

Premium Recapitulation

Page 1 of 2

	<u>Annual Premium</u>	<u>Check Option</u>	
		<u>Accept</u>	<u>Reject</u>
<i>Preferred Package</i>			
Property including Equipment Breakdown	\$1,067,170.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inland Marine	\$13,710.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Liability	\$102,174.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deadly Weapon Protection*	Included		
Law Enforcement Liability	\$63,717.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Officials / Employment Practices Liability	\$112,250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cyber Liability	\$9,900.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automobile Liability	\$26,067.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automobile Physical Damage	\$41,436.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excess Workers Compensation	\$153,497.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stop Loss Aggregate	\$5,070.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Package Payment Plan:	Annual		

***Deadly Weapon Protection Coverage:** Any Event that occurs at a Location which has been specifically leased or loaned by the City to any other entity or individual to host a permitted event planned and ticketed for more than 15,000 attendees over the duration of the event, **MUST BE reported to AND APPROVED by Preferred PRIOR to event.** The Trust may, at their discretion, charge an additional premium and/or impose additional conditions specifically for that event.

All lines of coverage must be accepted in order to bind coverage with Preferred.

Premium Recapitulation
Page 2 of 2

	<u>Annual Premium</u>	<u>Check Option</u>	
		<u>Accept</u>	<u>Reject</u>
AD&D (2 year Prepaid policy)	\$8,537.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business Travel Accident (2 year Prepaid policy)	\$1,388.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Terrorism			
Premium	\$8,494.00		
Policy Fee	\$500.00		
Total Premium	\$8,994.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crime (Travelers – 3 year policy – Annual installment)	\$4,527.31	3rd installment	

I authorize Brown & Brown to request the underwriters to bind coverage on the items indicated above and acknowledge receipt of the Compensation and Financial Condition Disclosure(s) provided in this proposal.

(Signature)

(Name & Title)

(Date)

SIGN HERE

Statement Acknowledging That Coverage Has Been Placed With A Non-Admitted Carrier

At my direction, Risk Management Associates, Inc. has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. Additionally, I understand surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency.

I further understand the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

City of Marco Island
Named Insured

SIGN HERE

Signature of Insured's Authorized Representative

Date

Lloyds of London
Name of Excess and Surplus Lines Carrier

Terrorism
Type of Insurance

UTS2567482.24
Renewal of Policy Number

10/1/25 - 26
Effective/Expiration Date of Coverage

Florida
State



Named Covered Party: City of Marco Island

Term: 10/01/2025 to 10/01/2026

Coverage Provided by: Preferred Governmental Insurance Trust

Quote Number: PX FL1 0112900 25-20 01

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the Coverage Agreement. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability coverage agreements include Uninsured Motorist coverage at limits equal to the Bodily Injury limits in your coverage agreement unless you select a lower limit offered by the Trust or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your Coverage Agreement:

☒

a. I hereby reject Uninsured Motorist coverage.

☐

b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability Limits:
each person (enter limit if applicable):
each accident.

☐

c. I hereby select Uninsured Motorist coverage limits equal to my Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this Coverage Agreement will apply only to the extent of coverage (if any) which applies to that vehicle in this Coverage Agreement. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a Named Covered Party, covered family member, or covered resident of the Named Covered Party's household. This Coverage Agreement will not apply if you select the coverage available under any other Coverage Agreement issued to you or the Coverage Agreement of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your Coverage Agreement limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Coverage Agreement limits would automatically change during the Coverage Agreement term if you increase or decrease the number of autos covered under the Coverage Agreement.

☐

I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability Coverage Agreement and future renewals or replacements of such Coverage Agreement which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Trust or my agent know in writing.

Signature _____

Name _____

SIGN HERE

Title _____

Date _____

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.

Service is the heart of what we do

FL License #L055432
PO Box 958455 Lake Mary, FL 32795 | 321.832.1450 | pgit.org
Page 1



Signature Page

I hereby confirm that the limits/coverages as shown here, corresponding with the Coverage Agreement, are correct:

X	Property TIV: \$143,660,560 Building and Contents combined
X	Inland Marine Blanket Unscheduled IM: \$100,000 Scheduled Inland Marine: \$1,671,317 Total All Inland Marine: \$1,771,317
X	Property TRIA (Terrorism Risk Insurance Act) coverage
N/A	Crime
X	General Liability Ratable Payroll: \$16,706,386
X	Law Enforcement Liability Officers: 50
X	Professional Liability Employees: 293
X	Automobile 161 Units - Auto Liability 140 Units - Comprehensive 140 Units - Collision
X	Stop Loss Aggregate: Applies to: \$2M/\$2M/\$2M (Historical) Auto Liability Excess Workers Compensation General Liability (incl. Employee Benefits) Law Enforcement Liability Public Officials Liability Employment Practices Liability
X	Excess Workers' Compensation Payroll: \$20,732,767
N/A	I confirm that I have received a copy of Preferred's Current Interlocal Agreement (last amended October 1, 2004) and Amendment A (effective October 1, 2013).
N/A	I confirm having read and agreed to the terms as laid out in the attached Preferred Participation Agreement (which also requires a signature).

A signed copy of the following is also required where applicable: First Page of Preferred Application; Professional Liability Application; Uninsured Motorist Rejection/Election Form; SIR Signature Page.

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.

Named Covered Party: City of Marco Island
Term: 10/01/2025 to 10/01/2026
Coverage Provided by: Preferred Governmental Insurance Trust
Quote Number: PX FL1 0112900 25-20 01

Signature _____

Name _____

SIGN HERE

Title _____

Date _____

Coverage is provided by Preferred Governmental Insurance Trust

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.

Service is the heart of what we do