

March 13, 2019

Attn: Peter Junker  
Risk Manager  
City of Hollywood  
P.O. Box 229045  
Hollywood, FL 33022

Re: EMT Professional Liability  
Lloyds of London Policy # PGIARK0115907  
Policy Effective: 10/1/2018 to 10/1/2019

Dear Peter:

We are pleased to provide a proposal for increased limits for the Emergency Medical Technicians Professional Liability. I have attached the 10/1/18 renewal quote as the terms and conditions, except for the Limit of Liability, Retro date and Defense Cost will be the same. The increase limit will be endorsed onto the current policy and the premium will be pro-rated for the balance of the policy year.

We would like to outline the following notable points for your consideration:

- Any entity not named in this proposal, may not be an insured entity. This may include affiliates, subsidiaries, LLC's, partnerships and joint ventures.
- The insurance carrier is Lloyds of London.
- Coverage is Claims Made and Reported:

Limit of Liability / Aggregate	Retroactive Date	Deductible	Defense Cost
\$1,000,000/\$1,000,000 - <b>quoted</b>	Upon Binding	\$50,000	\$1,000,000 outside capped
\$250,000/\$500,000 - current	7/1/2011	\$50,000	\$ 250,000 outside capped
\$100,000/\$300,000 – as of 2009	7/1/2009	\$50,000	Inside the limit of liability

- The REVISED Annual premium for \$1M/\$1M will be \$56,585. (Current Premium \$35,235 plus additional premium for increased limit \$21,350).
- ADDITIONAL PREMIUM PRO-RATED. \$21,350 Premium to increase limit for balance of the policy term will be prorated based on the date coverage is bound.**
- The premium is subject to 25% minimum earned.
- The premium is based upon the rating information submitted for the October 1, 2018 renewal.
- Defense costs are limited and will be outside and capped at \$1,000,000 if increased limit is accepted.
- Significant policy exclusions include but are not limited to the following:
- The policy is claims-made and reported containing the following restrictions and claims reporting requirements:
  - Retroactive Date: *To be determined at binding*
  - Definition of claim: *Refer to Attached Form*
  - Incident or Claim Reporting Provision: *Refer to Attached Form*
  - Continuity Date or specific dates/limits applicable to the claims made conditions: *Refer to Attached Form*



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Boca Raton, FL 33431  
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- Immediately report all claims to:
  - Premier Claims Management, LLC
  - 2020B North Tustin Ave.
  - Santa Ana, CA 92705
  - Phone – (888) 683-2266
  - Fax – (866) 885 4047
  - Email – [mbonetati@premierclaimsllc.com](mailto:mbonetati@premierclaimsllc.com)

**To bind increased limit for this policy**, please refer to the “Client Authorization to Bind Coverage” page attached.

1. Note any changes you desire to be made.
2. Date and sign Client Authorization to Bind.
3. Return prior to the effective date of coverage.
- 4. Carrier requires signed Claims Free Statement prior to binding**
- 5. Offer expires 4/6/19**

We appreciate your business and look forward to working with you in the coming year. Please contact me if you have any questions.

Sincerely,

Kathy Hill, CIC  
Client Service Manager Senior



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## Compensation Disclosure Schedule

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm % or Fee 3	Gallagher U.S. owned Wholesaler, MGA or Intermediary %
EMT Professional Liability	Lloyds of London	AmWins	\$56,585	0%	6%
Capped commission agreement					

1. We were able to obtain more advantageous terms and conditions for you through an intermediary/wholesaler.
2. If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.
3. The commission rate is a percentage of annual premium excluding taxes & fees.