

Board of Commissioners of Lancaster County

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 8/25/2017, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	LINE OF COVERAGE	CARRIER
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	General Liability	Gemini Insurance Company (W. R. Berkley Group)
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA Coverage	
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Excess Workers Compensation	Midwest Employers Casualty Company (W. R. Berkley Group)
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Opt# 1 - Excess Workers Compensation (Length of Policy - Years: 2)	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability – Option 1	Indian Harbor Insurance Company (XL Group plc)
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability – Option 2	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability – Option 3	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability – Option 4	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability – Option 5	

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:

Producer/ Insured Coverage Amendments and Notes:

X _____
Client Initials

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from 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 the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your 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% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 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 INSURERS' 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

	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$5,000.00.
X	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

X _____
Policyholder/Applicant's Signature

Insurance Company

X _____
Print Name

Policy Number

NEBRASKA SELECTION OF HIGHER UNINSURED/ UNDERINSURED MOTORISTS COVERAGE LIMITS (STATUTORY LIMITS)

Policy Number: PEM0000049-02	Policy Effective Date: 9/30/17 - 9/30/18
Company: Gemini Insurance Co.	Producer: Arthur J. Gallagher
Applicant/Named Insured: Lancaster County Board of Commissioners	

Nebraska law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or an underinsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your policy must include Uninsured/Underinsured Motorists Coverage at limits equal to: 1) split limits of \$25,000 for each person/\$50,000 for each accident; or 2) a single limit of \$50,000 for each accident, UNLESS you select optional higher limits.

If you would like to select higher limits for Uninsured/Underinsured Motorists Coverage, please indicate your choice as follows:

Selection Of Higher Uninsured/Underinsured Motorists Coverage Limits

We make available the following limits for Uninsured/Underinsured Motorists Coverage that are higher than the limits described above up to split limits of \$100,000 for each person, subject to \$300,000 for each accident, or a single limit of \$300,000. Please indicate your choice by initialing next to the appropriate item and by signing below.

(Initials) _____		I select the following higher limits of Uninsured/Underinsured Motorists Coverage.			
(Choose One)					
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit	
_____	\$ 50,000/100,000		_____	\$	75,000
_____	100,000/200,000		_____		100,000
X _____	100,000/300,000		_____		200,000
			_____		250,000
			_____		300,000
_____	(Other)		_____		(Other)
X _____	Signature Of Applicant/Named Insured			X _____	Date