) to learn more.

Gallagher CORE360™ is our unique, comprehensive approach of evaluating your risk management program that leverages our analytical tools and diverse resources for customized, maximum impact on six cost drivers of your total cost of risk.



Gallagher

| eRiskHub®



To access the Gallagher | eRiskHub® now:

1. Navigate to <https://eriskhub.com/gallagher>
2. Complete the new user registration at the bottom of the page. Choose your own user ID and password. The access code is 447597.
3. After registering, you can access the hub immediately using your newly created credentials in the member login box located at the top right of the page.

## The Gallagher Way. Since 1927.

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### Cyber Liability

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# eRiskHub® Overview and Login Information

The evolution of the cyber risk landscape has brought with it broad, sweeping regulations to address cybersecurity exposures. This digital transformation also presents new risks, including financial losses, for every industry. Gallagher's Cyber Practice delivers expertise alongside cyber risk management and insurance placement services, as well as a better way to construct risk management solutions. CORE360™ — our comprehensive approach of evaluating our client's risk management program — leverages our analytical tools and diverse resources for customized, maximum impact on six cost drivers of their total cost of risk. First, we consult with you to understand all of your actual and potential costs, then find the best options to reallocate these costs based on strategic actionable insights empowering you to know, control and minimize your total costs increasing profitability.

Additionally, our data-driven CORE360™ approach allows us to implement programs for your business that will increase safety, minimize losses, mitigate claims and proactively analyze your cyber risk posture.

### Key Features of the Gallagher | eRiskHub®

- Gallagher Cyber Risk Due Diligence — A six-step process designed to walk clients through a simple, thought-provoking framework to encourage organizational communication, establish clear direction and highlight priorities to better understand your cyber risk profile.
- Risk Manager Tools — A collection of tools with many different purposes such as researching known breach events, calculating your potential cost of a breach event and downloading free sample policies your organization can use as templates.
- News Center — Keeps you up to date on what is going on in the world of cyber risk through handpicked articles, feeds and blogs.
- Learning Center — An extensive collection of white papers, articles, webinars, videos and blog posts on a variety of topics. (Looking for something specific? Try the search box at the top right of the page to search the entire Gallagher | eRiskHub®).
- Security & Privacy Training — An overview of best practices for creating an effective security training program for employees.
- Strategic Third-Party Relationships and Partner Resources — Information on third-party vendors that can assist your organization with improving your overall cyber risk.

As cyber risk evolves, so does our commitment to thought leadership. Our global cyber teams focus exclusively on cyber risk, and uniquely position Gallagher to share our knowledge, expertise and experience for the benefit of our clients.

If you have any questions about the Gallagher | eRiskHub®, please reach out to your broker.

ajg.com