



To: David Basham From: Carrie Lepore  
Company: Willis of Georgia, Inc. Date: 3/26/2019  
Tel: 678.427.4774 Tel: 678-551-0872  
e-mail: David.Basham@WillisTowersWatson.com e-mail: Carrie.Lepore@chubb.com  
Re: Excess Quote Pages including cover: 10  
Licensed  
Producer: Sou Ford

Account: City of Blue Ridge  
Insured Address: 480 West First Street  
Blue Ridge, GA 30513  
Line of Coverage: Excess Liability Insurance Policy  
Type of Submission: New  
Insuring Company: ACE American Insurance Company  
Effective Date: TBD  
Expiration Date: TBD

Dear David:

I am pleased to offer the attached quotation for **City of Blue Ridge**. The commission payable for placement of this business is 15.00%.

Thank you for considering the Chubb USA Companies as your market of choice. We look forward to working with you. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Carrie Lepore  
Executive Underwriter  
Chubb – NA Financial Lines

The Insurer hereby quotes the coverage described below. However, any obligations the Insurer may have under this Quotation are conditioned upon each of the following conditions having first been met:

1. The Applicant has submitted to the Insurer the following documents, and the Insurer has received such documents prior to binding:
  - a. Current loss runs; and
  - b. Properly executed warranty letter.
2. If coverage is subsequently bound by the Insurer, the Applicant has remitted the premium specified below to the Insurer so that the Insurer receives the premium no later than close of business on the 30th day from the date of the binder or the Effective Date of the policy, whichever is later.

**LIMIT AND PREMIUM :**

***Excess Liability:***

Aggregate Limit of Liability	Excess of (and underlying SIR)	Total Premium Due
\$1,000,000	\$250,000 (\$10,000)	\$4,637
\$2,000,000	\$250,000 (\$10,000)	\$7,544
\$3,000,000	\$250,000 (\$10,000)	\$9,959

**PLEASE NOTE THE FOLLOWING:**

- The Terrorism Risk Insurance Act of 2002, and subsequently amended (“TRIA”) does not apply to the coverages provided by this policy. Accordingly, no premium assessment has been made for TRIA.

**Schedule of Underlying Policies:**

Insurer	Policy Number	Limits	Policy Period
AIG	01-381-75-10	\$250,000	5/1/2019 - 5/1/2020

Policy Form Number: Dec. Page - PF-35100 (03/12); Policy - PF-35101 (03/12)

Prior Or Pending Proceeding Date: Policy Inception

Discovery Period Premium: 100% of the Policy Premium

**The following Endorsements will be added to the basic contract(s):**

	Endorsement Title	Additional Information (if applicable)	Number
1.	Signatures		CC-1K11i (02/18)
2.	GA State Amendatory Endorsement		PF-48284(02/17)
3.	Waiver of Application	GIRMA / Cyber Liability App / 3/4/2019	PF-16284 (05/04)
4.	False Claims Act Exclusion		PF-38981 (01/13)
5.	Trade or Economic Sanctions Endorsement		PF-46422 (07/15)
6.	Manuscript – pending legal language	Limits our exposure to the Named Insured ONLY for limits in excess of the \$250K limit the Named Insured carries	Pending legal

**Policy Addendums:**

U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders	PF-17914a (04/16)
Chubb Producer Compensation Practices & Policies	ALL-20887a (03/16)
US Foreign Account Tax Compliance Act ("FATCA")	ALL-42490 (03/14)

**This quotation remains valid until: 5/1/2019.**

Please read this quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this quotation are not included. The terms and conditions of this quotation supersede the submitted insurance specifications and all prior quotes and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

If between the date of this Quotation and the Effective Date of the Policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this Quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed Application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage may, in the underwriter's sole discretion, be declared void ab initio ("from the beginning").

If the completed Application and any other information requested by the underwriter herein is not received, reviewed and accepted by the underwriter within thirty (30) days, the underwriter, in its sole discretion, may declare the insurance coverage void ab initio, or modify the terms and conditions of the Policy, and/or cancel coverage, pursuant to the terms of the Policy.

Note: If the Insuring Company noted above is either Westchester Surplus Lines Insurance Company or Illinois Union Insurance Company, then this insurance is issued pursuant to the state Surplus Lines laws that the Insured is domiciled. Persons insured by Surplus Lines carriers do not have the protection of the above captioned state's Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. For purposes of surplus lines compliance, we require the producer to confirm, upon the binding of this placement, the insured's "home state" as defined in the Non-admitted and Reinsurance Reform Act of 2010 (NRRA). If the state set forth in "Insured Address" in this quote is the insured's "home state," then no action is required. However, if the insured's "home state" is other than that set forth in "Insured Address," then you must notify us in writing prior to placement of the correct "home state" of the insured.

**Any applicable taxes, surcharges or countersignature fees, etc., are in addition to the above quoted figures. Your office is responsible for making State Surplus Lines Filings and complying with all applicable laws.**

Sincerely,



Carrie Lepore  
Executive Underwriter  
Chubb – NA Financial Lines

**Chubb. Insured.<sup>SM</sup>**

## Premium Surcharges

If the issuing company indicated on the indication/quotation/binder is either ACE American Insurance Company or Westchester Fire Insurance Company, the following surcharges will apply in addition to the premium. Some exemptions apply. Premium surcharges are subject to change at the anniversary dates of multiyear policies paid in annual installments. Collection and remittance of premium surcharges for surplus lines policies, if applicable, are the responsibility of the surplus lines broker.

### **Kentucky Insureds**

- Premium Surcharge 1.8%
- Local Government Premium Tax Varies by municipality

### **New Jersey Insureds**

- NJ Property-Liability Insurance Guaranty Association 0.6%

### **West Virginia Insureds**

- Premium Surcharge 0.55%

### **All Other Insureds**

There are currently no premium surcharges in your state for this line of business. This is subject to change at the anniversary dates of multiyear policies paid in annual installments

## TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period <b>to</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This insurance does not apply to the extent that trade or economic sanctions or similar laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of policy remain unchanged.

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Authorized Representative

**U.S. Treasury Department's  
Office  
Of Foreign Assets Control  
("OFAC")  
Advisory Notice to Policyholders**

This Policyholder Notice shall not be construed as part of your policy and no coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



## **Chubb Producer Compensation Practices & Policies**

Chubb believes that policyholders should have access to information about Chubb's practices and policies related to the payment of compensation to brokers and independent agents. You can obtain that information by accessing our website at <http://www.aceproducercompensation.com> or by calling the following toll-free telephone number: 1-866-512-2862.

CHUBB®

**U.S. FOREIGN ACCOUNT  
TAX COMPLIANCE ACT (“FATCA”)**

The U.S. Foreign Account Tax Compliance Act, commonly known as “FATCA”, became the law in the U.S. in March of 2010 and becomes effective July 1, 2014. Pursuant to FATCA, brokers, producers, agents and/or clients may need to obtain withholding certificates from insurance companies. For information on how to obtain the applicable withholding certificate from CHUBB U.S. insurance companies, please go to the following web site:

<http://www.acegroup.com/us-en/businesses/foreign-account-tax-compliance-act-fatca.aspx>



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			<b>to</b>
Issued By (Name of Insurance Company)			

**False Claims Act Exclusion**

It is agreed that Exclusions section of the **Policy** is amended by adding the following additional exclusion:

- alleging, based upon, arising out of, or attributable to, or directly or indirectly resulting from the False Claims Act (31 U.S.C. §§ 3729-3733), or any similar provision of any federal, state, local or foreign law, or any amendments thereto;

All other terms and conditions of this **Policy** remain unchanged.

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Authorized Representative

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective
			to
Issued By (Name of Insurance Company)			

**Waiver of Application Endorsement**

In consideration of the premium paid, it is agreed that the policy is amended by adding the following to Section V, **General Conditions**, as follows:

- Any and all references to an application in this policy shall include the application or proposal described below. The Insurer has relied upon all statements, warranties and other information and documents contained in or submitted with such other application or proposal as if they were submitted directly to the Insurer using its own application form.

Type of Application/Proposal: \_\_\_\_\_

Carrier: \_\_\_\_\_

Date Signed: \_\_\_\_\_

All other terms and conditions remain unchanged.

\_\_\_\_\_  
Authorized Representative

*For use with Excess Liability Insurance Policy*

\_\_\_\_\_  
Authorized Representative