

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No. _____

| | |
|--|--------------------------------------|
| Originating Department: | Administrative Services |
| Division/Program: <i>(i.e. Dept. Division and Program)</i> | Human Resources (HR) |
| Contract or Grant Administrator: | Donnie LaPlante Associate HR Manager |
| Contractor's / Agency Name: | Midwest Employers Casualty |

Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes No
 Yes No If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____

Does contract require Council Approval? Yes No If No, include WCC: _____
 Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)

Is this a grant agreement? Yes No If yes, grantor agency contract number(s): _____ CFDA#: _____

Is this contract grant funded? Yes No If yes, Whatcom County grant contract number(s): _____

Is this contract the result of a RFP or Bid process? Yes No If yes, RFP and Bid number(s): AJGallagher conducted process Contract _____ 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:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Professional services agreement for certified/licensed professional. | <input type="checkbox"/> Goods and services provided due to an emergency |
| <input type="checkbox"/> Contract work is for less than \$100,000. | <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). |
| <input type="checkbox"/> Contract work is for less than 120 days. | <input type="checkbox"/> Work related subcontract less than \$25,000. |
| <input type="checkbox"/> Interlocal Agreement (between Governments). | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA. |

Contract Amount:(sum of original contract amount and any prior amendments):
 \$ 99,054
 This Amendment Amount:
 \$ _____
 Total Amended Amount:
 \$ _____

Council approval required for; all property leases, contracts or bid awards **exceeding \$40,000**, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, **except when:**

1. Exercising an option contained in a contract previously approved by the council.
2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
3. Bid or award is for supplies.
4. Equipment is included in Exhibit "B" of the Budget Ordinance.
5. 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.

Summary of Scope: _____

Stop loss protection for the self-insured workers' compensation program with Midwest Employers Casualty.

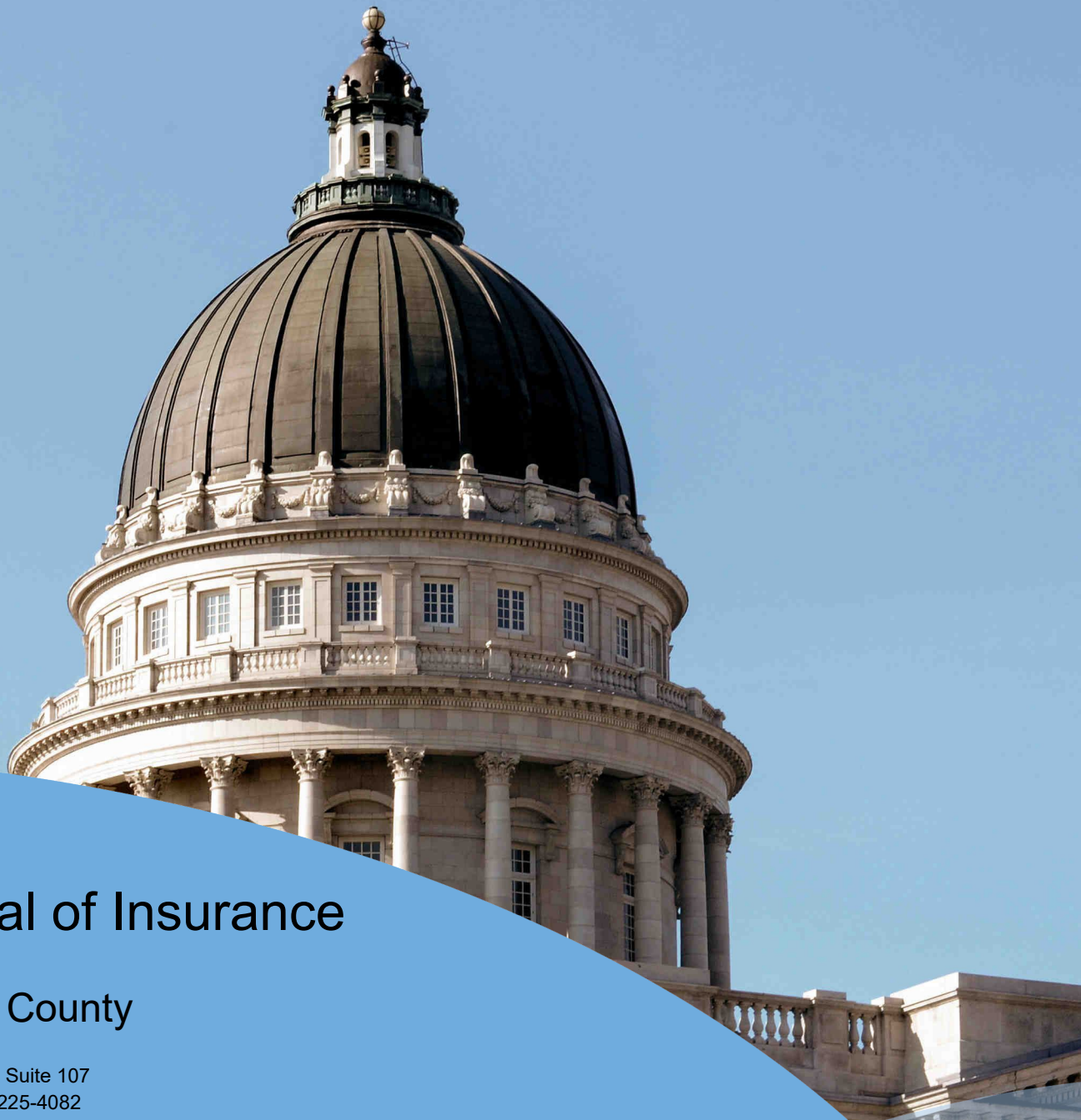
RECOMMENDED MOTION:

Request authorization for the County Executive to accept Midwest Employer Casualty renewal option 2 for insurance protection for the self-insured workers' compensation program for 2022.

Term of Contract: One year

Expiration Date: December 31, 2022

| | | |
|-------------------|---|-------------------------|
| Contract Routing: | 1. Prepared by: <u>Donnie LaPlante</u> | Date: <u>11/23/2021</u> |
| | 2. Attorney signoff: <u>George Roche</u> | Date: _____ |
| | 3. AS Finance reviewed: _____ | Date: _____ |
| | 4. IT reviewed (if IT related): <u>N/A</u> | Date: _____ |
| | 5. Contractor signed: <u>Proposal received from Arthur J. Gallagher</u> | Date: <u>11/23/2021</u> |
| | 6. Submitted to Exec.: _____ | Date: <u>11/23/2021</u> |
| | 7. Council approved (if necessary): _____ | Date: _____ |
| | 8. Executive signed: _____ | Date: _____ |
| | 9. Original to Council: _____ | Date: _____ |



Proposal of Insurance

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



ajg.com

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Gallagher

Insurance | Risk Management | Consulting

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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 / Change / Delete | Named Insured | Excess Workers Compensation - \$750k Retention All Claims | Excess Workers' Compensation |
|-----------------------------|----------------|---|---------------------------------|
| | Whatcom County | 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 |
|---|---|--|-------------|
| 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

| TYPE | 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 Option

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

| TYPE | 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:

| DESCRIPTION |
|---|
| 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 | PROPOSED PROGRAM(S) | |
|-------------------------------------|-----------------------|--------------------|--|--|
| | | ESTIMATED COST | Midwest Employers Casualty Company (W. R. Berkley Group) | Midwest Employers Casualty Company (W. R. Berkley Group) \$750k Retention All Claims |
| 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 |
|--|--|
| <input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject | Excess Workers Compensation - \$750k Retention All Claims |
| | Midwest Employers Casualty Company |
| <i>TRIA Cannot Be Rejected</i> | |
| <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject | Excess Workers Compensation - Split Retention Option |
| | Midwest Employers Casualty Company |
| <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:

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:

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.

By: Satpal Singh Sidhu, County Executive
Print Name (Specify Title)

Whatcom County
Company

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