

LUCAS Approved

Crime

Kim Lester

From: Everette Arnold <elarnold@guilfordiac.com>
Sent: Wednesday, June 26, 2019 12:04 PM
To: Kim Lester (Kim.Lester@clevelandcounty.com)
Cc: Marcy Phillips
Subject: FW: Cleveland County - CCP0069253 Quote options needed
Attachments: Cleveland County - Optional quote \$300K.pdf; Cleveland County - Optional quote \$500K.pdf

\$3677

Kim,

I was able to get an alternate, low additional premium, quote for Crime. The Crime and Computer and Funds Transfer Fraud have a \$500,000.00 limit and \$5,000.00 Deductible (1% deductible is required). It is ONLY \$643.00 higher than the \$200,000.00 limit you purchase now.

I RECOMMEND the higher limit. TO secure th is higher limit I will need a statement on County letterhead signed by the Finance Director, or other, that there have been no known losses or knowledge of any pending losses under the Crime coverage. (See email below).

*

Need OK and letter.

 6/27/19

Everette

(p) 336-299-1339
(c) 336-580-5573

From: Meredith Tysor [mailto:Meredith.Tysor@assuredpartners.com]
Sent: Thursday, June 20, 2019 10:56 AM
To: Everette Arnold
Cc: Marcy Phillips
Subject: FW: Cleveland County - CCP0069253 Quote options needed

Everette,

Here are the quote options. Please see Vanessa's note. I know you said it in the email, but I guess she wants FIRM confirmation.

Meredith P. Tysor, AAI, CISR
Senior Account Executive
336-375-0600 Office
336-375-7004 Fax
336-217-9259 Direct Line
meredith.tysor@assuredpartners.com



Cleveland County
NORTH CAROLINA

CCP0069253

No claims reported

No known losses or knowledge of any pending losses on this Governmental Crime policy for Cleveland County, NC

 6/27/19

Date

6/27/19



A Proposal for

CLEVELAND COUNTY

C/O INSURANCE ADVISORY COMM
GREENSBORO, NC 27408

Proposed Term

07/01/2019 to 07/01/2020

Submitted to

ASSUREDPARTNERS OF NORTH CAROL
PO BOX 14946
GREENSBORO, NC 274154946

Original Proposal Release Date

06/19/2019

This Proposal is provided by

DALE DYSON - CRIME UNDERWRITER
DALE.DYSON@ZURICHNA.COM
410-559-8829
EXPIRING POLICY #CCP0069253 03

This is a proposal for insurance coverage and is not an insurance policy. Any coverage description shown in this proposal may be an abbreviated title and does not indicate insurance policy language. Only the Insurance policy itself provides coverage. This proposal is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal and the actual insurance policy, the insurance policy will prevail and supersede this proposal. This proposal describes the coverages, terms and conditions offered by the Company. Please review them carefully as they may differ from the expiring program or from the specifications requested in the submission.



Important Notes

Throughout this document the terms "the Company", "the Insured" and "the Producer" are used. These terms refer to the following entities:

The Company:

Zurich American Insurance Company, American Guarantee and Liability Insurance Company, American Zurich Insurance Company and/or Zurich American Insurance Company of Illinois.

The Insured:

CLEVELAND COUNTY

The Producer:

ASSUREDPARTNERS OF NORTH CAROL

This proposal is valid from 06/19/2019 or until 07/19/2019

The program structure and pricing components were designed using data provided by the Producer. Any errors, omissions or alterations to the Producer specifications may result in a change or withdrawal of this proposal or confirmation.

No changes to the terms, conditions or pricing reflected in this document may be made without written authorization from the Company.

This proposal is presented to the Insured with the understanding that neither Zurich nor any of its subsidiaries, affiliates, or employees, offer, or purport to offer, advice to the Insured concerning the proper financial, accounting, or tax treatment for the policy(ies) of insurance referenced herein and nothing herein should be considered to constitute such advice. If accounting advice, tax advice, or other expert professional assistance is required, the Insured should consult with their own accountant, adviser, counsel, or other similar competent professional with expertise in the required area.

This is a proposal for insurance coverage and is not an insurance policy. Any coverage description shown in this proposal may be an abbreviated title and does not indicate insurance policy language. Only the Insurance policy itself provides coverage. This proposal is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal and the actual insurance policy, the insurance policy will prevail and supersede this proposal. This proposal describes the coverages, terms and conditions offered by the Company. Please review them carefully as they may differ from the expiring program or from the specifications requested in the submission.

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.



Account Summary

Premium Summary

Coverage	Premium	Taxes, Surcharges, Assessments*	Total
CRIME	\$3,677.00	\$0.00	\$3,677.00
<i>Total All Lines</i>	\$3,677.00	\$0.00	\$3,677.00

* Surcharges, Taxes and Assessments are subject to change per State requirements

Payment Options

Coverage	Bill Type	Pay Plan Opt1	Pay Plan Opt 2
CRIME	Agency Bill	Prepaid	



Terms and Conditions

The proposal is subject to the following terms and conditions.	Comments
NO TERMS AND CONDITIONS	

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ZURICH

COMMERCIAL INSURANCE

COMMON POLICY DECLARATIONS

Policy Number	Proposal	Renewal of Number	CCP 0069253-03
Named Insured and Mailing Address		Producer and Mailing Address	
CLEVELAND COUNTY		ASSURED PARTNERS OF NORTH CAROL	
C/O INSURANCE ADVISORY COMM		PO BOX 14946	
GREENSBORO NC 27408		GREENSBORO NC 27415-4946	

Policy Period: Coverage begins 07-01-2019 at 12:01 A.M.; Coverage ends 07-01-2020 at 12:01 A.M.

The name insured is Individual Partnership Corporation
 Other:

Producer Code 43035-198

This insurance is provided by one or more of the stock insurance companies which are members of the Zurich-American Insurance Group. The company that provides coverage is designated on each Coverage Part Common Declarations. The company or companies providing this insurance may be referred to in this policy as "The Company", we, us, or our. The address of the companies of the Zurich-American Insurance Group are provided on the next page.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE(S):

CRIME AND FIDELITY COVERAGE	PREMIUM \$	3,677.00
issued by FIDELITY AND DEPOSIT COMPANY OF MARYLAND		

THIS PREMIUM MAY BE SUBJECT TO AUDIT.	TOTAL	\$	3,677.00
This premium does not include Taxes and Surcharges.			

Taxes and Surcharges	TOTAL	\$
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The Form(s) and Endorsement(s) made a part of this policy at the time of issue are listed on the **SCHEDULE of FORMS and ENDORSEMENTS.**

Countersigned this _____ day of _____

Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART FORM(S), FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**Policy Number
Proposal**

SCHEDULE OF FORMS AND ENDORSEMENTS

Fidelity And Deposit Company Of Maryland

Named Insured CLEVELAND COUNTY

Effective Date: 07-01-19
12:01 A.M., Standard Time

Agent Name ASSUREDPARTNERS OF NORTH CAROL

Agent No. 43035-198

COMMON POLICY FORMS AND ENDORSEMENTS

U-GU-D-310-A	01-93	COMMON POLICY DECLARATIONS
U-GU-619-A CW	10-02	SCHEDULE OF FORMS AND ENDORSEMENTS
U-GU-319-F	01-09	IMPORTANT NOTICE - IN WITNESS CLAUSE
U-GU-618-A CW	10-02	SCHEDULE OF LOCATIONS
U-GU-1191-A CW	03-15	SANCTIONS EXCLUSION ENDORSEMENT

CRIME FORMS AND ENDORSEMENTS

CR DS 04	08-13	GOVERNMENT CRIME POLICY DECLARATION
CR 00 26	11-15	GOV'T CRIME POLICY (DISCOVERY FORM)
CR 20 20	10-10	CALCULATION OF PREMIUM
CR 02 35	10-10	NORTH CAROLINA CHANGES
CR 25 19	08-13	ADD FAITHFUL PERF OF DUTY COV GOVT EMPL

**Policy Number
Proposal**

SCHEDULE OF LOCATIONS

Fidelity And Deposit Company Of Maryland

Named Insured CLEVELAND COUNTY

Effective Date: 07-01-19
12:01 A.M., Standard Time

Agent Name ASSUREDPARTNERS OF NORTH CAROL

Agent No. 43035-198

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	PO BOX 1210 SHELBY, NC 28151	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this Policy are deleted.

If Added By Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence

Endorsements Forming Part Of This Policy When Issued:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Policy, you give us notice cancelling prior Policy Numbers

;

the cancellation to be effective at the time this Policy becomes effective.

Countersignature Of Authorized Representative

Name: Lucas Jackson

Title: Finance Director

Signature: 

Date: 6/27/19