

*Insurance Review for:*

**Lancaster County c/o Lancaster Co.  
Risk Management**

*Presentation by:*

**Tom W Champoux, CPCU, AIC, CWCA**

September, 2018

- ▶ UNICO Group, Inc.
- ▶ 1128 Lincoln Mall
- ▶ Lincoln, NE 68508
  
- ▶ Phone: (402)434-7200
- ▶ Fax: (402)434-7272
- ▶ 24-Hour Service: (800)755-0048
- ▶ [info@unicogroup.com](mailto:info@unicogroup.com)

*This presentation is designed to give you an overview of the insurance coverages we are offering for your company. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverages, conditions and exclusions.*



## **Always Working For You**

At UNICO, we are committed to hands on personal service in coordinating and assisting you with your insurance and risk management program. The service team dedicated to **Lancaster County** is:



### **Thomas W. Champoux, CPCU, AIC, CWCA**

*President, Risk Consultant*

402.434.7252 (o)

tchampoux@unicogroup.com

Contact for claims, policy renewals, coverage questions, contract review and any other concerns or questions that may come up.



### **Cheryl Talbott, CISR**

*Account Manager*

402.434.7249 (o)

ctalbott@unicogroup.com

Contact for certificates, policy changes, auto ID cards, carrier information and coverage questions, contract review.



### **Dan Wurm, CLCS, CWCS**

*Property and Liability Claims Advocate*

402.434.7287 (o)

dwurm@unicogroup.com

Monitors all claims and claim reserves. You will receive claim summaries from him on an as needed basis. Feel free to contact him with any claims questions.



### **Duana Freeman, CWCA**

*Work Comp Claims Advocate*

402.434.7253 (o)

dfreeman@unicogroup.com

Monitors all claims and claim reserves. You will receive claim summaries from her on an as needed basis. Feel free to contact her with any claims questions.



# UNICO

## Lancaster County - Overview Premium Summary

COVERAGE	2017-2018	2018-2019
Property	\$137,202	\$142,956
Master Auto	\$93,839	\$94,569
Sheriff's Department	\$30,937	\$38,671
Public Building Commission	\$30,176	\$31,083
Mental Health Crisis Center	\$23,146.16	\$23,146.16
Commercial General Liability – Including Public Officials & Excess Law Enforcement	\$210,120	\$219,030
Crime	\$13,327	\$13,651
Workers' Compensation	\$103,766	\$103,766
Boiler/Machinery	\$6,371	\$6,371
Cyber Liability	\$25,593	\$26,986
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$674,477.16</b>	<b>\$700,229.16 (4+%)</b>

### Comments

- Will need authorization to bind coverage for carriers signed.
- See attached for breakdown per carrier

# Board of Commissioners of Lancaster County

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## Marketplace 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>Gemini Insurance Company</b>	General Liability	Recommended Quote	\$219,030
<b>Midwest Employers Casualty Company</b>	Excess Workers' Compensation	Recommended Quote	\$103,766
<b>Indian Harbor Insurance Company</b>	Cyber Liability	Recommended Quote	\$26,986

# Board of Commissioners of Lancaster County

## Insurance Company Ratings and Admitted Status

PROPOSED INSURANCE COMPANIES	A.M. BEST'S RATING	ADMITTED / NON-ADMITTED
<b>Gemini Insurance Company</b>	A+ XV	Non-Admitted
<b>Indian Harbor Insurance Company</b>	A XV	Non-Admitted
<b>Midwest Employers Casualty Company</b>	A+ XV	Admitted

If the above indicated coverage is placed with a Non-Admitted Carrier, the carrier is doing business in the state as a surplus lines or non-admitted carrier. As such, this carrier is not subject to the same regulations which apply to an admitted carrier nor do they participate in any insurance guarantee fund applicable in that state.

\*The above A.M. Best Rating was verified on the date the proposal document was created.

### Guide to Best Ratings Rating Levels and Categories

LEVEL	CATEGORY	Financial Size Categories <i>(in \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)</i>			
A++, A+	Superior	FSC I	Upto 1,000	FSC IX	250,000 to 500,000
A, A-	Excellent	FSC II	1,000 to 2,000	FSC X	500,000 to 750,000
E++, B+	Good	FSC III	2,000 to 5,000	FSC XI	750,000 to 1,000,000
E, B-	Fair	FSC IV	5,000 to 10,000	FSC XII	1,000,000 to 1,250,000
C++, C+	Marginal	FSC V	10,000 to 25,000	FSC XIII	1,250,000 to 1,500,000
C, C-	Weak	FSC VI	25,000 to 50,000	FSC XIV	1,500,000 to 2,000,000
D	Poor	FSC VII	50,000 to 100,000	FSC XV	2,000,000 or more
E	Under Regulatory Supervision	FSC VIII	100,000 to 250,000		
F	In Liquidation				
S	Suspended				

Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history, and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.

A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. View the A.M. Best Important Notice: Best's Credit Ratings for a disclaimer notice and complete details at <http://www.ambest.com/ratings/notice>.

Best's Credit Ratings are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings and Best Credit Reports (which include Best Ratings), visit the A.M. Best website at <http://www.ambest.com>. See Guide to Best's Credit Ratings for explanation of use and charges. Copies of the Best's Insurance Reports for carriers listed above are also available upon request of your Gallagher representative.

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Gallagher companies use A.M. Best Company's rating services to evaluate the financial condition of insurers whose policies we propose to deliver. 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.



# Board of Commissioners of Lancaster County

## Insurance Company Ratings and Admitted Status (Cont.)

<b>BEST'S FINANCIAL STRENGTH RATING GUIDE – (FSR)</b>			
<p>A Best's Financial Strength Rating (FSR) is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. An FSR is not assigned to specific insurance policies or contracts and does not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. An FSR is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In addition, an FSR may be displayed with a rating identifier, modifier or affiliation code that denotes a unique aspect of the opinion.</p>			
<b>Best's Financial Strength Rating (FSR) Scale</b>			
<b>Rating Categories</b>	<b>Rating Symbols</b>	<b>Rating Notches*</b>	<b>Category Definitions</b>
Superior	A+	A++	Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
Excellent	A	A-	Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
Good	B+	B++	Assigned to insurance companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Fair	B	B-	Assigned to insurance companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Marginal	C+	C++	Assigned to insurance companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Weak	C	C-	Assigned to insurance companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
Poor	D	-	Assigned to insurance companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.
<p>* Each Best's Financial Strength Rating Category from "A+" to "C" includes a Rating Notch to reflect a gradation of financial strength within the category. A Rating Notch is expressed with either a second plus "+" or a minus "-".</p>			
<b>FSR Non-Rating Designations</b>			
<b>Designation Symbols</b>	<b>Designation Definitions</b>		
E	Status assigned to insurance companies that are publicly placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal ongoing insurance operations; an impaired insurer.		
F	Status assigned to insurance companies that are publicly placed in liquidation by a court of law or by a forced liquidation; an impaired insurer.		
S	Status assigned to rated insurance companies to suspend the outstanding FSR when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.		
NR	Status assigned to insurance companies that are not rated; may include previously rated insurance companies or insurance companies that have never been rated by AMBRS.		
<b>Rating Disclosure – Use and Limitations</b>			
<p>A Best's Credit Rating (BCR) is a forward-looking independent and objective opinion regarding an insurer's, issuer's or financial obligation's relative creditworthiness. The opinion represents a comprehensive analysis consisting of a quantitative and qualitative evaluation of balance sheet strength, operating performance and business profile or, where appropriate, the specific nature and details of a security. Because a BCR is a forward-looking opinion as of the date it is released, it cannot be considered as a fact or guarantee of future credit quality and therefore cannot be described as accurate or inaccurate. A BCR is a relative measure of risk that implies credit quality and is assigned using a scale with a defined population of categories and notches. Entities or obligations assigned the same BCR symbol developed using the same scale, should not be viewed as completely identical in terms of credit quality. Alternatively, they are alike in category (or notches within a category), but given there is a prescribed progression of categories (and notches) used in assigning the ratings of a much larger population of entities or obligations, the categories (notches) cannot mirror the precise subtleties of risk that are inherent within similarly rated entities or obligations. While a BCR reflects the opinion of A.M. Best Rating Services, Inc. (AMBRS) of relative creditworthiness, it is not an indicator or predictor of defined impairment or default probability with respect to any specific insurer, issuer or financial obligation. A BCR is not investment advice, nor should it be construed as a consulting or advisory service, as such; it is not intended to be utilized as a recommendation to purchase, hold or terminate any insurance policy, contract, security or any other financial obligation, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. Users of a BCR should not rely on it in making any investment decision; however, if used, the BCR must be considered as only one factor. Users must make their own evaluation of each investment decision. A BCR opinion is provided on an "as is" basis without any expressed or implied warranty. In addition, a BCR may be changed, suspended or withdrawn at any time for any reason at the sole discretion of AMBRS.</p>			
<p>BCRs are distributed via the AMBRS website at <a href="http://www.ambest.com">www.ambest.com</a>. For additional information regarding the development of a BCR and other rating-related information and definitions, including outlooks, modifiers, identifiers and affiliation codes, please refer to the report titled "Understanding Best's Credit Ratings" available at no charge on the AMBRS website. BCRs are proprietary and may not be reproduced without permission. Copyright © 2015 by A.M. Best Company, Inc. and/or its affiliates. ALL RIGHTS RESERVED.</p>			
			Version 090116



# Board of Commissioners of Lancaster County

## Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 8/14/2018, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	LINE OF COVERAGE	CARRIER
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	General Liability	Gemini Insurance Company (W. R. Berkley Group)
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	TRIA Coverage	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Excess Workers' Compensation	Midwest Employers Casualty Company (W. R. Berkley Group)
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability	Indian Harbor Insurance Company (XL Group plc)
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	TRIA Coverage	

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Initials

# Board of Commissioners of Lancaster County

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## Client Authorization to Bind Coverage

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

**Note: Selecting the "Reject All or Accept All" option will override any selections that you make below.**

Reject All  Accept All - Coverages for Consideration

#### **Umbrella**

Yes  No Increased Limits

#### **Other Coverage Considerations**

Yes  No Cyber Risk

It is understood this proposal provides only a summary of the details; the policies will contain the actual coverages.

We confirm the values, schedules, and other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately.

We agree that your liability to us arising from your negligent acts or omissions, whether related to the insurance or surety placed pursuant to these binding instructions or not, shall not exceed \$20 million, in the aggregate. Further, without limiting the foregoing, we agree that in the event you breach your obligations, you shall only be liable for actual damages we incur and that you shall not be liable for any indirect, consequential or punitive damages.

By:

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

Date:

\_\_\_\_\_



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**STATE OF NEBRASKA**  
**SURPLUS LINES TAX CONSENT FORM**

**AGENT:**

**RE:**

**POLICY NUMBER:**

**DATE:**

"With regard to this application for insurance, said coverage or portions thereof, may be written in an Insurance Company that is not licensed to do business in Nebraska, and in the event of the insolvency of such company the policy will not be covered by the Nebraska property and liability insurance guaranty association."

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

SL-03/CB-01  
1/79

**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 <u>\$4,600.00</u> .
	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.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

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



## Public Entity Liability Limited Sexual Abuse Application

### INSTRUCTIONS

Completion of this application may require input from your organization's risk management, human resources or legal departments. Additional space may be needed to provide complete answers.

- Please type or print answers clearly. (Type in shaded boxes or print on lines or spaces provided)
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, Print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- This form must be completed, dated and signed by an authorized officer of your company.

**Underwriters will rely on all statements made in this application.**

Please submit a copy of the following with this completed supplemental application:

- Policy and procedure documents related to your **Sexual Abuse** prevention program.
- Notification and incident response documentation related to your **Sexual Abuse** prevention program.
- **Sexual Abuse** awareness training program materials and training schedule.
- Details of all **Sexual Abuse Claims** and litigation for the past five years.
- **Claims** handling procedures for sexual abuse claims.

1. Is a **Sexual Abuse** prevention program currently in effect and active?
2. Are written policies clearly expressing management's commitment to **Sexual Abuse** prevention currently in place?
3. Are **Sexual Abuse** prevention programs actively implemented and enforced throughout the organization?
4. Please provide the name and title of the individual responsible for the coordination of the **Sexual Abuse** prevention program:

Name:

Title:

5. Please identify which individuals in your organization receive **Sexual Abuse** awareness and prevention training:

Management Times per year:

Teachers/Aides Times per year:

Staff Times per year:

Vendor/Client Times per year \_\_\_\_\_

Volunteers Times per year \_\_\_\_\_

6. Please describe the type and extent of the training your new employees, officers, vendors, clients and volunteers receive annual review of policies and in-service with supervisor.
7. Do your procedures restrict the amount of one-on-one contact with minors, or require that more than one employee, officer, vendor, volunteer or client is present at all times when a student is in your care?
8. Do your **Sexual Abuse** prevention programs include rules for conduct along with established disciplinary measures for noncompliance applicable to all employees, officers, vendors, volunteers and clients?
9. Are parents/custodians made aware of the child abuse program information and prevention policies and procedures?
10. Are background checks conducted for prospective employees, officers, vendors, volunteers and clients? If so, is documentation maintained in personnel files?
11. Are background checks conducted on employees, officers, vendors, volunteers and clients who may have any contact with minors? If so, is documentation maintained in personnel files?
12. Please indicate if background checks include a review of:
  - a. National or state sex offender hotlines
  - b. State police records
  - c. FBI records
  - d. State Department of Social Services records
  - e. Records on file with other similar public agencies
  - f. Personal references
  - g. Education verification
  - h. Employment history verification

If background checks are outsourced, please provide name and organization that performs this work:

Name:
Company:

13. Are persons who are not employees, officers, vendors, volunteers and clients in your care? overnight?  
If so, please provide detail on separate sheet on the category of persons and circumstance.
14. Do policies and procedures include mandatory external (law enforcement and/or governmental authority) and internal incident reporting and follow-up protocols?
15. Are incident reporting and follow up procedures related to allegations of potential **Sexual Abuse** documented and maintained in personnel or other files?
16. Does your organization have a mechanism in place to ensure that any allegations of potential **Sexual Abuse** can be reported anonymously and are employees, officers, vendors and volunteers, clients and students instructed how to report possible instances of **Sexual Abuse**?

17. Are there written procedures for investigating anonymous and confidential allegations; and is the person receiving these reports specifically trained in addressing sensitive claims?

18. When do you report known or suspected incidents of abuse to proper police authorities?

19. In the past five years has any employee, officer, vendor, volunteer or client been terminated for cause related to sexually abusive behavior?

If so, please provide detail on separate sheet.

20. In the past five years, has any employee, officer, vendor, volunteer or client been transferred or placed in a different position due to allegations of **Sexual Abuse**?

If so, please provide detail on separate sheet

**SEXUAL ABUSE CLAIMS INFORMATION:**

21. Are there now pending any **Sexual Abuse claim(s)** or allegations against any current employee, officer, vendor, volunteer or client?

22. Has any current employee, officer, vendor, volunteer or client been the subject of any past **Sexual Abuse claim(s)**?

23. Does any current employee, officer, vendor, volunteer or client have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or in-formal investigation which might give rise to a **Sexual Abuse claim** under the proposed **Policy**?

24. Does any current employee, officer, vendor, volunteer or client have knowledge or information of any threatened claim which might give rise to a **Sexual Abuse claim** under the proposed **Policy**?

If "Yes" to any of Questions 21-24 please attach a detailed explanation including date of event, claimant, nature of matter, defense costs, indemnity amount, reserve amount and current status for each claim, matter, event, notice or circumstance.

It is agreed that with respect to questions 22-25 above, if such **Sexual Abuse claim**, knowledge, information, proceeding, agreement, investigation, matter, order, decree or judgment exists, any **Sexual Abuse claim** arising therefrom is excluded from the proposed coverage and will not be covered for **Claims Expenses**, indemnity or **Loss** under any **Policy** issued.

**FRAUD WARNING STATEMENTS**

**NOTICE TO ARKANSAS AND LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the

Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO TENNESSEE AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO APPLICANTS. PLEASE READ CAREFULLY**

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSUREDS, WARRANTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE INSURER OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE INSURER WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE INSURER.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S



QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE INSURER, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS, ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE INSURER, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE INSURER.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature: \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date (Mo./Day/Yr.) \_\_\_\_\_



# UNICO

## Lancaster County Continental Western Summary

COVERAGE	2017-2018 Expiring	2018-2019 Renewal	Difference
Property	\$137,202	\$142,956	+5,754
<b>TOTAL ANNUAL PROPERTY PREMIUM</b>	<b>\$137,202</b>	<b>\$142,956</b>	<b>+5,754 (4%)</b>
Auto (Master Policy)	\$93,839	\$94,569	+730
Sheriff's Department	\$30,937	\$38,671	+7,734
<b>TOTAL ANNUAL AUTO PREMIUM</b>	<b>\$124,776</b>	<b>\$133,240</b>	<b>+8,464 (6.35%)</b>
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$261,978</b>	<b>\$276,196</b>	<b>\$14,218 (+5%)</b>

### Summary of Changes

#### Property

- Property values Increased by \$4,097,020.
  - Removed 2202 S. 11<sup>th</sup> onto separate policy (7,565,034)
- Optional quote to increase property deductible to \$10,000 – Premium = \$136,833
- Optional quote to change property limits per Continental Western - see SOV – Premium = \$142,704
- Optional quote to change limits and deductible to \$10,000 – Premium = \$136,505

#### Master Auto

- 284 units at renewal vs. 289 on expiring  
Per Unit Cost: \$333.00
- Optional quote to increase deductible to \$5,000 – Premium = \$75,690

#### Sheriff's Auto

- 83 units at renewal vs. 82 on expiring  
Per Unit Cost \$466.00
- Optional quote to increase deductible to \$5,000 – Premium = \$23,591

\*Continental Western does not require the addition of units to the policy when acquired. Lancaster County benefits from “free insurance” as long as these units are not involved in an accident – at which time they must be added to the policy.

# Lancaster County Statement of Values

as of 07/2018

Address	2017 Building Value	Updated 2018 Value	Building Limit Requested	Difference
1361 S 134th St, Lincoln	139,354	145,346		
625 N 46th St, Lincoln	1,491,417	1,557,039	1,481,105	-75,934
2220 S 10th St, Lincoln	1,522,462	1,587,928	1,257,234	-330,694
444 Cherrycreek Rd (North), Lincoln / Extension Service	2,145,549	2,231,371	2,879,931	648,560
444 Cherrycreek Rd (South), Lincoln Garage & Shop	1,525,284	1,586,295	3,329,685	1,743,390
425 S 9th St, Lincoln				
601 N 46th St, Lincoln	1,006,099	1,049,361	796,963	-252,398
300 Tyler St. Bennet	92,720	96,707		
3434 Maple St, Davey	175,216	182,750		
SW 91st St & 3rd St, SE Edge of Denton	131,828	137,497		
245 NW 84th St, Emerald	151,394	157,450		
245 NW 84th St, Emerald	137,831	143,758		
8th & May Sts, NE Edge of Firth	104,960	109,473		
450 North St, Hallam	83,347	86,931		
316 E 7th St, Hickman	83,833	87,438		
22691 SW 114th St, Kramer	104,960	109,473		
1440 W Burnhan Rd (Yankee Hill), Lincoln	103,475	107,924		
11437 S 40th, Lincoln	131,841	137,510		
14775 N 5th St, Raymond	200,134	208,740		
4301 Roy St, Roca	125,102	130,106		
4301 Roy St, Roca	131,244	136,887		
15300 Panama Rd, Panama	104,960	109,473		
18725 Buell St, Sprague	161,530	168,476		
555 S 10th St, Lincoln				
13959 Oldfield Rd, Waverly	363,820	375,462	445,024	69,562
N 141st & Oldfield, Waverly	95,600	99,711		
210 Malcolm Rd, Malcolm	104,960	109,473		
500 W "O" St, Lincoln	554,520	578,919	718,136	139,217
575 S. 10th St, Lincoln				
2966 "O" Street, Lincoln	1,059,307	1,104,857	1,366,113	261,256
N 141st & Oldfield, Waverly	213,296	222,468		
1200 Radcliffe Street, Lincoln	13,528,467	13,920,793	10,907,691	-3,013,102
233 S 10th St, Lincoln				
15500 SW 43rd St., Sprague	104,572	109,069		
920 'O' Street, Lincoln				
W 4th & Buell Sts S, Sprague	117,875	122,944		
16701 SW 14th Street, Martell	160,824	167,739		
633 S. 9th St., Lincoln	2,401,592	2,504,860	2,561,381	56,521
444 Cherrycreek Rd., Lincoln Sheff's Garage	587,870	611,385	461,379	-150,006
2145 Y Street, Suite A, Lincoln				
3801 West O Street, Lincoln	69,636,517	72,630,887		
825 J Street, Lincoln				
605 S 10th St, Lincoln				
440 S 8th St, Suite 300, Lincoln				
Towers				
<b>TOTAL</b>	<b>\$98,783,760</b>	<b>\$102,826,500</b>		

1) Pump

T - Tanks & Pumps = \$75,555

TC - Tank Contents = \$38,710

F - Fences = \$24,991

Towers = \$16,500

**Summary Loss History - External**

**Continental Western Group**

Losses as of prior day, premium as of prior month-end

Insured Name: Lancaster County  
 Evaluated Date: 09/07/2018  
 Line of Business: CPA  
 Agency name: UNICO GROUP, INC

Policy Number	Effective Dates	Claim Status	No Of Claims	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deduct Reimb Paid	Net Incurred
2400988-38	09/30/2017 - 09/30/2018	No losses this policy term	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2400988-37	09/30/2016 - 09/30/2017	0 Open, 2 Closed	2	\$62,413.75	\$347.52	\$0.00	\$62,761.27	\$0.00	\$0.00	\$62,761.27
2400988-36	09/30/2015 - 09/30/2016	0 Open, 2 Closed	2	\$7,982.00	\$626.54	\$0.00	\$8,608.54	\$0.00	\$0.00	\$8,608.54
2400988-35	09/30/2014 - 09/30/2015	0 Open, 4 Closed	4	\$60,262.30	\$731.33	\$0.00	\$60,993.63	\$0.00	\$0.00	\$60,993.63
2400988-34	09/30/2013 - 09/30/2014	0 Open, 1 Closed	1	\$44,020.54	\$1,131.31	\$0.00	\$45,151.85	\$0.00	\$0.00	\$45,151.85
2400988-32	09/30/2012 - 09/30/2013	0 Open, 2 Closed	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Totals</b>	<b>0 Open, 11 Closed</b>	<b>11</b>	<b>\$174,678.59</b>	<b>\$2,836.70</b>	<b>\$0.00</b>	<b>\$177,515.29</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$177,515.29</b>

Exposure Type	# of Features	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
Property	10	\$174,678.59	\$2,836.70	\$0.00	\$177,515.29	\$0.00	\$0.00	\$177,515.29
Unknown	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>12</b>	<b>\$174,678.59</b>	<b>\$2,836.70</b>	<b>\$0.00</b>	<b>\$177,515.29</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$177,515.29</b>

Coverage Description	# of Occur	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
Additional Coverages	2	\$392.04	\$0.00	\$0.00	\$392.04	\$0.00	\$0.00	\$392.04
Building and Business Personal Property	7	\$174,286.55	\$2,836.70	\$0.00	\$177,123.25	\$0.00	\$0.00	\$177,123.25
Flood	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unknown	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>12</b>	<b>\$174,678.59</b>	<b>\$2,836.70</b>	<b>\$0.00</b>	<b>\$177,515.29</b>	<b>\$0.00</b>	<b>0.00</b>	<b>\$177,515.29</b>

This loss run includes all claims open on or since 1/1/2010.

**Summary Loss History - External**

**Continental Western Group**

Losses as of prior day, premium as of prior month-end

Insured Name: Lancaster County  
 Evaluated Date: 09/07/2018  
 Line of Business: CAA  
 Agency name: UNICO GROUP, INC

Policy Number	Effective Dates	Claim Status	No Of Claims	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deduct Reimb Paid	Net Incurred
2375674-36	09/30/2017 - 09/30/2018	3 Open, 7 Closed	10	\$12,641.99	\$523.00	\$1,000.00	\$14,164.99	\$0.00	\$0.00	\$14,164.99
2375674-35	09/30/2016 - 09/30/2017	0 Open, 1 Closed	1	\$2,876.67	\$37.00	\$0.00	\$2,913.67	\$0.00	\$0.00	\$2,913.67
2375674-34	09/30/2015 - 09/30/2016	0 Open, 7 Closed	7	\$19,820.05	\$321.64	\$0.00	\$20,141.69	\$0.00	\$0.00	\$20,141.69
2375674-33	09/30/2014 - 09/30/2015	0 Open, 6 Closed	6	\$9,627.06	\$99.00	\$0.00	\$9,726.06	\$1,160.00	\$0.00	\$8,566.06
2375674-32	09/30/2013 - 09/30/2014	0 Open, 12 Closed	12	\$47,707.26	\$405.53	\$0.00	\$48,112.79	\$0.00	\$0.00	\$48,112.79
2375674-31	09/30/2012 - 09/30/2013	0 Open, 11 Closed	11	\$12,889.46	\$82.00	\$0.00	\$12,971.46	\$0.00	\$0.00	\$12,971.46
	<b>Totals</b>	<b>3 Open, 44 Closed</b>	<b>47</b>	<b>\$105,562.49</b>	<b>\$1,468.17</b>	<b>\$1,000.00</b>	<b>\$108,030.66</b>	<b>\$1,160.00</b>	<b>\$0.00</b>	<b>\$106,870.66</b>

Exposure Type	# of Features	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
Bodily Injury	8	\$19,514.49	\$23.00	\$0.00	\$19,537.49	\$0.00	\$0.00	\$19,537.49
Property	1	\$3,135.49	\$0.00	\$0.00	\$3,135.49	\$0.00	\$0.00	\$3,135.49
Vehicle	49	\$82,912.51	\$1,445.17	\$1,000.00	\$85,357.68	\$1,160.00	\$0.00	\$84,197.68
<b>Totals</b>	<b>58</b>	<b>\$105,562.49</b>	<b>\$1,468.17</b>	<b>\$1,000.00</b>	<b>\$108,030.66</b>	<b>\$1,160.00</b>	<b>\$0.00</b>	<b>\$106,870.66</b>

Coverage Description	# of Occur	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
Auto Liability	28	\$71,676.18	\$742.17	\$0.00	\$72,418.35	\$1,160.00	\$0.00	\$71,258.35
Collision	22	\$32,383.10	\$726.00	\$1,000.00	\$34,109.10	\$0.00	\$0.00	\$34,109.10
Comprehensive	8	\$1,503.21	\$0.00	\$0.00	\$1,503.21	\$0.00	\$0.00	\$1,503.21
<b>Totals</b>	<b>58</b>	<b>\$105,562.49</b>	<b>\$1,468.17</b>	<b>\$1,000.00</b>	<b>\$108,030.66</b>	<b>\$1,160.00</b>	<b>0.00</b>	<b>\$106,870.66</b>

This loss run includes all claims open on or since 1/1/2010.

**Summary Loss History - Internal**

**Continental Western Group**

Losses as of prior day, premium as of prior month-end

Insured Name: Lancaster County  
 Evaluated Date: 08/15/2018  
 Line of Business: CAA  
 Agency name: UNICO GROUP, INC

Policy Number	Effective Dates	Earned Premium	Claim Status	No Of Claims	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deduct Reimb Paid	Net Incurred	Loss Ratio
2650205-32	09/30/2017 - 09/30/2018	\$28,552.85	2 Open, 6 Closed	8	\$31,131.75	\$314.00	\$2,500.00	\$33,945.75	\$18,075.62	\$0.00	\$15,870.13	55.58%
2650205-31	09/30/2016 - 09/30/2017	\$30,088.00	0 Open, 6 Closed	6	\$30,036.15	\$362.60	\$0.00	\$30,398.75	\$25,448.77	\$0.00	\$4,949.98	16.45%
2650205-30	09/30/2015 - 09/30/2016	\$29,851.00	0 Open, 6 Closed	6	\$40,308.08	\$560.36	\$0.00	\$40,868.44	\$5,320.00	\$0.00	\$35,548.44	119.09%
2650205-29	09/30/2014 - 09/30/2015	\$27,978.00	0 Open, 7 Closed	7	\$22,595.85	\$149.00	\$0.00	\$22,744.85	\$610.00	\$0.00	\$22,134.85	79.12%
2650205-28	09/30/2013 - 09/30/2014	\$21,241.00	0 Open, 10 Closed	10	\$60,954.72	\$251.00	\$0.00	\$61,205.72	\$4,166.00	\$0.00	\$57,039.72	268.54%
2650205-27	09/30/2012 - 09/30/2013	\$24,510.00	0 Open, 4 Closed	4	\$46,546.73	\$66.00	\$0.00	\$46,612.73	\$15,623.84	\$0.00	\$30,988.89	126.43%
	<b>Totals</b>	<b>\$162,220.85</b>	<b>2 Open, 39 Closed</b>	<b>41</b>	<b>\$231,573.28</b>	<b>\$1,702.96</b>	<b>\$2,500.00</b>	<b>\$235,776.24</b>	<b>\$69,244.23</b>	<b>\$0.00</b>	<b>\$166,532.01</b>	

	Loss Ratio	
	with expenses	without Expenses
1 Yr Loss Ratio (most recent yr)	55.58%	54.48%
3 Yr Loss Ratio	67.40%	66.21%
5 Yr Loss Ratio	102.66%	101.61%

Exposure Type	# of Features	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
Unknown	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle	41	\$231,573.28	\$1,702.96	\$2,500.00	\$235,776.24	\$69,244.23	\$0.00	\$166,532.01
<b>Totals</b>	<b>43</b>	<b>\$231,573.28</b>	<b>\$1,702.96</b>	<b>\$2,500.00</b>	<b>\$235,776.24</b>	<b>\$69,244.23</b>	<b>\$0.00</b>	<b>\$166,532.01</b>

Coverage Description	# of Occur	Gross Paid Losses	Paid Expenses	Loss Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
Collision	20	\$144,021.48	\$1,172.96	\$2,500.00	\$147,694.44	\$66,693.61	\$0.00	\$81,000.83
Comprehensive	21	\$87,551.80	\$530.00	\$0.00	\$88,081.80	\$2,550.62	\$0.00	\$85,531.18
Unknown	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>43</b>	<b>\$231,573.28</b>	<b>\$1,702.96</b>	<b>\$2,500.00</b>	<b>\$235,776.24</b>	<b>\$69,244.23</b>	<b>0.00</b>	<b>\$166,532.01</b>

This loss run includes all claims open on or since 1/1/2010.





UNICO

## Lancaster County – Law Enforcement/Public Officials/Excess Liability Premium Summary

COVERAGE	2017-2018 Gemini Expiring	2018-2019 Gemini Renewal
Commercial General Liability -including Public Officials & Excess	\$204,000	\$212,650
Public Officials	Included	Included
Auto Liability	Included	Included
Surplus Lines Tax	\$6,120	\$6,380
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$210,120</b>	<b>\$219,030 (+4%)</b>

### Summary of Changes:

- Premium increase due to loss trend, development and increase in County Budget approximately 2%.



# UNICO

## Lancaster County – Work Comp Premium Summary

<b>COVERAGE</b>	<b>2017-2018 Midwest Employers Casualty Expiring</b>	<b>2018-2019 Midwest Employers Casualty Renewal</b>
Workers' Compensation - Excess	\$103,766	\$103,766
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$103,766</b>	<b>\$103,766</b>

### Summary of Changes:

- 900,000 retention
- 2017 Payrolls - \$53,350,220 Rate - .1945
- 2018 Payrolls - \$53,711,801 Rate - .1945



# UNICO

## Lancaster County – Cyber Liability Premium Summary

<b>COVERAGE</b>	<b>2017-2018 Indian Harbor Expiring</b>	<b>2018-2019 Indian Harbor Renewal</b>
Cyber Liability	\$25,593	\$26,986
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$25,593</b>	<b>\$26,986(+5%)</b>



**UNICO**

## Lancaster County Crime Premium Summary

<b>COVERAGE</b>	<b>2017-2018 Hartford Expiring</b>	<b>2018-2019 Hartford Renewal</b>
Crime	\$13,327	\$13,651
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$13,327</b>	<b>\$13,651</b>



# UNICO

## Lancaster County – Boiler & Machinery Premium Summary

<b>COVERAGE</b>	<b>2017-2018 Cincinnati Expiring</b>	<b>2018-2019 Cincinnati Renewal</b>
Boiler/Machinery – All Locations	\$6,371	\$6,371
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$6,371</b>	<b>\$6,371</b>

### Summary of Changes:

- 3<sup>rd</sup> year of 3 year term with guaranteed rates.
- Includes Terrorism Premium of \$48.00. If you elect not to purchase, renewal will be decreased by that amount.



# UNICO

## Mental Health Crisis Center of Lancaster County Premium Summary

<b>COVERAGE</b>	<b>2017-2018 Landmark American Expiring</b>	<b>2018-2019 Landmark American Renewal</b>
Commercial General Liability	Included	Included
EBL	Included	Included
Professional/E&O	\$22,222	\$22,222
Broker Fee	\$250	\$250
Surplus Lines Tax	\$674.16	\$674.16
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$23,146.16</b>	<b>\$23,146.16</b>





**UNICO**

**Lincoln/Lancaster County Public Building  
Commission  
Premium Summary**

<b>COVERAGE</b>	<b>2017-2018 Continental Western Expiring</b>	<b>2017-2018 Continental Western Renewal</b>
Commercial General Liability	\$24,005	\$24,911
Umbrella	\$6,171	\$6,172
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$30,176</b>	<b>31,083 (+3.00%)</b>