

10/1/2025 - 2026 Proposal of Insurance

Prepared for:



City of Delray Beach 100 NW 1st Avenue Delray Beach, FL 33444

Presented by:
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Commercial Service Leader
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Stuart, FL 34994
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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.

About Us

At Relation Insurance Services, we specialize in helping businesses minimize financial risk; protect their assets and their future. Our insurance solutions combine deep expertise and customized solutions, using well-known, financially strong regional and national insurers at highly competitive prices. As one of the largest insurance agencies in the Southeast we have developed an understanding of the geographic market that you operate in, and robust national resources and carrier relationships.

Our mission at Relation is to deliver outstanding value to our clients and business partners. This is accomplished through a high level of expertise, advanced technology, experienced staff, operational flexibility and innovation.

- We are committed to a "Service First" approach and culture that delivers the right risk management and insurance solutions to our clients.
- We combine our industry and insurance expertise with a deep knowledge of the local and regional markets where our clients live and work.
- We approach each insurance challenge with the goal of lowering our clients' total cost of risk.
- We build and sustain a rewarding professional environment that preserves the expertise and culture of each of our agencies.

Relation is the right insurance agency for companies, organizations and individuals who want sophisticated insurance solutions delivered by experienced professionals that they know and trust. We promise to provide the best combination of coverage, service and price, and to deliver the most appropriate insurance solution to meet their needs. Why do so many businesses choose Relation Insurance? Because our local insurance experts know how to deliver the right coverage solutions along with risk management and loss control strategies designed to benefit your business, your employees, and your bottom-line.

We advocate on behalf of our clients to provide solutions that protect the people and things that matter most, so you can focus on what you do best.

The management team of Relation brings over 100 years of insurance expertise and innovation to our customers. Together, we are committed to creating a highly professional environment that preserves client relationships and supports the culture of our local agencies. Together with our equity partner, Aquiline Capital Partners, Relation will continue to build our company to bring quality insurance solutions to businesses, non-profits, municipalities and families throughout the U.S.

Office Location

700 Central Parkway Stuart, FL 34994 800-431-2221

Service Standards

Service

- Program Review, Carrier Contact and Service Team Client Visits.
- Same Day Certificates of Insurance
- Coverage changes confirmed in writing
- Extensive Policy and Coverage Review
- Provide assistance in review of indemnification and insurance requirement language in contracts and leases
- Serve as extension of your Risk Management Team

Claims

- 24 Hour Claim Contact
- In-house Claims Reporting, Review and Oversight

Loss Control

- Planning and on-site inspections
- On-Site Education/Training Programs
- On-Staff Experienced Loss Control Representative
- Experience Rating Modification Analysis

Loss Control & Claim Services

Safety Training

Hazard Communication
Emergency Evacuation
Fire Prevention/Extinguishers
Defensive Driving
Fall Protection-Ladders
Personal Protective Equipment
Hearing Protection
Lockout/Tagout
Heat Illness/Lightning Safety
Back & Lifting
Forklift/Bucket Trucks
Blood Borne Pathogens
CPR & AED

First Aid
Ergonomics
Slips, Trips & Falls
Confined Space Awareness
Dog & Insect Bites
Hand & Power Tools
Machine guarding
Trenching & Shoring Awareness
Customized Equipment
Asbestos Awareness
Kitchen & Knife Safety
Playground Supervision
Fleet Safety

HR Training

Drug & Alcohol Diversity Sexual Harassment Prevention Workplace Violence Wellness/Nutrition

<u>Other</u>

OSHA 10 & 30 Hour Certification Mod Master Analysis Facility Inspections Ergonomic Assessments Playground Inspections

Claim Services

Provide day to day support for claims adjusting, claimant contact and investigations

Manage payments & reserves

Maintain Legal and Medical Management strategy to control cost

Financial Reserving and reporting

Medical & legal settlement negotiations

Agency Personnel/Service Team

Tim McCreary President

Phone: (772) 919-8592

Email: tim.mccreary@relationinsurance.com

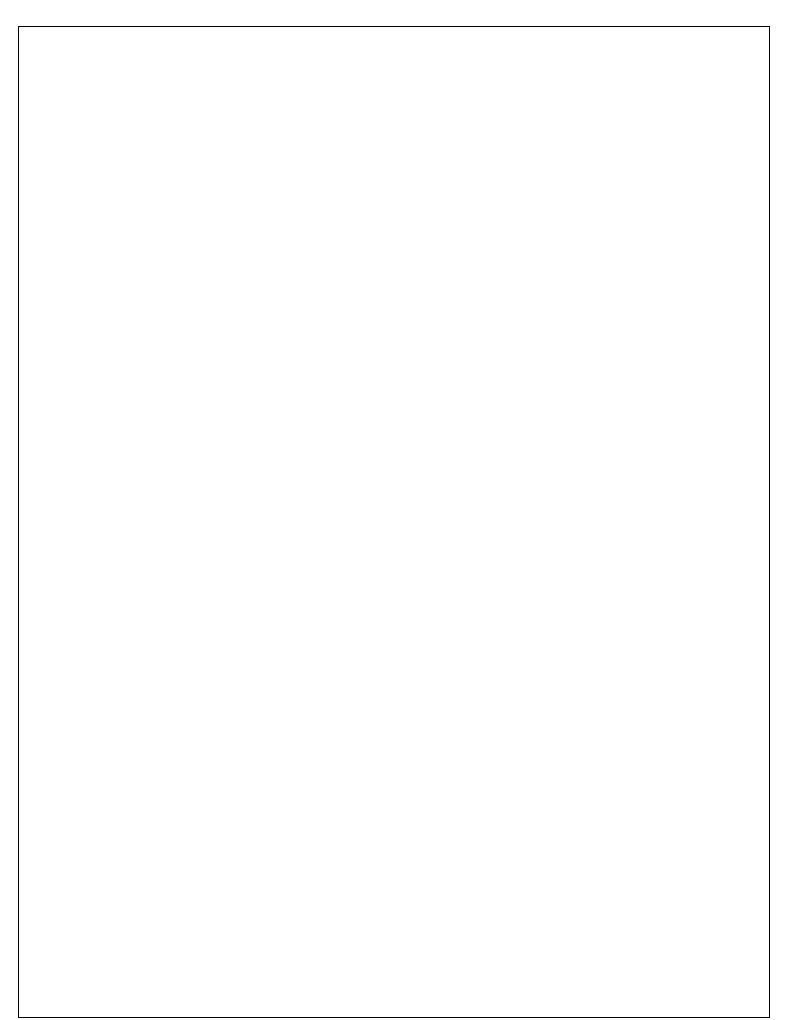
Marsha Hackathorn Commercial Service Leader Phone: (352) 565-7732

Email: marsha.hackathorn@relationinsurance.com

Cristina Robles Account Manager Phone: (772) 919-8560

Email: cristina.robles@relationinsurance.com







| Property Coverage | | |
|---|---------------|--|
| Coverage Description <u>Limit</u> <u>Deductible</u> | | |
| Blanket Value Building & Contents Limit, | \$282,793,639 | \$100,000 Per Occurrence - All other perils |
| per attached schedule | | 10% Per Occurrence - Named Storm, subject to minimum |
| | | of \$35,000 |
| Boiler & Machinery | \$100,000,000 | \$100,000 Per Occurrence |

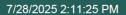
| Schedule of Sublimits- These limits do not increase any other applicable limit of liability. | | | |
|--|--|--|--|
| Coverage Description | overage Description <u>Limit</u> <u>Deductible</u> | | |
| Flood Limit – Per Occurrence | \$5,000,000 | \$100,000 Per Flood, except zones A,V excess of NFIP | |
| Excess of NFIP, whether purchased or not | | whether purchased or not | |
| Earth Movement Limit – Per Occurrence | \$5,000,000 | \$100,000 Per Occurrence | |
| Terrorism (Includes Inland Marine if applicable) | \$2,000,000 | \$100,000 Per Occurrence | |

| Extensions of Coverage- These limits do not increase any other applicable limit of liability | . Deductible per terms of the Coverage Agreement. |
|--|---|
| Coverage Description | <u>Limit</u> |
| Accounts Receivable | \$500,000 |
| Additional Expense | \$1,000,000 |
| Animals (annual aggregate limit) | \$40,000 |
| Business Income | \$1,000,000 |
| Buildings Under Construction | If shown on Property Schedule |
| Debris Removal- limit shown or 25% of loss, whichever is greater, per occ | \$250,000 or 25% of loss, whichever |
| | is greater, per occurrence |
| Demolition, Ordinance, and ICC | \$500,000 |
| Duty to Defend | Included |
| Errors and Omissions | \$250,000 |
| Expediting Expense | \$5,000 |
| Fire Department Charges | \$25,000 |
| Fungus Cleanup Expense (annual aggregate limit) | \$50,000 |
| Lawns, Plants, Trees and Shrubs | \$25,000 |
| Leasehold Interest | \$0 |
| New Locations | \$2,000,000 |
| Personal Property of Employees | \$50,000 |
| Pollution Cleanup Expense (annual aggregate limit) | \$50,000 |
| Preservation of Property | \$250,000 |
| Professional Fees | \$20,000 |
| Property at Miscellaneous Unnamed Locations | \$150,000 |
| Recertification | \$10,000 |
| Service Interruption Coverage | \$100,000 |
| Transit | \$250,000 |
| Vehicle Property Coverage | \$0 |

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.

FL License #L055432
PO Box 958455 Lake Mary, FL 32795 | 321.832.1450 | pgit org
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| Inland Marine Coverage | | |
|---|--------------|-----------------------|
| Coverage Description | <u>Limit</u> | <u>Deductible</u> |
| Blanket Unscheduled Inland Marine (subject to \$25,000 any one item, excludes Watercraft) | \$1,000,000 | Per attached schedule |
| Scheduled Inland Marine | \$5,857,279 | Per attached schedule |
| Total All Inland Marine | \$6,857,279 | Per attached schedule |

| | Crime Coverage | je | |
|---|----------------|-------------------|--|
| Coverage Description | <u>Limit</u> | <u>Deductible</u> | |
| Forgery and Alteration | \$500,000 | \$1,000 | |
| Theft, Disappearance or Destruction | \$100,000 | \$1,000 | |
| Computer Fraud including Funds Transfer Fraud | \$500,000 | \$1,000 | |
| Employee Dishonesty, Including faithful | \$500,000 | \$1,000 | |
| performance, per loss | | | |

| Deadly Weapon Protection (Claims Made) | | |
|---|--------------------|-------------------|
| Coverage Description | <u>Limit</u> | <u>Deductible</u> |
| Third Party Liability Coverage | \$1,000,000 | \$0 |
| Crisis Management Services | Included | |
| Counseling Services | \$250,000 sublimit | |
| Funeral Expenses | \$250,000 sublimit | |
| Retro Date: 10/01/2024 | | |
| Coverage Highlights: Broad definition of Deadly Weapon Event, 24 hour Crisis Response Team Services | | |
| Claims expenses are inside the limit of liability. Automatic Extended Reporting Period is 60 days. | | |



| Public Officials Liability Coverage (Occurrence) | | |
|--|-------------------|------------------|
| Public Officials Liability Limit | <u>Deductible</u> | Retroactive Date |
| \$3,000,000 per claim | \$200,000 SIR | |
| Aggregate Limit: N/A | | |
| Total Payroll: \$85,189,892 | | |
| Supplementary Payments: Pre-termination \$2,500 per employee/ \$5,000 annual aggregate Non Monetary: \$100,000 Aggregate | | |

| Employment Practices Liability Coverage (Occurrence) | | |
|--|-----------------------------|---|
| Employment Practices Liability Limit Deductible Retroactive Date | | |
| \$200,000 SIR | | |
| | | |
| | | |
| # PT Emp: 103 | #Volunteers: 0 | • |
| | Deductible \$200,000 SIR | Deductible Retroactive Date \$200,000 SIR |

| Cyber Liability (Claims Made) | | |
|---|--|--|
| Coverage Description | <u>Limit</u> | <u>Deductible</u> |
| Policy Limit | \$2,000,000 annual agg | Applies per below |
| Third Party Liability Coverage: Privacy & Security Liability Media Content Services Liability PCI DSS | \$2,000,000 each claim \$2,000,000 each claim \$1,000,000 sublimit | \$25,000 \$25,000 \$25,000 |
| First Party Liability Coverage: | \$500,000 each claim \$2,000,000 each claim \$2,000,000 each claim \$2,000,000 each claim \$350,000 Agg - see form for sublimits \$350,000 Agg - see form for sublimits \$1,000,000 sublimit \$2,000,000 sublimit \$2,000,000 sublimit Included in above sublimit \$2,000,000 sublimit | \$25,000 \$25,000 \$25,000 \$25,000 /Waiting Period:12 Hrs \$25,000 \$25,000 \$25,000 /Waiting Period:12 Hrs \$25,000 /Waiting Period:12 Hrs \$25,000 /Waiting Period:12 Hrs \$25,000 /Waiting Period:12 Hrs \$25,000 /Waiting Period:12 Hrs |

Voluntary Notification endorsement is included, see coverage form for all limits and sublimits.



| General Liability Coverage (Occurrence Form) | | |
|---|---|--|
| Coverage Description | Limit | |
| Bodily Injury and Property Damage Limit | \$3,000,000 | |
| Personal and Advertising Injury | Included | |
| Products & Completed Operations Limit | Included | |
| Employee Benefits Liability Limit, per person | \$3,000,000 | |
| Herbicide & Pesticide Aggregate Limit | \$1,000,000 | |
| Medical Payments Limit | N/A | |
| Fire Damage | Included | |
| Sewer Backup and Water Damage Limit | \$10,000 no fault /\$200,000 at fault; subject to \$200,000 | |
| | aggregate | |
| PGIT MN-203 Part B Limit | \$300,000 | |
| (Bert Harris, Inverse Condemnation, Takings claims; See | | |
| Form for specifics) | | |
| General Liability Deductible: | \$200,000 SIR | |
| Rating Basis | | |
| Ratable Payroll: | \$64,169,327 | |

| Unmanned Aircraft | | |
|---|--------------|-------------------|
| Coverage is limited, see specimen form for policy details | | |
| Coverage Description | <u>Limit</u> | <u>Deductible</u> |
| Unmanned Aircraft | N/A | N/A |

| Law Enforcement Liability Coverage (Occurrence Form) | | |
|--|--|-------------------|
| Coverage Description | <u>Limit</u> | <u>Deductible</u> |
| Law Enforcement Liability | \$3,000,000 Per Person \$3,000,000 Per Occurrence | \$200,000 SIR |
| Rating Basis Full Time Officers: 177 | Part Time Officers: | Vol Officers: |



| Excess Workers' Compensation Coverage | | |
|--|-----------------------------|--|
| Coverage Description | <u>Limit</u> | |
| Self Insured Retention: | \$500,000 | |
| Part I Workers' Compensation Limit: | Statutory | |
| Part II Employers Liability Limit: | | |
| Bodily Injury By Accident | \$1,000,000 Each Accident | |
| Bodily Injury By Disease | \$1,000,000 Agreement Limit | |
| Bodily Injury By Disease | \$1,000,000 Each Employee | |
| Estimated Payroll- Police & Fire | \$41,422,524 | |
| Estimated Payroll- All other Employees | \$43,767,368 | |

| Stop Loss Aggregate | | | | |
|---|------------------------------|-----------------------------------|--|--|
| Stop Loss Aggregate Limit: Applies to: (X) | | | | |
| ()Property | () General Liability | ()Public Officials Liability | | |
| () Windstorm/ Hailstorm | () Law Enforcement Liability | () Employment Practices Liability | | |
| () Flood | () Auto Liability | () Excess Workers Compensation | | |
| () Inland Marine | () Auto Physical Damage | () Workers Compensation | | |
| () Crime | () Garagekeepers | | | |



Named Covered Party: City of Delray Beach

Term: 10/01/2025 to 10/01/2026
Coverage Provided by: Preferred Governmental Insurance Trust
Quote Number: PX FL1 0502005 25-02 01

| | Automobile Coverage | | | | |
|---|---------------------|---|---|--|--|
| Coverage Symbol Limit Deductible | | | | | |
| Liability | 1 | \$3,000,000 | \$200,000 SIR | | |
| Personal Injury Protection | 5 | Statutory | \$0 | | |
| Added PIP | N/A | Not Included | N/A | | |
| Auto Medical Payments | N/A | N/A | N/A | | |
| Uninsured/ Underinsured Motorist | N/A | N/A | N/A | | |
| Physical Damage Comprehensive Coverage | 2, 8 | Actual cash value or cost of repair, whichever is less, minus deductible. Hired Comprehensive limit: \$500,000 | Per attached schedule Hired deductible: \$100,000 | | |
| Physical Damage Collision Coverage | 2, 8 | Actual cash value or cost of repair, whichever is less, minus deductible. Hired Collision limit: \$500,000 | Per attached schedule Hired deductible: \$100,000 | | |
| Garagekeepers Comprehensive Coverage | N/A | Actual cash value or cost of repair, whichever is less, minus deductible, for each covered auto per attached locations schedule, but no deductible applies to loss caused by fire or lightning. | | | |
| Garagekeepers Collision Coverage | N/A | Actual cash value or cost of repair, whichever is less, minus deductible, for each covered auto per attached locations schedule. | N/A | | |

| Autor | Automobile Symbols | | | | |
|--------|--|--|--|--|--|
| 1 | Any "Auto" | | | | |
| 2 | Owned "Autos" only | | | | |
| 3 | Owned private passenger "Autos" only | | | | |
| 4 | Owned "Autos" other than private passenger "Autos" only | | | | |
| 5 | Owned "Autos" subject to No-Fault | | | | |
| 6 | Owned "Autos" subject to a Compulsory Uninsured Motorist Law | | | | |
| 7 | Scheduled "Autos" only | | | | |
| 8 | Hired "Autos" only | | | | |
| 9 | Non-owned "Autos" only | | | | |
| 30 | "Autos" left with you for service, repair, storage, or safekeeping. | | | | |
| * Thes | * These are abbreviated descriptions. A full description of symbols is included in the coverage agreements | | | | |

Symbol 10 comp & collision: N/A

Symbol 10 liability: N/A

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Named Covered Party: City of Delray Beach Term: 10/01/2025 to 10/01/2026

Coverage Provided by: Preferred Governmental Insurance Trust

Quote Number: PX FL1 0502005 25-02 01

Total Premium Due

\$2,545,319

Pay Term: Quarterly

IMPORTANT NOTE

Defense Costs- Outside of the limit, does not erode the limit for General Liability, Law Enforcement Liability, Public Officials Liability, and Employment Practices Liability.

Deductible does not apply to defense costs. Self Insured Retention does apply to defense cost.

QUOTATION TERMS & CONDITIONS INCLUDING BUT NOT LIMITED TO:

- 1. Please review the quote carefully, as coverage terms and conditions may not encompass all requested coverages indicated on the application.
- 2. The Coverage Agreement shall be 25% minimum earned as of the first day of the "Coverage Period".
- 3. Premium is late if not paid within 30 days of due date, unless otherwise stated.
- Deletion of any line of coverage presented, Package and/or Workers Compensation, may result in re-pricing of account.
- 5. The Preferred Property program is a shared limit. The limits purchased are a per occurrence limit and in the event an occurrence exhausts the limit purchased by Preferred on behalf of the members, payment to you for a covered loss will be reduced pro-rata based on the amounts of covered loss by all members affected by the occurrence.
- 6. Coverage is not bound until confirmation is received from an authorized representative of Public Risk Underwriters.

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Named Covered Party: City of Delray Beach
Term: 10/01/2025 to 10/01/2026
Coverage Provided by: Preferred Governmental Insurance Trust
Quote Number: PX FL1 0502005 25-02 01

ADDITIONAL TERMS & CONDITIONS

| ☐ Initialed and signed Preferred Application within 30 days of effective date of covergage |
|---|
| □ Initialed and signed POL/EPLI application within 30 days of effective date of coverage |
| □ Receipt of signed Signature Page form within 30 days of effective date of coverage |
| ☐ Receipt of signed SIR Signature Page form within 30 days of effective date of coverage |
| ☐ Receipt of signed UM form within 30 days of effective date of coverage |
| |
| □ Self Insured Retention/TPA: a)TPA Fees are not included in this Quote. b) State of Florida WC Taxes are not included in the Quote |
| □ c) if TPA other than PGCS, First dollar TPA losses Required on a quarterly basis. d) You agree to submit to us on a quarterly basis |
| loss data per the TPA agreement which must be mailed to erichie@publicrisk.com by the 15th day after the quarter end |
| □ During the proposed Coverage Agreement period, we will not charge additional premium for a single location or total site locations |
| acquired or newly constructed during the year with values less than \$15,000,000 |
| □ If the newly added location was owned or acquired prior to the inception date of the Coverage Agreement then additional annual |
| premium will be invoiced by endorsement. |
| □ Inland Marine Named Storm Deductible: 10% per Occurrence per Covered Equipment/Item subject to \$35,000 minimum per |
| Occurrence. For any Blanket coverage listed on the applicable Inland Marine Schedule, the Deductible shall be calculated based upon |
| the total Insured Value, not on the per item value. For individually scheduled inland marine items, the deductible is calculated based upon |
| the scheduled value of the item. |



| PREMIUM BREAKDOWN | | | | |
|---|-------------|--|--|--|
| Property | \$1,608,568 | | | |
| Inland Marine | \$19,336 | | | |
| Crime | \$3,107 | | | |
| General Liability (Includes Drone coverage if applicable) | \$101,590 | | | |
| Law Enforcement Liability | \$173,611 | | | |
| Public Officials and Employment Practices Liability | \$126,637 | | | |
| Cyber | \$24,581 | | | |
| Automobile Liability | \$137,823 | | | |
| Automobile Physical Damage | \$37,012 | | | |
| Garage Keepers | N/A | | | |
| Excess Workers Compensation | \$313,054 | | | |
| Stop Loss Aggregate | N/A | | | |
| Deadly Weapon | \$0 | | | |
| Grand Total | \$2,545,319 | | | |
| Commission | 0.00% | | | |
| Payment Terms | Quarterly | | | |

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Pollution Liability



ALLIED WORLD ASSURANCE COMPANY (U.S.), INC.

3424 Peachtree Road NE, Suite 550 T: 678-704-8400 Atlanta, GA 30326 F: 678-704-8401 USA

| | | Account #: | 1627788 |
|-----|---|------------|---------|
| Re: | City of Delray Beach - Scheduled Location Pollution Legal Liability | | |

QUOTATION

| Insured: | City of Delray Beach |
|----------|------------------------|
| Address: | 100 NW 1st Avenue |
| | Delray Beach, FL 33444 |

| Insured Location Name | Insured Location Address |
|-----------------------|---|
| | All real property owned, leased, rented or occupied by the first named insured identified in Item 1 of the Declarations as of 10/01/2025 including but not limited to waste water treatment plants and associated sewer lines, water treatment plants and associated distribution lines, potable water wells, lift or pump stations, parks, civic or community centers, land, easements for utility lines, roadways or bridges, maintenance garages, libraries, police and fire stations or other government buildings. |

Coverages

The following Coverages may be offered: Pre-existing Conditions Coverage New Conditions Coverage Blanket Non-Owned Site Coverage

- Blanket Transportation Coverage
- **Business Interruption Coverage**

| Option | Coverages | | Coverage Section Aggregate Limit | Policy Aggregate Limit | Deductible | Policy Term | Premium |
|--------|-----------|-------------|---|------------------------------|------------|----------------|-------------|
| 1 | 2-4 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$25,000 | 1 yr. | \$21,535.00 |

Note: For multi-year policies a single aggregate limit applies to the entire policy term. Limits are not reinstated.

| Insurer: | Allied World Assurance Company (U.S.), Inc. (Non-admitted) | |
|-------------------|--|--|
| Policy Form: | ENV-SPL2 00003 00 (09/14) | |
| Premium Due Date: | 30 days from effective date of policy | |
| Premium | See Options Above | |
| | | |
| Retroactive Date: | 04/01/2009 | |

ALLIED WORLD ASSURANCE COMPANY (U.S.), INC.

| Quote Expiration Date: | 09/03/2025 |
|------------------------|---|
| TRIA Amount: | 1% Additional Premium – Based on the Coverage Option selected above |

Subjectivities:
Quotation is subject to Insurer's receipt, review and acceptance of:

1. Completed and Signed TRIA Disclosure Statement

Carrier Rating

A.M. BEST FINANCIAL STRENGTH RATING

Best's Rating consists of Rating Classification and Financial Size Category. The Rating Classification assesses Company's overall performance and ability to meet its respective policyholder and other contractual obligations. The Rating Classifications are shown below:

| Rating Classification | Ability | "Not Assigned" Classification | Explanations |
|--------------------------|-------------------|-------------------------------------|-----------------------------------|
| A++, A+ | Superior | NA - 1 | Special Data Filing |
| A, A- | Excellent | NA – 2 | Less than Minimum Size |
| B++, B+ | Very Good | NA – 3 | Insufficient Operating Experience |
| B, B- | Adequate | NA – 4 | Rating Procedure Inapplicable |
| C++, C+ | Fair | NA – 5 | Significant Change |
| C, C- | Marginal | NA – 6 | Reinsurance by Unrated Reinsurer |
| D | Very Vulnerable | NA – 8 | Incomplete Financial Information |
| E | State Supervision | NA – 9 | Company Request |
| F | In Liquidation | NA - 11 | Rating Suspended |

The Financial Size Category of Best's Rating examines the Company's financial strength. The financial Size Category accounts for the Company's equity, or Policyholder Surplus available to meet policy holder obligations. The categories are as follows:

| Class | Range in 000's | Class | Range in 000'S |
|-------|--------------------|-------|------------------------|
| I | Up to 1,000 | IX | 250,000 to 500,000 |
| II | 1,000 to 2,000 | X | 500,000 to 750,000 |
| III | 2,000 to 5,000 | XI | 750,000 to 1,000,000 |
| IV | 5,000 to 10,000 | XII | 1,000,000 to 1,250,000 |
| V | 10,000 to 25,000 | XIII | 1,250,000 to 1,500,000 |
| VI | 25,000 to 50,000 | XIV | 1,500,000 to 2,000,000 |
| VII | 50,000 to 100,000 | XV | 2,000,000+ |
| VIII | 100,000 to 250,000 | | |

Premium Summary

| CITY OF DELRAY BEACH PREMIUM SUMMARY | | | | | |
|--|----------------|----------------|--|--|--|
| Coverage | 10/1/2024-2025 | 10/1/2025-2026 | | | |
| General Liability/Employee Benefits Liability | \$ 88,881 | \$ 101,590 | | | |
| Public Official/Employment Practice Liability | \$ 119,998 | \$ 126,637 | | | |
| Law Enforcement Liability | \$ 162,568 | \$ 173,611 | | | |
| Cyber Liability | \$ 22,354 | \$ 24,581 | | | |
| Auto Liability | \$ 146,553 | \$ 137,823 | | | |
| Auto Physical Damage | \$ 35,886 | \$ 37,012 | | | |
| Workers Compensation | \$ 283,585 | \$ 313,054 | | | |
| Property- Blanket/Agreed Amount (10% Named Storm Deductible) | \$ 1,564,030 | \$ 1,608,568 | | | |
| Mobile Equipment | \$ 18,191 | \$ 19,336 | | | |
| Equipment Breakdown | Included | Included | | | |
| Crime: | \$ 3,107 | \$ 3,107 | | | |
| PGIT TOTAL: | \$ 2,445,153 | \$ 2,545,319 | | | |
| Pollution Liability (Carrier: Allied World) | \$ 21,117 | \$21,750.35 | | | |
| **GRAND TOTALS: | \$ 2,466,270 | \$2,567,069.35 | | | |

^{**} RELATION SERVICE FEE OF \$44,000 IS IN ADDITION TO THE ABOVE PREMIUMS