## INSURANCENTER

## Stolarick \& Company, Inc <br> Insurance Proposal for: Village of Long Grove

PROPERTY
Building Property Coverage
Business Property
Fine Arts
Blanket Property Coverage
Electronic Data Processing Equipment
Building Ordinance \& Law
Business Income \& Extra Expense
Property Deductible
Co-Insurance
Earthquake \& Volcanic Eruption
Earthquake \& Volcanic Eruption Deductible
Flood
Flood Deductible
INLAND MARINE
Misc Equipment Greater than $\$ 10,000$ Per Item
Misc Equipment Greater than $\$ 10,000$ Per Item
Rented/Leased Equipment Per Item
Rented/Leased Equipment Total
Deductible
COMMERCIAL GENERAL LIABILITY
Each Occurrence
General Aggregate
Products \& Completed Operations Aggregate
Advertising \& Personal Injury
Medical Expense (Any One Person)
Damage to Premises Rented to You
Deductible
Sexual Abuse Liability Each Occurrence
Sexual Abuse Liability Aggregate
Sexual Abuse Deductible

## PUBLIC ENTITY MANAGEMENT LIABILITY

Aggregate Limit
Each Wrongful Act Limit
Each Wrongful Act Ded.-Damages \& Defense Exp.

Includes

| OneBeacon |
| :---: |
| $\$ 7,471,753$ |
| $\$ 77,000$ |
| $\$ 10,000$ |
| Included |
| $\$ 250,000$ |
| $\$ 500,000$ |
| $\$ 1,250,000$ |
| $\$ 1,000$ |
| $90 \%$ |
| $\$ 4,000,000$ |
| $\$ 25,000$ |
| $\$ 4,000,000$ |
| $\$ 25,000$ |

NA
NA
\$100,000
\$250,000
\$1,000
\$1,000,000
\$2,000,000
\$2,000,000
\$1,000,000
NA
\$1,000,000
\$0
\$300,000
NA
\$0

$$
\$ 1,000,000
$$

\$1,000,000
\$2,500
Employment Practices

ICRMT
$\$ 7,471,753$$\quad$ *
$\$ 1,000,000$ included on Inland Marine*
Included
Included In Business Property*
\$10,000,000
\$1,250,000
\$1,000
\$5,000,000 *
$\$ 50,000$ or $5 \%$ whichever is greater*
\$5,000,000
\$50,000
$\$ 100,000$
$\$ 50,000$
$\$ 100,000$
\$250,000
\$1,000

| $\$ 1,000,000$ |  |
| :---: | :---: |
| $\$ 3,000,000$ | $*$ |
| $\$ 1,000,000$ | $*$ |
| $\$ 1,000,000$ | $*$ |
| $\$ 5,000$ | $*$ |
| $\$ 1,000,000$ |  |
| $\$ 1,000$ | $*$ |
| $\$ 1,000,000$ | $*$ |
| $\$ 1,000,000$ | $*$ |
| $\$ 2,500$ | $*$ |

\$1,000,000
\$1,000,000
\$2,500
Employment Practices \& Employee Benefits

# INSURANCENTER 

## Stolarick \& Company, Inc <br> Insurance Proposal for: Village of Long Grove

## EMPLOYEE BENEFITS LIABILITY

Aggregate Limit
Each Employee Limit
Deductible
CYBER VANDALISM
Cyber Vandalism - Employee Enacted
Cyber Vandalism - Non-Employee Enacted
Cyber Liability Deductible

## VIOLENT EVENT RESPONSE

Per Event Limit
Annual Aggregate Limit
Deductible
Sublimits
Medical Expenses
Counseling Services Exp
Funeral Services Expen
Per Event Crises Team
Memorialization Expens
COMMERCIAL AUTO

Hired \& Non-Owned Auto Liability
Medical Payments
Package Premium:

## EXCESS LIABILITY

Each Occurrence
Aggregate
Excess Premium:

## CRIME

Employee Dishonesty
Employee Dishonest Deductible
Money Orders \& Counterfeit Currency
Money Orders \& Counterfeit Currency Deductible
Money \& Securities Inside Premise
Money \& Securities Outside Premise
Depositors Forgery or Alterations
Computer Fraud
Funds Transfer Fraud
Crime Deductible
Crime Premium:

OneBeacon
\$1,000,000
\$1,000,000
\$0

ICRMT
See Public Entity Mgmt See Public Entity Mgmt See Public Entity Mgmt
$\begin{array}{ll}\$ 50,000 & \text { NA } \\ \$ 10,000 & \text { NA } \\ \text { Not Listed } & \text { NA }\end{array}$

NA
NA
NA

## NA

## NA

## NA

## NA

NA
$\$ 1,000,000$
NA
$\$ 34,910$

American Alternative
\$7,000,000
\$7,000,000
\$5,789

## Hanover <br> \$500,000

\$2,500
\$10,000
\$250
\$100,000
\$100,000
\$100,000
\$100,000
\$100,000
\$1,000
\$647.34

| $\$ 500,000$ | $*$ |
| :---: | :---: |
| $\$ 500,000$ | $*$ |
| $\$ 1,000$ | $*$ |
| $\$ 25,000$ | $*$ |
| $\$ 10,000$ | $*$ |
| $\$ 15,000$ | $*$ |
| $\$ 100,000$ | $*$ |
| $\$ 250,000$ | $*$ |

\$1,000,000 \$5,000

ICRMT
\$7,000,000
\$7,000,000

ICRMT
\$500,000

| $\$ 1,000$ | $*$ |
| :--- | :--- |
| $\$ 500,000$ | $*$ |
| $\$ 1,000$ | $*$ |
| $\$ 500,000$ | $*$ |
| $\$ 500,000$ | $*$ |
| $\$ 500,000$ | $*$ |
| $\$ 500,000$ | $*$ |
| $\$ 500,000$ | $*$ |
| $\$ 1,000$ |  |

## INSURANCENTER

## Stolarick \& Company, Inc

Insurance Proposal for:
Village of Long Grove

| EQUIPMENT BREAKDOWN | Travelers | ICRMT |
| :---: | :---: | :---: |
| Equipment Breakdown | \$7,148,753 | \$7,548,753 |
| Deductible | \$1,000 | \$1,000 |
| Equipment Breakdown Premium: | \$1,611 |  |
| Package Premium: |  | \$23,860 |
| WORKERS COMPENSATION | IPRF | IPRF |
| Bodily Injury by Accident | \$3,000,000 | \$3,000,000 |
| Bodily Injury by Disease (employee limit) | \$3,000,000 | \$3,000,000 |
| Class Code 8810-Clerical | \$402,783 | \$402,783 |
| Rate Per \$100 for Code 8810 | \$0.132 | \$0.132 |
| Class Code 9410-Municipal | \$95,847 | \$95,847 |
| Rate Per \$100 for Code 9410 | \$4.264 | \$4.264 |
| Workers Compensation Premium: | \$3,747 | \$3,747 |
| AGENT FEES: | \$4,334 | \$0 |
| TOTAL ACCOUNT PREMIUM W/O TRIA: | \$51,038.34 | \$27,607.00 |
| ADDITIONAL TRIA PREMIUM: | \$1,044 |  |

