WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No. # 202112030

Originating Department:	Administrative Services
Division/Program: (i.e. Dept. Division and Program)	Human Resources (HR)
Contract or Grant Administrator:	Donnie LaPlante Associate HR Manager
Contractor's / Agency Name:	Midwest Employers Casualty
	nt or Renewal to an Existing Contract? Yes O No O Al, (per WCC 3.08.100 (a)) Original Contract #:
Does contract require Council Approval? Yes • Already approved? Council Approved Date:	No O If No, include WCC: (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)
Is this a grant agreement? Yes O No O If yes, grantor agency of	contract number(s): CFDA#:
Is this contract grant funded? Yes O No O If yes, Whatcom Coun	nty grant contract number(s):
Is this contract the result of a RFP or Bid process? Yes No No If yes, RFP and Bid number(s)	s): AJGallagher conducted process Cost Center: 507300
Is this agreement excluded from E-Verify? No 🔿	Yes If no, include Attachment D Contractor Declaration form.
If YES, indicate exclusion(s) below:	
 Professional services agreement for certified/lice Contract work is for less than \$100,000. Contract work is for less than 120 days. Interlocal Agreement (between Governments). 	ensed professional. Goods and services provided due to an emergency Contract for Commercial off the shelf items (COTS). Work related subcontract less than \$25,000. Public Works - Local Agency/Federally Funded FHWA.
amount and any prior amendments):\$40,0\$ 99,054thanThis Amendment Amount:2.\$3.Total Amended Amount:3.\$5.	ncil approval required for; all property leases, contracts or bid awards exceeding ,000 , and professional service contract amendments that have an increase greater \$10,000 or 10% of contract amount, whichever is greater, except when . Exercising an option contained in a contract previously approved by the council. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. Bid or award is for supplies. Equipment is included in Exhibit "B" of the Budget Ordinance. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the
	developer of proprietary software currently used by Whatcom County.
	Ity renewal option 2 for insurance protection for the self-insured workers' compensation program for 2022.
Term of Contract: One year Contract Routing: 1. Prepared by: Donnie LaPlante	Expiration Date: December 31, 2022
2. Attorney signoff: George Roche	Date: 11/23/2021 Date: 11/23/2021
3. AS Finance reviewed: Brad Bennett	
4. IT reviewed (if IT related): N/A	Date:
	eived from Arthur J. Gallagher Date: 11/23/2021
6. Submitted to Exec.:	Date: 11/23/2021
7. Council approved (if necessary): 8. Executive signed:	Siduu Date: Date: Date: Date: Date:
9. Original to Council:	BB664E3 Date:

ADMINISTRATIVE SERVICES



HUMAN RESOURCES

County Courthouse 311 Grand Avenue, Suite #107 Bellingham, WA 98225-4038 (360) 778-5305 hr@co.whatcom.wa.us

> Melissa Keeley Manager

MEMORANDUM

TO: Satpal Singh Sidhu, County Executive

FROM: Donnie LaPlante, Associate HR Manager

Duflet

RE: Workers Compensation – Stop Loss Insurance Policy

DATE: November 23, 2021

Enclosed is a Client Authorization to Bind Coverage for excess/stop loss coverage for workers' compensation claims over \$500,000 for non-law enforcement and over \$750,000 for law enforcement claims for your review and signature.

The estimated premium is \$92,517 for 2022 coverage plus a \$6,537 Broker Fee. Final premium will be based on worker hours during 2022.

Background and Purpose

The County protects its financial assets in the self-insured workers' compensation program with reserves and with insurance coverage for very large claims (also called stop loss or excess insurance). Each year, Arthur J. Gallagher, broker for the Washington Counties Risk Pool, seeks bids from the market, analyzes quotes, and provides options for coverage.

Current coverage for 2021 is with Midwest Employers Casualty Company which also proposed the best renewal pricing for 2022. The new rate per worker hour of 0.0559 represents a 24% increase. Although Whatcom County's two largest claims over the past five years are less than \$150,000, the insurance market was extremely tough this year. The next best option would require a \$100,000 minimum premium regardless of our claims experience, which would be 8% higher than Midwest. Midwest also offered a second option with a lower premium but higher retention that we are not recommending.

Funding Amount and Source

The workers' compensation program is funded through internal rates charged to departments based on hours worked by risk classification (law enforcement, laborers, office, etc.). Premiums are paid from cost center 507300.

Please feel free to contact me at (360) 778-5306 if you have any questions or concerns regarding my recommendation.

Proposal of Insurance

DocuSign Envelope ID: BDFEDC8E-9326-4D88-B99B-A1F0F4EB14F5

Whatcom County

311 Grand Avenue, Suite 107 Bellingham, WA 98225-4082

Presented: November 22, 2022 Effective: January 1, 2022

Julie McCallum Area Vice President Arthur J. Gallagher Risk Management Services, Inc. 1501 Market Street Suite 250 Tacoma, WA 98402 (253) 627-7183 Julie_McCallum@AJG.com



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Insurance Risk M

Risk Management Consulting



Table of Contents

Service Team Program Structure	3 4
Named Insured	5
Market Review	
Program Details	7
Excess Workers Compensation - \$750k Retention All Claims - Midwest Employers Casualty Company	7
Excess Workers Compensation - Split Retention Option - Midwest Employers Casualty Company	9
Premium Summary	
Premium Financing	12
Payment Plans Carrier Ratings and Admitted Status Proposal Disclosures	14
Proposal Disclosures Client Signature Requirements	16 17
Client Authorization to Bind Coverage	
Bindable Quotations & Compensation Disclosure Schedule	21
Binding Requirements	
Claims Reporting By Policy	23





Service Team

Julie McCallum 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
Julie McCallum Area Vice President	(425) 586-1040	Julie_McCallum@AJG.com	Producer
Stephen Erni, CPCU, ARM-E Client Service Supervisor	(425) 586-1002	Stephen_Erni@AJG.com	Client Service Manager
Henry Winner Client Service Associate-Achieve Program	(425) 586-1027	Henry_Winner@ajg.com	Client Service Associate

Arthur J. Gallagher Risk Management Services, Inc.

Main Office Phone Number: (253) 627-7183





Program Structure





Named Insured

Named Insured Schedule:

Add , Char Delet	nge /	Named Insured	Excess Workers Compensation - \$750k Retention All Claims	Excess Workers' Compensation
		Whatcom County	Х	Х

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
Midwest Employers Casualty Company	Excess Workers Compensation - \$750k Retention All Claims	Quoted	\$80,270.00
Midwest Employers Casualty Company	Excess Workers Compensation - Split Retention Option	Recommended Quote	\$92,517.00
Safety National Group	Excess Workers Compensation	Indication (Written)* / \$150k Minimum Premium	
Arch Insurance Group	Excess Workers Compensation	Indication (Written)* / \$100K Minimum Premium SIR for Police/Fire \$750K	
Zurich Insurance Group Ltd	Excess Workers Compensation	Indication (Written)* / \$400K Minimum Premium	

*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.





Program Details

Coverage:	Excess Workers Compensation - \$750k Retention All Claims
Carrier:	Midwest Employers Casualty Company
Policy Period:	1/1/2022 to 1/1/2023

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Specific Limit		Statutory
Employers Liability Limit	Limit	\$1,000,000

Deductibles / Self-Insured Retention

ТҮРЕ	COVERAGE	AMOUNT
Retention	Specific Retention	\$750,000
Retention	Employers Liability Retention	See Specific
Retention	Aircraft Per Employee Retention Surcharge	\$750,000

Experience Modification Factor(s):

DESCRIPTION	FACTOR
WA	1

States:

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

Endorsements include, but are not limited to:

DESCRIPTION
Amendment to Schedule Item 11 - CMB-11 (8-13)
Foreign - CMB-160 (8-13)
Policyholder Disclosure Notice of Terrorism Insurance - CMB-199 (1-20)
Aircraft Per Employee Retention Surcharge - \$750,000 - ISI-251 (8-13)
Authorized Volunteers - ISI-260 (8-13)
Voluntary Compensation - ISI-261 (8-13)
Endemic Disease and Repatriation - ISI-266 (8-13)
Jones Act - ISI-280 (8-13)
Washington - ISI-WA (8-13)





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

Binding Requirements:

DESCRIPTION

Subject to Please provide payroll by class data for the prospective & historical terms, or at least total payroll for the prospective & historical terms

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION		
Total Premium includes TRIA Premium of \$2,408		
MECC must be notified of any aircraft changes occurring during the policy period.		
Premium	\$80,270.00	
ESTIMATED PROGRAM COST	\$80,270.00	
Minimum Premium -	\$72,243.00	
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED	

Subject to Audit: At Expiration

Auditable Exposures:

STATE	CLASS CODE	DESCRIPTION	EXPOSURE	RATE PER \$100
WA		Estimated Annual Worker Hours	1,655,045	0.0485





Coverage:Excess Workers Compensation - Split Retention OptionCarrier:Midwest Employers Casualty CompanyPolicy Period:1/1/2022 to 1/1/2023

Coverage:

DESCRIPTION	LIMIT TYPE	AMOUNT
Specific Limit		Statutory
Employers Liability Limit	Limit	\$1,000,000

Deductibles / Self-Insured Retention

ТҮРЕ	COVERAGE	AMOUNT
Retention	Specific Retention	\$500,000
Retention	Specific Retention - 6905 WA	\$750,000
Retention	Specific Retention - 6906 WA	\$750,000
Retention	Employers Liability Retention	See Specific
Retention	Aircraft Per Employee Retention Surcharge	\$750,000

Experience Modification Factor(s):

DESCRIPTION	FACTOR
WA	1

States:

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

Endorsements include, but are not limited to:

DESCRIPTION
Amendment to Schedule Item 6 - CMB-6-CLS (8-13)
Amendment to Schedule Item 11 - CMB-11 (8-13)
Foreign - CMB-160 (8-13)
Policyholder Disclosure Notice of Terrorism Insurance - CMB-199 (1-20)
Aircraft Per Employee Retention Surcharge - \$750,000 - ISI-251 (8-13)
Authorized Volunteers - ISI-260 (8-13)
Voluntary Compensation - ISI-261 (8-13)
Endemic Disease and Repatriation - ISI-266 (8-13)
Jones Act - ISI-280 (8-13)





Endorsements include, but are not limited to:

DESCRIPTION	
Washington - ISI-WA (8-13)	
Exclusions include, but are not limited to:	

Longshore & Harbor Workers' Act

Owners or Officers

Bodily Injury to an Employee While Employed in Violation of Law

Bodily Injury Intentionally Caused by Insured

Federal Employers' Liability Act

Assumptions under Contract

Binding Requirements:

DESCRIPTION

Subject to Please provide payroll by class data for the prospective & historical terms, or at least total payroll for the prospective & historical terms

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION	
Estimated Premium Includes Terrorism Premium of \$2,776	
MECC must be notified of any aircraft changes occurring during the policy period.	
Premium	\$92,517.00
ESTIMATED PROGRAM COST	\$92,517.00
Minimum Premium -	\$83,265.00
TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable)	INCLUDED

Subject to Audit: At Expiration

Auditable Exposures:

STATE	CLASS CODE	DESCRIPTION	EXPOSURE	RATE PER \$100
WA		Estimated Annual Worker Hours	1,655,045 - Annual Worker Hours	0.0559





Premium Summary

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

LINE OF COVERAGE		EXPIRING PROGRAM ESTIMATED COST	PROPOSED PROGRAM(S)	
		Midwest Employers Casualty Company (W. R. Berkley Group)	Midwest Employers Casualty Company (W. R. Berkley Group) \$750k Retention All Claims	Midwest Employers Casualty Company (W. R. Berkley Group) Split Retention Option
Excess Workers Compensation	Premium	\$50,020.00	\$80,270.00	\$92,517.00
	Total Fees	-	-	-
	Estimated Cost	\$50,020.00	\$80,270.00	\$92,517.00
	Annualized Cost	-	-	-
	TRIA Premium	Included	Included	Included
Broker Fee		\$6,286.00	\$6,537.00	\$6,537.00
Total Estimated Program Cost		\$56,306.00	\$86,807.00	\$99,054.00

Quote from Midwest Employers Casualty Company (W. R. Berkley Group) is valid until 1/14/2022 Quote from Midwest Employers Casualty Company (W. R. Berkley Group) is valid until 1/14/2022 Premiums are due and payable as billed and may be financed, subject to acceptance by an approved finance company. Following acceptance, completion (and signature) of a premium finance agreement with the specified down payment is required. Note: Unless prohibited by law, Gallagher may earn compensation for this optional value-added service.

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

Excess Workers Compensation - \$750k Retention All Claims

Excess Workers Compensation - Split Retention Option

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
Midwest Employers Casualty Company (W. R. Berkley Group)	Excess Workers Compensation - \$750k Retention All Claims	Total Deposit Due: \$80,270	Agency Bill
Midwest Employers Casualty Company (W. R. Berkley Group)	Excess Workers Compensation - Split Retention Option	Total Deposit Due \$92,517	Agency Bill





Carrier Ratings and Admitted Status

PROPOSED INSURANCE COMPANIES	A.M. BEST'S RATING & FINANCIAL SIZE CATEGORY *	ADMITTED/NON-ADMITTED **
Midwest Employers Casualty Company	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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A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. Best's Credit Ratings[™] are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings[™] and Guide to Best's Credit Ratings, visit the A.M. Best website at http://www.ambest.com/ratings.

**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 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





Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 11/22/2022, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	COVERAGE/CARRIER	
🗆 Accept 🙀 Reject	Excess Workers Compensation - \$750k Retention All Claims	
	Midwest Employers Casualty Company	
TRIA Cannot Be Rejected		
🖾 Accept 🗆 R e ject	Excess Workers Compensation - Split Retention Option	
	Midwest Employers Casualty Company	
TRIA Cannot Be Rejected		

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:

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.

Fee Agreement: In lieu of commission received by Gallagher for the Workers' Compensation policy term reflected herein, effective: 1/1/2022-23, and the two Storage Tank Pollution Liability policies effective 3/8/2022-23, Gallagher will receive a fee of: **\$6,537.00** for:

R Placement of Insurance Coverage

This fee IS NOT refundable, is fully earned by signing below, and is due and payable within thirty (30) days of such signing. Any placements that require the payment of additional state or federal taxes and/or fees are the client's responsibility.





By accepting this fee agreement, we agree and understand that it reflects services to be provided that have been discussed with and fully disclosed to us, and the above fee is consistent with our understanding. This agreement and any disputes that arise out of this fee agreement shall be governed by the laws of the state of Illinois.

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.

Print Name (Specify Title) Whatcom County Company DocuSigned by:	
Company DocuSigned by:	
Satpal Sidlu	
Signature	
Date:	





Appendix





Bindable Quotations & Compensation Disclosure Schedule

Client Name: Whatcom County

COVERAGE(S)	CARRIER NAME(S)	WHOLESALER, MGA, OR INTERMEDIARY NAME ¹	EST. ANNUAL PREMIUM ²	COMM.% OR FEE ³	GALLAGHER U.S. OWNED WHOLESALER, MGA, OR INTERMEDIARY %
Excess Workers Compensation - \$750k Retention All Claims	Midwest Employers Casualty Company (W. R. Berkley Group)	N/A	\$80,270.00	0 %	
Excess Workers Compensation - Split Retention Option	Midwest Employers Casualty Company (W. R. Berkley Group)	N/A	\$92,517.00	0 %	
Excess Workers Compensation	Safety National Group (Safety National Group)	N/A		0 %	
Excess Workers Compensation	Arch Insurance Group (Arch Insurance Group)	N/A		0 %	
Excess Workers Compensation	Zurich Insurance Group Ltd	N/A		0 %	
Broker Fee				\$6,537.00	

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
Excess Workers Compensation - \$750k Retention All Claims Midwest Employers Casualty Company	Subject to Please provide payroll by class data for the prospective & historical terms, or at least total payroll for the prospective & historical terms
Excess Workers Compensation - Split Retention Option Midwest Employers Casualty CompanySubject to Please provide payroll by class data for the prospective & historical tal least total payroll for the prospective & historical terms	





Claims Reporting By Policy

Direct Reporting

Immediately report all claims for the following lines of coverage to the insurance carrier per your current Posting Notice.

Excess Workers' Compensation

Midwest Employers Casualty Company

