



4725 Piedmont Row Drive, Suite 600  
 Charlotte, North Carolina 28210  
 Tel: 704-943-2008 FAX: 704-943-9015

|                                    |                                      |
|------------------------------------|--------------------------------------|
| Broker: HCDT Insurance             | Quotation Issued: 8/19/2024          |
| Attention: Jeremy Diller           | Quotation Expiration Date: 9/30/2024 |
| New Business:    Renewal: <b>X</b> |                                      |

*We are pleased to offer the following Quotation subject to the rates and conditions as detailed below. **Please review this Quotation and all policy forms carefully. A Request to Bind indicates acceptance of all the terms as quoted.***

|                          |   |                                    |
|--------------------------|---|------------------------------------|
| <b>PROSPECT NAME:</b>    | Collin County Government                    |                                    |
| <b>MAILING ADDRESS:</b>  | 2300 Bloomdale Rd. 4117, McKinney, TX 75071 |                                    |
| <b>LOCATION OF RISK:</b> | Texas                                       |                                    |
| <b>INSURER:</b>          | The Gray Insurance Company                  | <b>LICENSING:</b> Admitted (A- IX) |

**COVERAGE PERIOD: Effective Date:** 10/1/2024

**Expiration Date:** 10/1/2025

**COVERAGE:** Specific Excess Workers Compensation/Employers Liability

**Option 1**

|   |                 |
|---|-----------------|
| <b>INSURER'S LIMIT OF LIABILITY:</b>                |                 |
| Each accident or each employee for disease          |                 |
| For Workers' Compensation                           | \$250,000.00    |
| For Employers' Liability                            | \$250,000.00    |
| <b><u>In Excess of an Ultimate Net Loss of:</u></b> | Excess Of       |
| <b>INSURED'S RETENTION:</b>                         |                 |
| Each accident or each employee for disease          |                 |
| For Workers' Compensation                           | \$500,000.00    |
| For Employers' Liability                            | \$500,000.00    |
| Rate (per \$100 Total Gross Payroll)                | \$0.02612       |
| Estimated Annual Total Payroll                      | \$145,328,520   |
| Estimated Annual and Deposit Premium                | <b>\$38,000</b> |
| Annual Minimum Premium                              | \$32,300        |

**TERMS & CONDITIONS:**

- Please note that the above indications are separate and cannot be combined without prior approval. Coverage shall be subject to the terms and conditions contained in our policy.
- This quote includes a rate guarantee for the 2025-2026 policy period.

**Type of Insurance:** Excess Insurance for Self-Insurer of Workers' Compensation and Employer's Liability

**Basis of Acceptance:** Excess of Loss

**Effective Date:** Coverage shall take effect at 12:01 A.M. Local Standard Time at the Insured's address shown above and on the date indicated above.

**Exclusions:**

- United States Longshore and Harbor Workers' Compensation Act (and any amendments thereto)
- Outer Continental Shelf Lands Act
- Defense Base Act
- Jones Act (Merchant Marine Act of 1920 and any amendments thereto)
- Death on the High Seas Act
- Migrant and Seasonal Agricultural Worker Protection Act
- Federal Employers Liability Act
- Federal Coal Mine and Safety Act
- Non-appropriated Fund Instrumentalities Act

Forms applicable are subject in all respects to the terms, conditions, and limitations of the policy/certificate in current use by the Insurer, unless otherwise specified.

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**TO BIND: Please provide the following in order to bind coverage:**

- A properly executed written **Order to Bind**. (See Below)

***\* Please note this policy will be subject to audit upon expiration based on final payroll. The audit may generate an additional premium or return premium subject to minimum premium. \****

**POLICY PAYMENT TERMS:** Total policy cost due 20 days from inception unless indicated otherwise. Checks should be made payable to Amwins Insurance Brokerage and submitted to the address indicated on your invoice. **NO FLAT CANCELLATION PERMITTED.** If the Total Policy Cost is not paid within 20 days of inception, a request will be made of the Insurer to cancel the insurance outlined in this Quotation.

**CANCELLATION:** Once bound, this Coverage CANNOT BE CANCELLED FLAT. In the event of cancellation by the Prospect/Insured, earned premium will be calculated short-rate subject to any applicable minimum premium, terms, and conditions. If cancelled by the Insurer, earned premium will be calculated pro-rata.

**Note to Brokers:** Please note that this quote is based on the information received from you and includes only the coverage listed. Pricing and terms are subject to change pending carrier review and approval. Please do not assume coverage, values, limits, or any other terms not listed. This Quotation may reflect different and/or reduced coverage and/or limits from your original request or the expiring policy(ies). Policy forms, including endorsements, are available at your request. It is your responsibility to review these documents on behalf of your Prospect. Amwins Insurance Brokerage makes no warranties or representations that the coverage, values, limits or any other terms and conditions are adequate or otherwise appropriate to your Prospect's needs. You agree herein that your company is acting as Agent/Broker on behalf of your Prospect and, therefore, accept professional responsibility for the recommendation and implementation of all coverage to which this Quotation applies.

Quoted by: John Cooper

Date: August 19, 2024

Amwins Insurance Brokerage

4725 Piedmont Row Drive, Suite 600

Charlotte, North Carolina 28210

**ORDER TO BIND**

**Named Insured:** \_\_\_\_\_

Agency/Brokerage Response: [ ] Yes, please **BIND** as quoted, effective: \_\_\_\_\_

Agency Representative Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_