

LUCAS Approved

Genesis

Kim Lester

From: Everette Arnold <elarnold@guilfordiac.com>
Sent: Wednesday, June 26, 2019 11:31 AM
To: Kim Lester (Kim.Lester@clevelandcounty.com)
Subject: FW: Cleveland County
Attachments: County of Cleveland Quote2019.pdf

\$215,000

Kim,

The Excess Liability with GENESIS also contains a small increase of 7.7% mostly due to increased exposure.

Need email OK to renew and the signed Terrorism acceptance (page 4 of quote).

Call of email any questions.

Everette

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

From: Regina B. Pettus [mailto:Regina.Beer.Pettus@gumc.com]
Sent: Friday, June 21, 2019 3:58 PM
To: Everette Arnold
Cc: Regina B. Pettus
Subject: Cleveland County

Hi Everette –

Enclosed is the quote for Cleveland County. I am at \$215,000 (to include TRIA). This is a 7.7% premium increase which is reflective of a 11% increase in the AL and a 3.5% increase in expenditures.

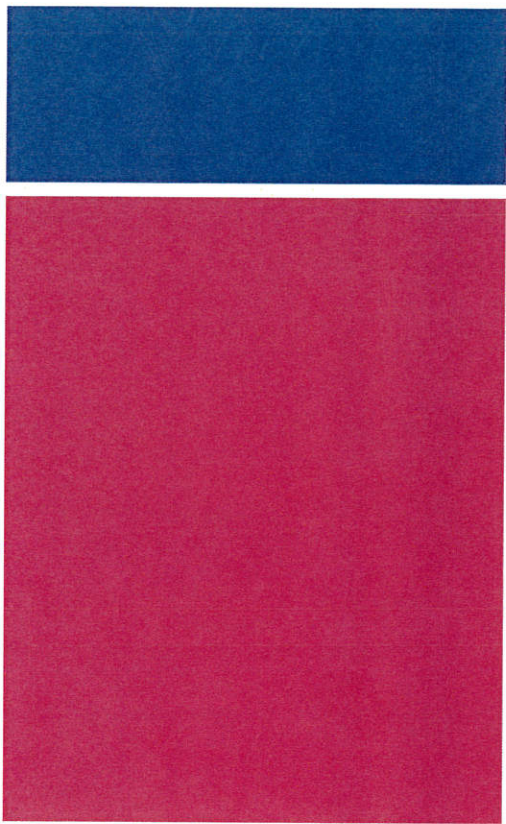
Call if you would like to discuss. I look forward to binding this and High Point with you.

Thanks Everette –
Regina

Regina B. Pettus, CPCU, ARM-PE, ERM
Vice President | Underwriting

GENESIS

Member of the Berkshire Hathaway Family of Companies
3575 Piedmont Rd., NE, Building 15, Suite 1400 | Atlanta, GA 30305
Direct:404.365.6854 | Cell 404.513.8082 | Fax 404.365.6888



Public Entity Liability Program | **Proposal**

COUNTY OF CLEVELAND

Expiring Policy Number: YXB301190C

GENESIS[®]

A Berkshire Hathaway Company

Regina B. Pettus
Vice President

GENESIS®

June 21, 2019

Mr. Everette Arnold
Guilford City/County Ins. Advisory Comm.
3200 Northline Avenue
Suite 135
Greensboro, NC 27408

Subject: **County of Cleveland**
Shelby, NC

Expiring Policy Number: YXB301190C

Dear Everette:

Thank you for giving us the opportunity to provide a proposal on County of Cleveland. You will find our proposal attached for your review.

Any material change in exposure should be communicated to us immediately as it may require a change in our proposal.

Should you have any questions, require optional proposals, or wish to bind coverage, my direct phone number is (404) 365 6854. I look forward to hearing from you.

Regards,



Regina B. Pettus

Genesis Management and Insurance Service Corporation | 15 Piedmont Center – Suite 1400, 3575 Piedmont Road, NE, Atlanta, GA 30305
Phone 404 365 6854 Fax 404 365 6888 Toll Free 800 782 9679
regina.beer.pettus@gumc.com, www.genesisinsurance.com

A Berkshire Hathaway Company

COUNTY OF CLEVELAND

POLICY NUMBER: YXB301190C

STATUTORY COMPANY

Genesis Insurance Company

POLICY TERM

Coverage period is effective during the period of 12:01 A.M., July 1, 2019 to 12:01 A.M., July 1, 2020.

TYPE OF INSURANCE

- Coverage Part A: Public Entity Liability on an Occurrence Basis excess of a Retained Limit on the Public Entity Policy Form.
- Coverage Part B: Public Official Liability on a Claims Made Basis excess of a Retained Limit on the Public Officials Liability Policy Form.

POLICY LIMITS

- Coverage Part A: Each Occurrence Limit \$2,500,000
- Coverage Part A: Coverage Part Aggregate \$5,000,000 Does not apply to Automobile Liability.
- Coverage Part B: Each Claim Limit \$2,500,000
- Coverage Part B: Coverage Part Aggregate \$5,000,000

Some Coverages and/or Limits May be Modified. See Additional Policy Provisions for specific details.

RETAINED LIMITS

- Coverage Part A* \$350,000 each occurrence
- Coverage Part B \$350,000 each claim

**Genesis Insurance Company is not the primary carrier. Therefore our company name, the corresponding policy number and/or phone number must not be listed on the Insured's Auto ID cards. The Self Insured listed above is solely responsible for the applicable State's financial responsibility laws regarding proof of insurance and self insurance and should be guided accordingly.*

CLAIM EXPENSE

- Coverage Part A: Claim expenses will erode both the Retained Limit and Limits of Insurance.
- Coverage Part B: Claim expenses will erode both the Retained Limit and Limits of Insurance.

INSURANCE PREMIUM

Net Annual Flat Premium: \$210,819

Additional Gross Annual Flat Premium for TRIA: \$4,181

The above premium is calculated for the current coverage period.

PAYMENT SCHEDULE

Full annual premium payment is due at inception.

COMMISSION

10%

ADDITIONAL POLICY PROVISIONS

TPP DP C-M 01 NC 06 14	The Public Policy – Retained Limit Form – Declarations Page Retroactive Date: July 1, 2015 (applies only to Coverage Part B)
TPP A 00 01 05/05	Coverage Part A – Public Liability
TPP B C-M 00 01 05/05	Coverage Part B – Public Officials Liability – Claims Made Coverage
TPP CC 00 01 05/05	Common Policy Conditions
TPP 07 0001 03 12	Schedule of Forms and Endorsements
TPP 04 0009 12 15	Extended Coverage for Unmanned Aircraft System
TPP 15 0002 12 13	Amendment of Non-Employment Harassment
TPP 21 0015 01 14	Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability
TPP A 00 04 01 11	Personal Injustices
TPP A 24 12 05/05	Claim Expenses Erode Retained Limit and Limit(s) of Insurance Coverage Part A
TPP A 24 23 05/05	Limited Pollution Liability Coverage for Public Entities
TPP A 94 02 06 06	Deletion From Coverage – Who Is An Insured Under Coverage Part A The following person, entity or organization is not an Insured under this policy and, therefore, no coverage is provided: <ol style="list-style-type: none">1. Schools2. Housing Authorities3. Child Daycare Facilities4. Nursing Homes
TPP A 98 19 07/07	Amendment of Claims Expenses Erode Retained Limit and Limit(s) of Insurance
TPP A C-M 04 03 05/05	Medical Incident Liability Coverage Retro date: July 1, 2015
TPP A/B 00 02 05/05	Nuclear Energy Liability Exclusion

TPP A/B/CC 97 15 07/07

General Change Endorsement

It is hereby understood and agreed that this insurance does not apply to any loss, cost or expense resulting from any **bodily injury, personal injury, advertising injury, property damage** or **wrongful act** arising from the following entity:

Foothills Public Shooting Complex of Cleveland County
283 Fielding Road
Cherryville, NC 28021

TPP A/B NC 91 04 07/07

North Carolina – Governmental Immunity Endorsement

TPP B C-M NC 27 04 05/05

North Carolina Amendatory Endorsement

TPP CC NC 01 05 05/05

North Carolina Amendatory Endorsement – Loss Information

TPP CC NC 02 08 05/05

North Carolina Amendatory Endorsement – Cancellation and Nonrenewal

SGN 90 0001 0710

Signature Page

The following endorsements will be added according to whether you accept or reject TRIA:

IF TRIA ACCEPTED:

IC 09 21 01 15

Cap on Losses From Certified Acts of Terrorism

IC 09 26 01 15

Exclusion of Punitive Damages Related to a Certified Act of Terrorism

IL 09 85 01 15

Disclosure Pursuant to Terrorism Risk Insurance Act

Premium: \$4,181

Coverage Form(s) and/or Policy(s): Coverage Part A and Coverage Part B

IF TRIA REJECTED:

IC 09 22 01 15

Exclusion of Certified Acts of Terrorism

CLAIM SERVICING

Claims Services will be handled by the Named Insured, or contracted and paid for by the Named Insured and provided by the Claims Service Company stated below. Any change in Claim Service Company requires prior notification to Genesis.

Compensation Claims Solutions

REMARKS

This quotation is valid until July 1, 2019. Please notify us prior to this date if you wish to bind coverage

Please ask a representative of the Insured to sign, date, and return the attached TRIA form indicating their desire to accept or reject this coverage.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels, or premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS, WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85% through 2015; 84% beginning on January 1, 2016, 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase certified acts of terrorism coverage for a prospective premium of \$4,181
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.
	<p>The following is applicable to Property accounts in Standard Fire Policy (SFP) states where required by state law:</p> <p>I hereby decline to purchase coverage for certified acts of terrorism. However, I understand that by state law coverage will be provided for loss from fire due to an act of terrorism if required. A premium charge of \$_____ applies.</p>



Policyholder/Applicant's Signature

Genesis Insurance Company

Insurance Company

R. Lucas Jackson

Print Name

YXB301190D

Policy Number

6/27/19

Date