



Proposal of Insurance

County of Albany

112 State Street
Albany, NY 12207

Presentation Date: December 19, 2025

Arthur J. Gallagher Risk Management Services, LLC
A/JG License Nos. IL 100292093 / CA 0D69293



Gallagher

Insurance | Risk Management | Consulting

County of Albany

Proposal Summary

We appreciate the opportunity to quote your business insurance. This proposal is a summary of policy terms and conditions.

This proposal provides coverage highlights along with the attached carrier quotations for the following coverages:

- Excess Workers Compensation (Safety National)
- Excess Workers Compensation (Perma)
- Excess Workers Compensation (ME Casualty)
- Excess Workers Compensation (Wright Insurance / Comp Alliance)

We are not aware of any changes in your exposures to loss, nor are we aware of any changes in your business operations that would necessitate additional coverage options. Please notify us immediately if you are planning any new business operations.

The values and schedules are per the expiring policy or the information you have previously provided. It is your responsibility to notify us of all necessary changes to your schedules.

Information contained in this proposal is intended to provide a brief overview of coverages. It should be used for reference purposes only. It is not intended to provide a full list of policy exclusions, limitations, and conditions. The provided quotes should be reviewed for further details. Coverage afforded to you is subject to all terms, conditions, and exclusions of the bound and issued policies.

To Bind Coverage:

Please refer to the attachment document titled, "***Client Authorization to Bind Coverage***":

- Note any changes you desire to be made
- Place a check mark next to the coverage(s) you wish to accept
- Date and Sign
- Return prior to the effective date of coverage

Thank you for allowing Gallagher to service your insurance needs. We appreciate your business and look forward to working with you in the coming year. Please contact me if you have any questions.

Sincerely,

Aimee McNulty

Aimee McNulty
Area Senior Vice President



County of Albany

Your Gallagher Team

Your Gallagher team is a true partner. We have the expertise to understand your business and we're here to service and stay alongside you, every step of the way.

<i>Service Team</i>	<i>Role</i>	<i>Email</i>	<i>Phone</i>
Aimee McNulty (Area) Senior Vice President	Producer	aimee_mcnulty@ajg.com	(518) 533-6814 (p)
Tanaquea Rosario Client Service Manager II	Client Service Manager	tanaquea_rosario@ajg.com	(518) 724-6734 (p)
Deborah Hafner Senior Client Service Associate	Client Service Associate	deborah_hafner@ajg.com	(518) 824-2005 (p)
Thomas Lynch Claims Advocate Senior	Claims Advocate (P&C)	tom_lynch@ajg.com	(315) 928-4980 (p)
Jeff Ball Risk Control Consultant	Loss Control Representative	jeff_ball@ajg.com	(518) 556-3102 (p)
Greg Vandenburg Consultant	Consultant	gregvandenburg@icloud.com	(518) 892-9461 (p)

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Premium Summary

The estimated program cost for the options are outlined in the following table:

Line of Coverage		Expiring	Renewal Option 1	Renewal Option 2	Renewal Option 3	Renewal Option 4
		Safety National Casualty Corporation	Safety National Casualty Corporation	Perma	Midwest Employers Casualty Company	Comp Alliance
Excess Workers Compensation	Premium	\$443,148.00	\$389,908.00	\$1,086,700.00	\$411,013.00	\$1,532,409.00
	Estimated Cost*	\$443,148.00	\$389,908.00	\$1,335,054.00	\$411,013.00	\$1,792,454.00
	Change (\$)		-\$53,240.00	\$891,906.00	-\$32,135.00	\$1,349,306.00
	Change (%)		(12.01%)	201.26%	(7.25%)	304.48%
Agency Bill Administration Fee		-	\$100.00	\$100.00	\$100.00	\$100.00
Total Cost		\$443,148.00	\$390,008.00	\$1,335,154.00	\$411,113.00	\$1,792,554.00

*Estimated Cost includes all taxes, fees, surcharges and TRIA premium (if applicable)

Premiums are due and payable as billed and may be financed, subject to acceptance by an approved finance company. Following acceptance, completion (and signature) of a premium finance agreement with the specified down payment is required. Note: Unless prohibited by law, Gallagher may earn compensation for this optional value-added service.

Gallagher is responsible for the placement of the following lines of coverage: Excess Workers Compensation, Bond – License & Permit, Package (Automobile, General Liability, Law Enforcement Liability, Public Officials Liability), Crime, Cyber Liability, Builders Risk, Excess Inland Marine, Environmental Liability, General Liability, Excess Liability, Accidental Death & Dismemberment, New York State Disability Benefits, Medical Professional Liability, Professional Lines Other Services, Equipment Breakdown, Property

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Where permitted by law, Gallagher may assess a \$100 Agency Bill Administration Fee on all new and renewal policy placements where Gallagher is responsible for collecting client premium and remitting payment to insurance carriers and other third parties. In connection with such billing obligations, Gallagher assumes additional administrative, financial and compliance obligations that introduce significant risks to Gallagher's business. Should you change to direct bill, where available, or premium finance the transaction, you will not incur the Agency Bill Administration Fee.



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Named Insured

Named Insured	County of Albany
Excess Workers Compensation (Safety National)	X
Excess Workers Compensation (Perma)	X
Excess Workers Compensation (ME Casualty)	X
Excess Workers Compensation (Wright Insurance / Comp Alliance)	X

Note: Any entity not named in this proposal may not be an insured entity. This may include affiliates, subsidiaries, LLCs, partnerships, and joint ventures.



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Market Review

We approached the following carriers in an effort to provide the most comprehensive and cost-effective insurance program.

Line Of Coverage	Insurance Company ** (AM Best Rate/Financial Strength)	Market Response *	Admitted ***
Excess Workers Compensation (Safety National)	Safety National Casualty Corporation (A++ XV)	Recommended Quote	Admitted
Excess Workers Compensation (Perma)	PERMA	Quoted	Not Admitted
Excess Workers Compensation (ME Casualty)	Midwest Employers Casualty Company (A-)	Quoted	Admitted
Excess Workers Compensation (Wright Insurance / Comp Alliance)	Comp Alliance	Quoted	Not Admitted

*If shown as an indication, the actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

**Gallagher companies use AM Best rated insurers and the rating listed above was verified on the date the proposal document was created.

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A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. Best's Credit Ratings™ are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings™ and Guide to Best's Credit Ratings, visit the AM Best website at <http://www.ambest.com/ratings>.

***If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines or non-admitted carrier and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund.

Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.



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Coverage Highlights

Excess Workers Compensation (Safety National)

Recommended Quote	
01/01/2026 - 01/01/2027	
Policy Term	
Carrier Information	Safety National Casualty Corporation
Payment Plan	Annual Payment
Payment Method	Agency Bill
Premium & Exposures	
Excess Workers' Compensation Premium	\$389,908.00
Terrorism – TRIA (Included)	0.5%
Estimated Cost	\$389,908.00
Exposure	\$181,944,840 - Payroll
Auditable / Frequency	Voluntary
Minimum Type	Minimum Premium
Minimum Amount	\$350,917.00
Core Excess Workers Compensation Coverages	
Specific Limit	Statutory
Employers Liability Limit	
• Per Occurrence	\$2,000,000
• Aggregate	\$2,000,000
Estimated Annual Payroll (Total)	\$181,944,840
Experience Modification Factor	1.000
Self-Insured Retention	7720: \$1,000,000 7710: \$1,000,000 All Other: \$800,000
States covered under Item 3 A.	NY
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Other Significant Terms and Conditions / Restrictions	
Deposit Premium: \$389,908.00	



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Excess Workers Compensation (PERMA)

	Recommended Quote
Policy Term	01/01/2026 - 01/01/2027
Carrier Information	PERMA
Payment Plan	Payment in Full
Payment Method	Agency Bill
Premium & Exposures	
Excess Workers' Compensation Premium	\$1,086,700.00
Terrorism - TRIA	Included
NY State WC Board Assessments	\$248,354.00
Estimated Cost	\$1,335,054.00
Exposure	\$181,944,840 - Payroll
Auditable / Frequency	Auditable Annually
Core Excess Workers Compensation Coverages	
Part 1: Workers' Compensation	Unlimited
Part 2: Employers' Liability	Unlimited
Estimated Annual Payroll (Total)	\$181,944,840.00
Experience Modification Factor	-
Deductible Per Occurrence	\$700,000 All Others, \$1,000,000 Police and Corrections Officers
States covered under Item 3 A.	NY
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	



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Excess Workers Compensation (ME Casualty)

Recommended Quote	
Policy Term	01/01/2025 - 01/01/2027
Carrier Information	Midwest Employers Casualty Company
Payment Plan	Deposit Premium: \$411,013
Payment Method	Agency Bill
Premium & Exposures	
Excess Workers' Compensation Premium	\$411,013.00
Terrorism – TRIA (Included)	\$12,330
Estimated Cost	\$411,013.00
Exposure	\$181,944,840 - Payroll
Auditable / Frequency	Auditable Annually
Minimum Type	Minimum Premium
Minimum Amount	\$369,912
Core Excess Workers Compensation Coverages	
Specific Limit	Statutory
Specific Retention	\$800,000
Employers Liability Limit	\$2,000,000
Employers Liability Retention	See Specific
Estimated Annual Payroll (Total)	\$181,944,840
Experience Modification Factor	-
States covered under Item 3 A.	NY
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	



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Excess Workers Compensation (Wright Insurance / Comp Alliance)

	Recommended Quote
Policy Term	01/01/2026 - 12/31/2026
Carrier Information	Comp Alliance
Payment Plan	Payment in Full
Payment Method	Agency Bill
Premium & Exposures	
Excess Workers' Compensation Premium	\$1,532,409.00
Terrorism – TRIA	Included
Annual NYS Assessment	\$260,045.00
Estimated Cost	\$1,792,454.00
Exposure	\$190,509,222 - Payroll
Auditable / Frequency	Not Auditable
Core Excess Workers Compensation Coverages	
Employer Liability Limits	
<ul style="list-style-type: none"> Bodily Injury by Accident - Each Accident 	Statutory
<ul style="list-style-type: none"> Bodily Injury by Disease - Per Employee 	Statutory
<ul style="list-style-type: none"> Bodily Injury by Disease - Policy Limit 	Statutory
Estimated Annual Payroll (Total)	\$190,509,222
Experience Modification Factor	0.33
Deductible (If Any)	None
States covered under Item 3 A.	NY
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Binding Requirements	
Subject To:	
Completed/signed MWCA application & employee concentration form	



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Claims Reporting By Policy

Immediately report all claims. Each insurer requires notice of certain types of claims depending on the potential exposure or particular injury types. It is important to thoroughly review your policy to ensure you are reporting particular incidents and claims, based upon the insurer's policy requirements.

If you are using a third party administrator ("TPA"), your TPA may or may not report claims to an insurer on your behalf. Although we will assist you where requested, it is important that you understand whether your TPA will be completing this notification.

Reporting Direct to Carrier [Only When Applicable]

Coverage(s): Excess Workers Compensation (Safety National)	Immediately report claims directly to:
Insurer: Safety National Casualty Corporation	Insurer/TPA Name: Safety National Casualty Corporation Phone: 888-995-5300
Policy Term: 01/01/2026 - 01/01/2027	Web: https://www.safetynational.com/claims-services/report-a-claim/
Coverage(s): Excess Workers Compensation (Perma)	Immediately report claims directly to:
Insurer: PERMA	Insurer/TPA Name: PERMA Phone: 888-737-6269 / 518-220-1111
Policy Term: 01/01/2026 - 01/01/2027	Fax: 877-737-6232 Web: https://www.perma.org/claims-management/
Coverage(s): Excess Workers Compensation (ME Casualty)	Immediately report claims directly to:
Insurer: Midwest Employers Casualty Company	Insurer/TPA Name: Midwest Employers Casualty Company Phone: (877) 975-2667
Policy Term: 01/01/2026 - 01/01/2027	Email: info@MECasualty.com Web: https://www.mecasualty.com/claims
Coverage(s): Excess Workers Compensation (Wright Insurance / Comp Alliance)	Immediately report claims directly to:
Insurer: Comp Alliance	Insurer/TPA Name: Comp Alliance Phone: (866) 697-6922
Policy Term: 01/01/2026 - 12/31/2026	Fax: (516) 794-5254 Email: mluciano@wrightinsurance.com Web: https://compalliance.org/file-a-claim/



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Proposal Disclosures

The following disclosures are hereby made a part of this proposal. Please review these disclosures prior to signing the Client Authorization to Bind or e-mail confirmation.

Proposal Disclaimer

IMPORTANT: The proposal and/or any executive summaries outline certain terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. The insurance policies themselves must be read to fully understand the terms, coverages, Exclusions including but not limited to: limitations and/or conditions of the actual policy contract of insurance. Policy forms will be made available upon request. We make no warranties with respect to policy limits or coverage considerations of the carrier.

Compensation Disclosure

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary based on market conditions and the insurance product placed for the client.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.
3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.
4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

TRIA/TRIPRA Disclaimer

If this proposal contains options to purchase TRIA/TRIPRA coverage, the proposed TRIA/TRIPRA program may not cover all terrorism losses. While the amendments to TRIA eliminated the distinction between foreign and domestic acts of terrorism, a number of lines of coverage excluded under the amendments passed in 2005 remain excluded including commercial automobile, burglary and theft insurance; surety insurance, farm owners multiple perils and professional liability (although directors and officers liability is specifically included). If such excluded coverages are required, we recommend that you consider purchasing a separate terrorism policy. Please note that a separate terrorism policy for these excluded coverages may be necessary to satisfy loan covenants or other contractual obligations. TRIPRA includes a \$100 billion cap on insurers' aggregate liability.

TRIPRA is set to expire on December 31, 2027. There is no certainty of extension, thus the coverage provided by your insurers may or may not extend beyond December 31, 2027. In the event you have loan covenants or other contractual obligations requiring that TRIA/TRIPRA be maintained throughout the duration of your policy period, we recommend that a separate "Stand Alone" terrorism policy be purchased to satisfy those obligations.

Property Estimator Disclaimer

These property values were obtained using a desktop Property Estimator software operated by non-appraisal professionals. These property values represent general estimates which are not to be considered a certified appraisal. These property values include generalities and assumptions that may produce inaccurate values for specific structures.

County of Albany

Terms and Conditions

It is important that we clearly outline the nature of our mutual relationship. The following terms and conditions (these "Terms") govern your relationship with Gallagher unless you have separately entered into a written services agreement with Gallagher relative to the policies and services outlined in this Proposal, in which case that services agreement will govern and control with respect to any conflicts with these Terms. These Terms will become effective upon your execution of the Client Authorization to Bind Coverage (the "CAB") included in this Proposal and shall survive for the duration of your relationship with Gallagher relative to the policies placed pursuant to the CAB or otherwise at your request.

Services

Gallagher will represent and assist you in all discussions and transactions with insurance companies relating to the lines of insurance coverage set forth in the CAB and any other lines of insurance coverage with which you request Gallagher's assistance. Gallagher will consult with you regarding any matters involving these or other coverages for which you have engaged Gallagher. You have the sole discretion for approving any insurance policies placed, as well as all other material decisions involving your risk management, risk transfer and/or loss prevention needs.

Although you are responsible for notifying applicable insurance companies directly in connection with any claims, demands, suits, notices of potential claims or any other matters as required by the terms and conditions of your policies, Gallagher will assist you in determining applicable claim reporting requirements.

Gallagher is not required to provide Services to you if Gallagher reasonably considers that to do so would put Gallagher in breach of, or would expose Gallagher or its affiliates to fines, penalties or sanctions under any laws, regulations, professional rules or, in Gallagher's sole opinion, you have breached a term/the terms of the Policies. In such circumstances, Gallagher will be entitled to terminate its Services with immediate effect. In the event that Gallagher exercises its right to terminate its Services with immediate effect, Gallagher will not be responsible or liable to you for any direct or indirect loss which you or any other party may suffer as a result.

Please be aware that Gallagher is generally restricted from providing broking, claims handling or other services that relate to Cuba and Iran, including due to significant difficulties in processing payments and other commercial and reputational considerations.

Treatment of Information

Gallagher understands the need to protect the confidentiality and security of your confidential and sensitive information and strives to comply with applicable data privacy and security laws. Your confidential and sensitive information will be protected by Gallagher and only used to perform services for you; provided that Gallagher may disclose and transfer your information (including transfers outside the United States in compliance with applicable laws) to our affiliates, agents or vendors that have a need to know such information in connection with the provision of such services (including insurance markets, as necessary, for marketing, quoting, placing and/or servicing insurance coverages). We may also disclose such information as required by applicable data protection laws or the order of any court or tribunal, subject to our providing you with prior notice as permitted by law. The parties agree that confidential information does not include aggregate, anonymized or de-identified data. In addition, we may also utilize your aggregated, anonymized, or de-identified information in connection with benchmarking, risk modeling and other data analytics, service or product improvements, and offerings, and similar business purposes. You further agree we may use your information with artificial intelligence or other automated applications for the purposes of improving or delivering our services to you.

We will (i) implement appropriate administrative, physical and technical safeguards to protect personal information; (ii) timely report security incidents involving personal information to affected parties and/or regulatory bodies; (iii) create and maintain required policies and procedures; and (iv) comply with data subjects' rights, as applicable. To the extent applicable under associated data protection laws, you are a "business" or "controller" and Gallagher is a "service provider" or "data processor." You will ensure that any information provided to Gallagher has been provided with any required notices and that you have obtained all required consents, if any and where required, or are otherwise authorized to transfer all information to Gallagher and enable Gallagher to process the information for the purposes described in this Proposal and as set forth in Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>. Gallagher may update its Privacy Policy from time to time and any updates will be posted to such site.

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Dispute Resolution

Gallagher does not expect that it will ever have a formal dispute with any of its clients. However, in the event that one should arise, we should each strive to achieve a fair, expedient and efficient resolution and we'd like to clearly outline the resolution process.

- A. If the parties have a dispute regarding Gallagher's services or the relationship governed by this Proposal ("**Dispute**"), each party agrees to resolve that Dispute by mediation. If mediation fails to resolve the Dispute, you and Gallagher agree to binding arbitration. Each party waives all rights to commence litigation in court to resolve a Dispute, and specifically waives all rights to pursue relief by class action or mass action in court or through arbitration. However, the parties do not waive the ability to seek a court order of injunction in aid of the mediation and arbitration required by these Terms.
- B. The party asserting a Dispute must provide a written notice ("**Notice**") of the claim to the other party and to the American Arbitration Association ("**AAA**") in accordance with its Commercial Arbitration Rules and Mediation Procedures. All Dispute resolutions will take place in Chicago, IL, unless you and Gallagher agree to another location. The parties will equally divide all costs of the mediation and arbitration proceedings and will each pay their own attorneys' fees. All matters will be before a neutral, impartial and disinterested mediator or arbitrator(s) that have at least 20 years' experience in commercial and insurance coverage disputes.
- C. Mediation will occur within sixty (60) days of filing the Notice with the AAA. Mediation results will be reduced to a memorandum of understanding signed by you, Gallagher and the mediator. A Dispute that is not resolved in mediation will commence to binding arbitration. For Disputes in excess of \$500,000, either party may elect to have the Dispute heard by a panel of three (3) arbitrators. The award of the arbitrator(s) must be accompanied by a reasoned opinion prepared and signed by the arbitrator(s). Except as may be required by law, neither you, Gallagher, nor a mediator or arbitrator may disclose the existence, content or results of any Dispute or its dispute resolution proceeding without the prior written consent of both you and Gallagher.

Electronic Delivery

In lieu of receiving documents in paper format, you agree, to the fullest extent permitted by law, to accept electronic delivery of any documents that Gallagher may be required to deliver to you (including, but not limited to, insurance policies and endorsements, account statements and all other agreements, forms and communications) in connection with services provided by Gallagher. Electronic delivery of a document to you may be made via electronic mail or by other electronic means, including posting documents to a secure website.

Miscellaneous Terms

Gallagher is engaged to perform services as an independent contractor and not as your employee or agent, and Gallagher will not be operating in a fiduciary capacity.

Where applicable, insurance coverage placements and other services may require the payment of federal excise taxes, surplus lines taxes, stamping or other fees to the Internal Revenue Service, various State(s) departments of revenue, state regulators, boards or associations. In such cases, you will be responsible for the payment of the taxes and/or fees, which Gallagher will separately identify on related invoices.

The Proposal and these Terms are governed by the laws of the State of Illinois, without regard to its conflict of law rules.

If an arbitrator/court of competent jurisdiction determines that any provision of these Terms is void or unenforceable, that provision will be severed, and the arbitrator/court will replace it with a valid and enforceable provision that most closely approximates the original intent, and the remainder of these Terms will remain in effect.

Except to the extent in conflict with a services agreement that you may enter into with Gallagher, these Terms and the remainder of the Proposal constitute the entire agreement between you and Gallagher with respect to the subject matter of the Proposal, and supersede all prior negotiations, agreements and understandings as to such matters.

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Compensation Disclosure Schedule

Client Name: County of Albany

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, Or Intermediary Name ¹	Est. Annual Premium ²	Gallagher U.S. Owned Wholesaler, MGA, Or Intermediary % And/or Fee
Excess Workers Compensation (Safety National)	Safety National Casualty Corporation	N/A	\$389,908.00	N/A
Excess Workers Compensation (Perma)	PERMA	N/A	\$1,086,700.00	N/A
Excess Workers Compensation (ME Casualty)	Midwest Employers Casualty Company	N/A	\$411,013.00	N/A
Excess Workers Compensation (Wright Insurance / Comp Alliance)	Comp Alliance	N/A	\$1,532,409.00	N/A



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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.

* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.

Note: When placing business with insurance companies, Gallagher Companies receive commission based on negotiated contractual terms with those carriers. The commission rate is a percentage of the premium excluding taxes and fees. Major lines of coverage, and their typical range of commissions are listed below. If you wish to receive more details on actual compensation paid to Gallagher Companies, please contact your Gallagher representative.

- **Accident & Health:** 15-25%
- **Aviation:** 14-15%
- **Contract Bonds:** 20-30%
- **All Other Bonds/Surety:** 30-35%
- **Builders Risk:** 15-18%
- **Property:** 15-22%
- **Inland Marine:** 20-22.5%
- **Ocean Marine:** 15-17.5%
- **Casualty:** 14-15%
- **Commercial Auto:** 12.5-15%
- **Package / Business Owners Package:** 15-16.8%
- **Workers Compensation:** 8-11%
- **All Other Commercial:** 10-20%
- **Executive/Professional Lines:** 15-17.5%
- **Medical Malpractice:** 10-12%

Compensation to Gallagher may also be disclosed in a Client Services Agreement or Consulting Services Agreement.



County of Albany

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/19/2026, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Coverage/Carrier
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Excess Workers Compensation (Safety National) Safety National Casualty Corporation
Included*	TRIA - Excess Workers Compensation (Safety National)
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	Excess Workers Compensation (PERMA) PERMA
Included*	TRIA - Excess Workers Compensation (PERMA)
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	Excess Workers Compensation (ME Casualty)
<input type="checkbox"/> Option # 1	Midwest Employers Casualty Company
<input type="checkbox"/> Option # 2	Midwest Employers Casualty Company - Premium \$411,013.00. TRIA Premium (Included \$12,330.00)
<input type="checkbox"/> Option # 3	Midwest Employers Casualty Company - Premium \$390,272.00. TRIA Premium (Included \$11,708.00)
<input type="checkbox"/> Option # 4	Midwest Employers Casualty Company - Premium \$390,272.00. TRIA Premium (Included \$11,708.00)
Included*	TRIA - Excess Workers Compensation (ME Casualty)
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	Excess Workers Compensation (Wright Insurance / Comp Alliance) Comp Alliance
Included*	TRIA - Excess Workers Compensation (Wright Insurance / Comp Alliance)

*For this coverage, TRIA cannot be rejected

The above coverage(s) does not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those listed in the Additional Recommended Coverages, please list below:

Other Services to Consider

- Yes No - CORE360™ STEP
 Yes No - eRiskHub

Coverage Amendments and Notes:

County of Albany

Fee Breakdown:

Agency Bill Administration Fee: \$100.00

By signing below, you are acknowledging that the fee listed above is fully earned and is NOT refundable. The fee is due and payable within thirty (30) days of your execution below. Any placements that require the payment of additional state or federal taxes and/or fees are the client's responsibility.

You further acknowledge and agree that the Proposal, this Client Authorization to Bind Coverage (including this agreement concerning the above referenced fee) reflect your understanding of the services to be provided by Gallagher as they have been discussed with and fully disclosed to you, and the above fee is consistent with your understanding. Any disputes arising out of the Proposal, this Client Authorization to Bind Coverage and/or the performance of services by Gallagher shall be governed by the laws of the State of Illinois.

Exposures and Values

You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

Additional Terms and Disclosures

Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed \$20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>.

County of Albany

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

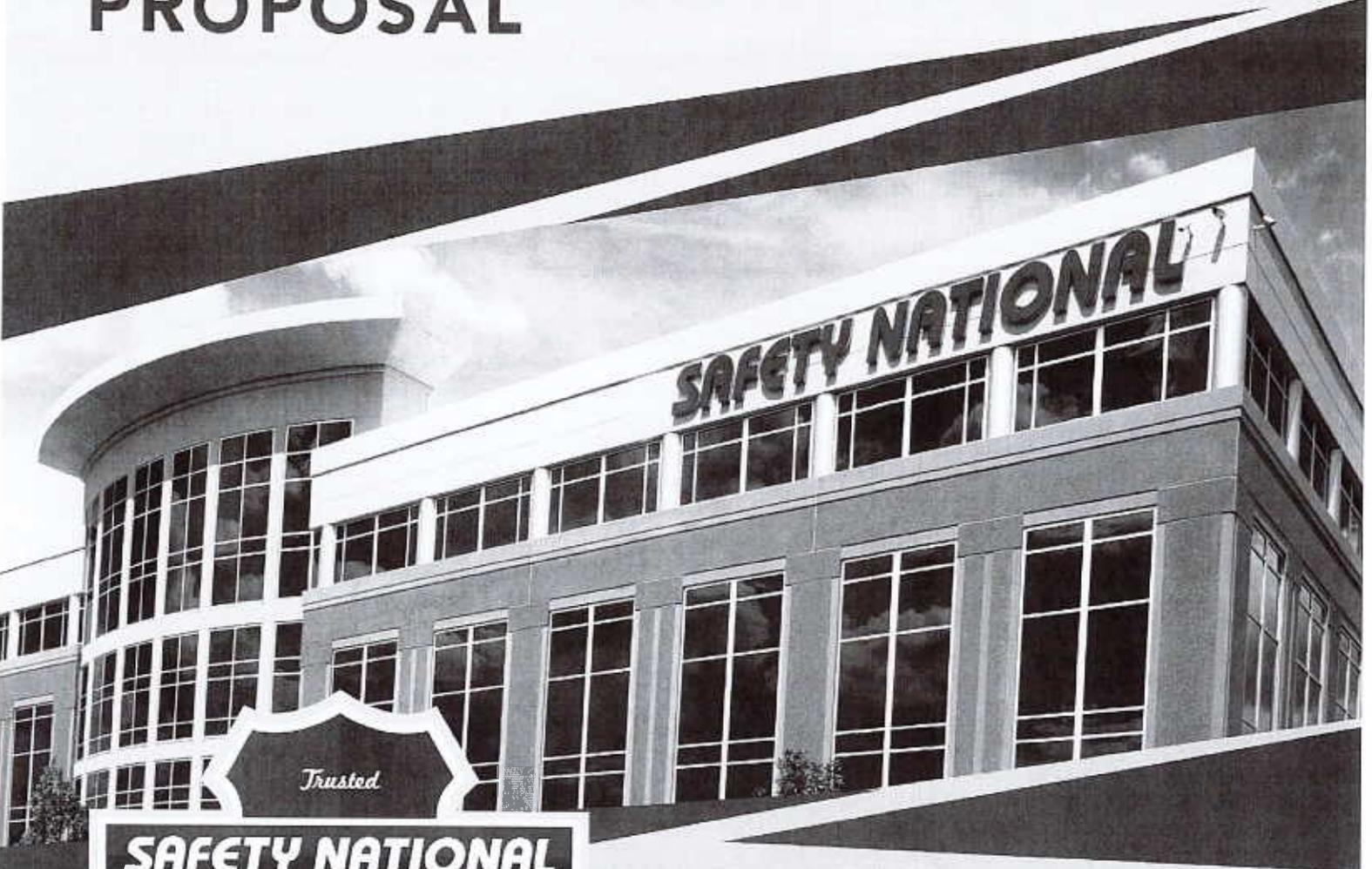
By: Michael McLaughlin, Deputy County Executive
Print Name (Specify Title)

Albany County
Company

[Handwritten Signature]
Signature

Date: 12/31/25

INSURANCE PROPOSAL



SAFETY NATIONAL

Trusted

SAFETY NATIONAL

Since 1942

PREPARED FOR:
COUNTY OF ALBANY

A.M. Best Rating A++ (Superior) | Financial Size Category XV
A member of the Tokio Marine Group

LINES OF COVERAGE:

Coverage

Excess Workers' Compensation

Issuing Company

Safety National Casualty Corporation

YOUR SERVICE TEAM:

Safety National® is committed to providing industry-leading services to our policyholders. The Service Team is the keystone to that promise. This highly-experienced team is identified now and established early in the policy term so there is a seamless transition and efficient delivery of service for your client's needs. We invite you to contact any member of our team with questions or requests.

Kate Kwiatkowski

Director - Underwriting

(314) 692-9274

Kate.Kwiatkowski@safetynational.com

Ariel Jenkins

Assistant Vice President, Risk Services

(314) 692-1385

ariel.jenkins@safetynational.com

Christian Kolb

Assistant Vice President, Excess Workers' Compensation Claims

(314) 692-9534

christian.kolb@safetynational.com

Tammy Rainwater

Director, Premium Audit

(314) 810-5576

tammy.rainwater@safetynational.com



PRICING & CONDITIONS:

Created for:	COUNTY OF ALBANY		
Line(s) of Coverage:	Excess Workers' Compensation		
CONTRACT TERMS	OPTION 19683035381		OPTION 19683036591
Liability Period	01/01/2026 - 01/01/2027		01/01/2026 - 01/01/2027
Payroll Reporting Period	01/01/2026 - 01/01/2027		01/01/2026 - 01/01/2028
Payroll	\$ 181,944,840		\$ 363,889,680
Manual Premium	\$ 5,221,821		\$ 5,221,821
Experience Modification Factor	1.000		1.000
Standard Premium	\$ 5,221,821		\$ 10,443,644
Self-Insured Retention	7720	\$ 1,000,000	7720 \$ 1,000,000
	7710	\$ 1,000,000	7710 \$ 1,000,000
	All Other	\$ 800,000	All Other \$ 800,000
Specific Limit	Statutory		Statutory
Employers Liability Limit	Per Occ & Agg	\$ 2,000,000 / \$ 2,000,000	Per Occ & Agg \$ 2,000,000 / \$ 2,000,000
Premium Rate	Rate \$100 Payroll	\$ 0.2143	Rate \$100 Payroll \$ 0.2143
Deposit Premium	\$ 389,908		\$ 779,816
Minimum Premium	\$ 350,917		\$ 350,917
Commission	Adjustable	17.00 %	Adjustable 17.00 %
Pay Plan	ANNUAL PAYMENT		2 PAY - ANNUAL
Audit Type	Voluntary		Voluntary

Previous Policy #: SP 4067973

Account #: 6010214

Quote expires one day after payroll reporting period effective date for each quote option.



ENDORSEMENTS

Option 19683035381

NEW YORK MANDATORY ENDORSEMENT(S), IF APPLICABLE

0288 00 0908 (XWC)	EMPLOYERS' LIABILITY PER OCCURRENCE & AGGREGATE MAXIMUM LIMITS OF LIABILITY
0467 02 1105 (XWC)	EMPLOYERS' LIABILITY MAXIMUM LIMIT AND AGGREGATE MAXIMUM LIMIT OF INDEMNITY
0556 02 0108 (XWC)	SELF-INSURED RETENTION PER OCCURRENCE
0557 00 1092 (XWC)	SELF-INSURED RETENTION PER OCCURRENCE - POLICE OFFICERS & DRIVERS
6000 00 0121 (XWC)	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

Option 19683036591

NEW YORK MANDATORY ENDORSEMENT(S), IF APPLICABLE

0288 00 0908 (XWC)	EMPLOYERS' LIABILITY PER OCCURRENCE & AGGREGATE MAXIMUM LIMITS OF LIABILITY
0467 02 1105 (XWC)	EMPLOYERS' LIABILITY MAXIMUM LIMIT AND AGGREGATE MAXIMUM LIMIT OF INDEMNITY
0556 02 0108 (XWC)	SELF-INSURED RETENTION PER OCCURRENCE
0557 00 1092 (XWC)	SELF-INSURED RETENTION PER OCCURRENCE - POLICE OFFICERS & DRIVERS
6000 00 0121 (XWC)	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

CONTINGENCIES:

Both quotes are subject to the following:

- 1 This Agreement will include coverage for Workers' Compensation loss caused by acts of terrorism as defined in the Agreement. Coverage for such losses will still be subject to all terms, definitions, exclusions, and conditions in the Agreement, & any applicable federal and/or state laws, rules, or regulations. Be advised that, under the Terrorism Risk Insurance Act of 2002 as amended, extended, and/or re-authorized (the Act), terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 80% of covered terrorism losses exceeding a deductible paid by us. The Act contains \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of the EMPLOYER's annual premium attributable to coverage for losses caused by a certified act of terrorism is: 0.5%
- 2 The Excess Workers Compensation program quoted is contingent upon also binding any other lines quoted with Safety National. Safety National may consider providing revised or additional quote options for individual lines of coverage subject to further underwriting review and approval.



- 3 Commission shall be fully earned by the Broker of Record at the inception of the Payroll Reporting Period as identified on the bound Excess Workers Compensation Insurance Quotation.

Option 19683036591

- 1 This quotation is for a 2 Year Liability period. Premium will be billed annually.

COMMENTS:

- 1 Endorsements mandated by the coverage state(s) will automatically be added to your policy regardless of whether they are shown in the above schedule. In addition, a change in an endorsement form number may occur as a result of state filing requirements/updates arising subsequent to this quote.
- 2 Included in our quote: MAP Client Services. These resources consist of both risk control and claim services, including resources like Safety Essentials Online, Workers' Comp Kit, and Safety Training Source, Medical Management Program. These services help facilitate complicated claims towards the best-possible outcome. Available services include Catastrophic Claims Consulting, Impartial Medical Review, Long-Term Claims Evaluation, and Chronic Pain & Opioid Dependency Programs.



RISK CONTROL RESOURCES:

Safety National understands the challenges that employers face to maintain a healthy workforce and has developed a suite of online risk control resources to help improve their safety and compliance programs. Collectively called MAP Client Services®, these tools are provided on a complimentary basis to help improve program management, analysis and prevention efforts. Our clients can actively utilize them 24/7 to build and maintain a best practice culture to keep their employees safe and help minimize their workers' compensation costs. View the attached brochure for more details.

MEDICAL MANAGEMENT PROGRAM:

Safety National provides a team of expert nurses and medical management analysts to help provide oversight of medical treatment to injured workers, mitigate medical exposure and maximize medical outcomes.

Policyholders receive resources to assist with the following:

- Pharmacy benefit management
- Large bill review
- Home modifications
- Administration of MSAs



CRISIS PROTECTION WORKERS' COMPENSATION



Safety National Crisis Protection² is a crisis management and extraction benefit provided exclusively for Safety National's excess, large deductible and select guaranteed cost workers' compensation customers. If your business undergoes a qualifying "Domestic Crisis Event" that directly involves your business and involves the death of two or more of your employees, Safety National² will either pay one of our approved vendors to assist with crisis management or reimburse you directly for the approved costs incurred with a vendor of your choice. If you experience a qualifying "International Extraction Crisis Event" that requires international employee extraction, we will reimburse you directly for the approved costs.

How Does It Work?

If a qualifying "Domestic Crisis Event" or "International Extraction Crisis Event" occurs, Safety National Crisis Protection will help you minimize post-crisis risk to the organization, its stakeholders and employees directly involved in the event (including immediate family of the involved employee). The annual, aggregate limit for these complimentary benefits, or any combination of the two, is \$50,000. These benefits are accessible when you need them and are provided by Safety National free of charge.

"Domestic Crisis Events" Include:

Multiple employee deaths (two or more) resulting from the following man-made events:

- Explosion
- Arson
- Bombing
- Workplace Violence
- Structural Fire
- Vehicular Accident

Multiple employee deaths (two or more) resulting from the following natural disasters:

- Tornado
- Explosion
- Wildfire
- Structural Fire
- Earthquake and Any Resulting Tsunami Hurricane
- Flood

"International Extraction Crisis Events" Include:

Employee extraction necessitated by the following:

MAN-MADE EVENTS:

- Explosion
- Arson
- Bombing
- Riot
- Government Collapse & Political Unrest

NATURAL DISASTERS:

- Tornado
- Explosion
- Wildfire
- Earthquake and Any Resulting Tsunami
- Cyclone/Typhoon/Hurricane
- Flood

Benefits:

- Provided at no cost to policyholders, with a \$50,000 annual, aggregate benefit limit for a qualifying "Domestic Crisis Event," a qualifying "International Extraction Crisis Event" or any combination of the two.
- A 24-hour crisis hotline to preferred and approved "Domestic Crisis Event" vendors.
- Benefit extends to immediate family of an employee that is directly involved in the "Domestic Crisis Event."
- The benefit can be used for qualified "Domestic Crisis Events" to help with:
 - » Crisis Management
 - » Crisis Response
 - » Public Relations
 - » Emergency Psychological Treatment
- Includes crisis communication and media management.
- Short-term counseling and referral for directly involved employees and their immediate family.

LEARN MORE

For more information about Safety National Crisis Protection, please visit safetynational.com/crisis-protection-WC. If you have additional questions about this free benefit, please contact us at crisisprotection@safetynational.com.



TOKIO MARINE
GROUP

SAFETY NATIONAL AT A GLANCE

A.M. Best Rating A++ (Superior)
Financial Size Category XV

Why Safety National?

- Leading specialty insurance carrier, offering a variety of risk solutions for large commercial and public entity clients.
- Long-time presence in the market, providing uninterrupted service to thousands of customers nationwide for over 80 years.
- Relationship-focused approach to customer service, listening closely to customer needs and designing flexible programs and placements to address them.
- Unique claims and medical management proficiency, managing complex claims efficiently and effectively.

Financial Strength*

- Statutory surplus: \$4.6 billion (10.8% increase over 06/24)
- GAAP Stockholders' equity: \$5.7 billion (7.3% decrease over 06/24) and \$16.9 billion in assets
- A.M. Best Rating A++ (Superior), Financial Size Category XV
- Standard & Poor's Rating A+
- A member of the Tokio Marine Group, with approximately \$211 billion in total assets. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), maintains an A.M. Best rating of A++ (Superior), Financial Size Category XV.

*as of 06/25

Solutions

Workers' Compensation:

- Excess
- Large Deductible
- Large Guaranteed Cost
- Defense Base Act

Public Entity Liability:

- Law Enforcement Liability
- Public Officials Liability
- Educators Legal Liability

Commercial Auto
Commercial General Liability
Commercial Umbrella
Multinational Casualty
Construction
Excess Cyber
Reinsurance
Loss Portfolio Transfers
Captives
Self-Insurance Bonds

Services

- **Medical Management Resources:** Supplemental programs designed to help manage complicated claims towards best possible outcomes.
- **MAP Client Services:** A full suite of online resources designed to help build or enhance safety and compliance programs.
- **Risk Control Services:** A vetted network of highly-qualified consultants available to assist with on-site safety and risk control projects.



(888) 995-5300 · info@safetynational.com · safetynational.com
A member of the Tokio Marine Group



LARGE DEDUCTIBLE PLAN

Workers Compensation and Employers Liability Pricing Indication

Quote Date: December 17, 2025

Quotation For:

Broker of Record:

County of Albany 112 State Street Albany, NY 12207	Arthur J. Gallagher Risk Mgmt-Latham 30 Century Hill Drive, Ste 200 Latham, New York 12110
--	--

Coverage Period: 1/1/2026 To 12/31/2026

Coverage's – Limits & Costs	
Part 1: Workers' Compensation	Unlimited
Part 2: Employers' Liability	Unlimited
Deductible Per Occurrence	\$700,000 All Others, \$1,000,000 Police and Corrections Officers
Contribution	\$1,108,878
NY State WC Board Assessments	\$248,354*
Total Contribution & Estimated Assessment:	\$1,357,232
2% credit on contribution, if pay in full	(\$22,178)
Total Due PERMA, if pay in full	\$1,335,054

This quote is subject to a risk services assessment before binding.

**This quotation was prepared utilizing methodology approved by the Executive Director of the NYS Workers Compensation Board and supported by an actuarial analysis and rate assumptions prepared by an independent, qualified actuary who is a member of the Casualty Actuarial Society. All requirements of WCL Section 50(3-e)(h) have been submitted and satisfied.*

Terms and Conditions

- **Payment responsibilities:** Under PERMA's Large Deductible Plan, the member becomes responsible for reimbursing PERMA monthly in an amount equal to the actual indemnity and medical payments made by PERMA relating to your workers compensation claims up to the agreed upon limit shown on page 1.
- **PERMA assumes full responsibility from "first dollar" for the Allocated Loss Adjustment Expenses.**
- ***Workers' Compensation Board Assessments** – the Member is responsible for the applicable NYS Workers' Compensation Board (WCB) Assessments. PERMA is required to collect this on behalf of the WCB and pass through the monies to the WCB as invoices are received on a quarterly basis. The WCB has the option and ability to audit the related payrolls and adjust the billing if needed.
- **Deductible Deposit:** The NYS Workers Compensation Board requires PERMA to collect and maintain an account for a deductible deposit equal to an estimated 90 days of indemnity and medical expenses under the members deductible. This is reviewed and adjusted annually if needed.
- At PERMA we value the accuracy of maintaining payroll records and obtaining via a verification process similar to payroll audits. This is to maintain accurate exposure for coding, analysis and for reporting to PERMA's excess insurance partner. Changes to contribution are **NOT** processed.

This is a quotation only and is not a binder or a guarantee of coverage.

Jennifer Schacht

Authorized Signature

12/17/2025

Date

County of Albany

112 State Street, Room 600
Albany NY, 12207

Arthur J. Gallagher Risk Management
Services, Inc.
30 Century Hill Drive, Suite 200
Latham, NY 12110

Coverage Period (1/1/2026 - 12/31/2026)
Workers' Compensation & Employer's Liability - Statutory

Class Code	Description	Annual Payroll	Annual Contribution
5183	Plumbing noc & Drivers	\$237,079	\$4,040.44
5474	Painting or Paperhanging noc	\$148,624	\$5,754.04
5506	Street or Road Construction	\$3,756,726	\$124,066.75
5701	Wrecking & Bldgs (Not Marine) - All Ops	\$190,733	\$10,517.84
7580	Sewage Disposal Plant	\$2,986,043	\$18,656.85
7720	Police Officers & Drivers	\$37,289,261	\$277,708.53
8391	Auto Gasoline Station	\$2,349,635	\$16,056.86
8394	Auto-Bus-Livery - All other emp	\$2,495,050	\$34,657.94
8810	Clerical Office Employees	\$51,211,745	\$15,712.91
8820	Attorney - All Emp & Clerical	\$19,662,849	\$4,387.64
8857	Counselors, Social Workers - Traveling	\$13,591,602	\$71,272.61
9026	Building Operation - Commercial	\$4,449,959	\$49,028.35
9063	YMCA - All Employees & Clerical	\$1,263,090	\$2,959.43
9072	Restaurant: Fast Food & Drivers	\$2,132,989	\$8,567.33
9102	Parks noc - All Employees & Drivers	\$139,923	\$1,034.26
9410	Municipal Township noc	\$48,603,914	\$887,987.22
	Totals	\$190,509,222	\$1,532,409

Experience Modification Factor 0.33

Total Funding Contribution (1/1/2026 -12/31/2026) \$1,532,409

Annual NYS Assessment will be invoiced separately for the estimated amount \$260,045

Total Annual Funding + Estimated Annual NYS Assessment \$1,792,454

Please note: A bindable quote option will be released once we have received a completed /signed MWCA application & employee concentration form.

Please be advised that the payroll used in this quote was extracted from your most recent budget, please review for accuracy.



County of Albany

Date prepared: 12/16/2025



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 **Midwest**
Employers Casualty
a Mutual Company



Insurer: Midwest Employers Casualty Company

Policy Effective Date: 01/01/2026

Insured: County of Albany
Policy #:

Quote Date: 12/16/2025
Quote Expiration Date: 60 Days

POLICY TERMS	QUOTE OPTIONS			
	0259149	0259259	0259263	0259264
Named States	NY	NY	NY	NY
SPECIFIC:				
Specific Limit	STATUTORY	STATUTORY	STATUTORY	STATUTORY
Specific Retention	\$800,000	\$800,000	\$800,000	\$800,000
Specific Retention - 7720 NY	NA	NA	\$1,000,000	\$1,000,000
EMPLOYERS LIABILITY:				
Employers Liability Limit	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Employers Liability Retention	See Specific	See Specific	See Specific	See Specific
AGGREGATE:				
Aggregate Limit	NA	NA	NA	NA
Aggregate Retention	NA	NA	NA	NA
Estimated Aggregate Retention	NA	NA	NA	NA
Minimum Aggregate Retention	NA	NA	NA	NA
RATING BASE:				
Est. Annual Payroll	\$181,944,840	\$181,944,840	\$181,944,840	\$181,944,840
Est. Annual Manual Premium	\$4,795,564	\$4,795,564	\$4,795,564	\$4,795,564
Length of Policy (Years)	1.000000	2.000000	1.000000	2.000000
Est. Policy Normal Premium	\$4,795,564	\$9,591,128	\$4,795,564	\$9,591,128
Rate per \$100 of Payroll	0.2259	0.2259	0.2145	0.2145
PREMIUM:				
Total Est Policy Prd Premium (including Flat Charges)	\$411,013	\$822,026	\$390,272	\$780,544
Policy Minimum Premium	\$369,912	\$739,824	\$351,245	\$702,489
Deposit Premium	\$411,013	\$411,013	\$390,272	\$390,272
Deposit Flat Charge(s)	NA	NA	NA	NA
<u>Total Deposit Due</u>	\$411,013	\$411,013	\$390,272	\$390,272
Terrorism Risk Ins Act of 2002	\$12,330	\$12,330	\$11,708	\$11,708
<u>(incl in Total Deposit Due above)</u>				
Commission	17%	17%	17%	17%

CONDITIONS / COMMENTS:

* MECC must be notified of any aircraft changes occurring during the policy period.
REVISED QUOTE: Updated payroll estimates, per broker request.

Insurer: Midwest Employers Casualty Company

Policy Effective Date: 01/01/2026

Insured: County of Albany
Policy #:

Quote Date: 12/16/2025
Quote Expiration Date: 60 Days

Quote Option(s) 0259264 Include(s) the following Endorsements:

CMB-6-CLS Amendment to Schedule Item 6
CMB-187 Two Year Policy Short Rate Table
ISI-285 More Than One Premium Adjustment

Quote Option(s) 0259259 Include(s) the following Endorsements:

CMB-187 Two Year Policy Short Rate Table
ISI-285 More Than One Premium Adjustment

Quote Option(s) 0259263 Include(s) the following Endorsements:

CMB-6-CLS Amendment to Schedule Item 6

The following endorsements apply to all quote options:

CMB-11 Amendment to Schedule Item 11
CMB-199 Policyholder Disclosure Notice of Terrorism Insurance
ISI-254-EXC Aircraft Exclusion
CMB-NY New York
CMB-NY-ACK New York Acknowledgement
CMB-NY-NOT Notice to Policyholder

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act as amended, (the "Act"), is included in the quote for your policy.

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 the 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act.

However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Act 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

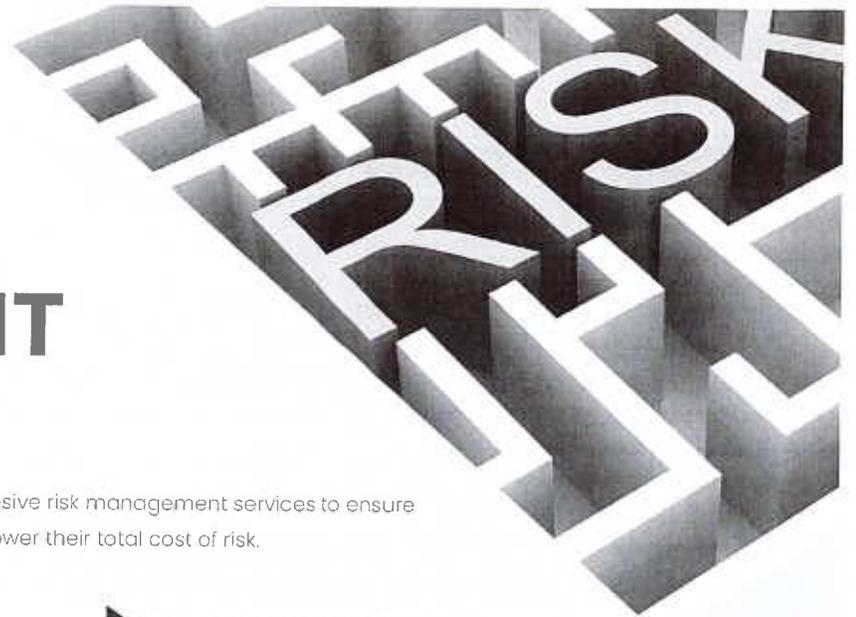
The portion of your annual premium that is attributable to coverage for acts of terrorism, as defined in the Act is shown below, and does not include any charges for the portion of losses covered by the United States government under the Act.

Quote Option	<u>0259149</u>	<u>0259259</u>	<u>0259263</u>	<u>0259264</u>
TRIA Charge:	\$12,330	\$12,330	\$11,708	\$11,708

Name of Insurer: Midwest Employers Casualty Company

Name of Insured: County of Albany

RISK MANAGEMENT SERVICES



Midwest Employers Casualty (MEC) offers comprehensive risk management services to ensure that our clients receive innovative solutions that will lower their total cost of risk.

▶ ACCOUNT EXECUTIVES

Our Account Executives have decades of industry-specific experience and offer strategic support to strengthen your workers compensation program. They will help you leverage our best-in-class analytics tools, connect you with our in-house claims experts, and serve as your ongoing resource for risk management guidance.

▶ BENCHMARK & XCEL ANALYTICS® REPORTS

- **Benchmark**
Our custom report shows how your workers compensation program is performing compared to your peers' programs.
- **XCEL Analytics®**
Reports identify high-risk claims early within your retained layer using our patented predictive analytics. Identifying these claims early allows you to implement a plan of action to reduce costs and achieve better outcomes for injured workers.

▶ ONLINE RISK MANAGEMENT RESOURCES

MEC's online risk management resources offer you on-demand access to a broad selection of digital tools, webinars, podcasts, presentations, handouts, and workplace safety posters.

▶ ON-DEMAND WEBINARS

We offer access to a broad selection of no-cost, on-demand webinars from MEC experts that provide insights on essential topics to help you strengthen your excess workers compensation program. This includes identifying emerging trends, medical and legal issues, and data-driven insights into the rapidly changing workers comp insurance landscape.

▶ ON-DEMAND SAFETY TRAINING VIDEOS

Through our alliance with Safety Source, you have use of more than 600 on-demand, industry-specific training videos to supplement your company's safety training program. The library contains categories, such as healthcare, transportation, public entities, retail, and school districts. It also includes subject-focused videos such as janitorial, driver safety, forklifts, material handling, ergonomics, and back injury prevention.

▶ SAFE PATIENT HANDLING & MOBILITY

We work closely with our healthcare clients to evaluate their readiness to implement their safe patient handling program. We provide guidance throughout the entire process, resulting in a fully implemented, robust, safe patient handling and mobility program.



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 PROCESS = TECHNOLOGY = RESULTS

 **Midwest**
Employers Casualty



THE MEC CLAIMS ADVANTAGE



Midwest Employers Casualty's (MEC) approach to claims management is built on partnership and shared expertise. MEC's suite of workers compensation resources streamline the claims management and reporting process to optimize outcomes for the insured and the injured worker. Our multidisciplinary team brings extensive experience and expertise to mitigate costs and deliver results for our insureds and broker partners.

THE MEC DIFFERENCE

Our collaborative process combines unparalleled medical and legal expertise and coordination with all invested parties to ensure effective claim management, quality care, and cost minimization.

- We bring together all invested parties, including claims administrators, account representatives, brokers, and field nurses, to jointly resolve complex claim issues.
- Only excess carrier with a unit of claims experts dedicated to reducing costs within your clients' retained layer.
- MEC complements what broker and TPA partners provide through our specialized solutions, claims expertise, and customer-centric service.

▶ CATASTROPHIC CLAIM MANAGEMENT

- Dedicated Catastrophic Claims Unit has free resources available for all policyholders and their TPAs:
 - 24-hour claim reporting CAT hotline
 - Assistance with initial investigations for compensability and potential subrogation
 - Valuation by Chief Medical Officer and CAT nurses
 - Hospital bill negotiation for acute care charges.
- Offer front-of-the-line access to medical Centers of Excellence to leverage advanced technology and ensure optimal outcomes for catastrophically injured workers.



▶ XCEL ANALYTICS®

- Leverages our patented, advanced predictive analytics to identify high-risk claims early in their life cycle.
- Automated risk scoring, prioritization, and targeted intervention strategies help mitigate claim risk and support injured workers in achieving the best possible functional outcomes.
- Prioritizes the well-being and recovery of the injured employee while driving cost savings.

▶ COLLABORATION WITH MEC

To learn more about how MEC's **People + Process + Technology** focus delivers the results you need to attract new clients and confidently expand your business, contact us today.



Visit MECasualty.com to learn more

 PROCESS + TECHNOLOGY = RESULTS

 Midwest
Employers Casualty



Endorsement Effective:

Policy No.:

Named Insured:

Aircraft Exclusion Endorsement

This Policy does not cover any Loss arising out of the ownership, maintenance, operation or use of any aircraft that is leased, owned (in whole or in part) or operated by you, your executive officer(s), director(s), Employee(s), parent company or subsidiary. This exclusion does not apply to regularly scheduled commercial airlines or chartered aircraft.

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective:

Policy No.:

Named Insured:

Amendment to Schedule Item 11

Schedule Item 11 is amended to read as follows:

11. Classification of Operations:

Total Manual Premium:
(a) Experience Modification Factor:
(b) Other Modification Factor:
Normal Premium:

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.



Endorsement Effective:

Policy No.:

Named Insured:

Amendment to Schedule Item 6

Schedule Item 6 is amended to read as follows:

6. Specific Retention:

Classification	Specific Retention
All Other	

The term "All Other" refers to any class code on the Policy which is not specifically named above.

If an accident involves multiple Employees in separate classifications with different Specific Retentions, then the greatest of the Specific Retentions will apply.

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective:

Policy No.:

Named Insured:

More Than One Premium Adjustment Endorsement

Part Five – Premium of the Policy is amended to read as follows:

PART FIVE - PREMIUM

- A. Deposit and Adjustment Premiums.** At the beginning of each Payroll Reporting Period set forth in Schedule Item 12, you must pay us the Deposit Premium and any flat charges shown in the Schedule.
1. At the end of each Payroll Reporting Period set forth in Schedule Item 12 you shall owe us the amount by which the Final Premium is greater than the Deposit Premium.;
 2. At the end of the last Payroll Reporting Period, if the sum of the Deposit Premiums for all Payroll Reporting Periods is greater than the sum of the Final Premiums for all Payroll Reporting Periods, we shall owe you the difference.
- B. Payroll Report.** Within forty-five (45) days after the end of each Payroll Reporting Period, you must send us a report showing the amount of Payroll earned by your Employees during the Payroll Reporting Period. The report must show Payroll separately for each classification identified in Schedule Item 11.
- C. Final Premium.** The Final Premium due to us for each Payroll Reporting Period shall be computed as shown in Schedule Item 12(a).

Normal Premium means the sum of the products of your audited Payroll within each classification shown in Schedule Item 11 for each State named in Schedule Item 3 multiplied by the rate shown in Schedule Item 11 for the respective classification, the product of which shall be further multiplied by the Experience Modification Factor shown in Schedule Item 11(a) and/or any Other Modification Factor shown in Schedule Item 11(b).

Unless this Policy is cancelled, Final Premium shall be at least the Minimum Premium shown in the Schedule.

When determining Final Premium, any flat charges shown in the Schedule are not subject to additional computations or modification factors.

If we cancel this Policy, Final Premium shall be calculated pro rata based on the time this Policy was in force. Final Premium shall not be less than the pro rata share of the Minimum Premium shown in the Schedule.

If you cancel this Policy, you owe us the Final Premium due for all Payroll Reporting Periods. Final Premium shall be more than pro rata; it shall be based on the time this Policy was in force, and increased by the customary short rate table and procedure. Final Premium shall not be less than the Minimum Premium shown in the Schedule.

If this Policy is automatically cancelled because of the loss of your duly qualified self-insurer status as stated in Section A. Self-Insurance of the General Section of this Policy, you owe us the Final Premium due for all Payroll Reporting Periods. Final Premium shall be more than pro rata; it shall be based on the time this Policy was in force, and increased by the customary short rate table and procedure. Final Premium shall not be less than the total Minimum Premium shown in the Schedule.

The Final Premium due to us shall not be reduced by the existence of any other insurance, reinsurance, indemnity agreement or other reimbursement agreement protecting you against Loss covered by this Policy.

Endorsement Effective:

Policy No.:

Named Insured:

D. Payroll means the gross pay of your Employees for each Payroll Reporting Period plus other amounts and items earned by your Employees as part of their pay for each Payroll Reporting Period. Payroll also includes:

1. Gross pay plus other amounts and items earned by your officers if covered under this Policy;
2. The contract price for materials and services performed by any individual deemed to be your Employee for liability purposes under the Workers' Compensation Law, if you do not have Payroll records for this individual; and
3. Assigned Payroll attributed to volunteers for whom you are legally obligated to provide benefits under the Workers' Compensation Law. Assigned Payroll means:
 - a. For volunteers other than volunteer firefighters and volunteer police officers, the federal minimum hourly wage as of the effective date of this Policy multiplied by the hours worked by the volunteers, unless the work performed by the volunteers is similar to work performed by a paid Employee who is receiving more than the federal minimum hourly wage, in which event the wage reported for the volunteer worker shall be the same as the wage reported for the paid Employee; and
 - b. For volunteer firefighters or volunteer police officers, the greater of \$12,500 per year or the same wage as reported for a paid Employee performing similar work shall be included in Payroll for each such volunteer firefighter or volunteer police officer.

Duties performed by volunteers shall be assigned to the classification code which the duties would be assigned to if performed by regular Employees.

No amount is included in Assigned Payroll for any volunteer worker who is not covered under the Workers' Compensation Law because Part One of this Policy does not apply with respect to that worker.

- E. Records.** You shall keep records of information needed to compute premium. You shall provide us with copies of those records when we ask for them.
- F. Audit.** Upon our request, you shall let us or our representatives examine and audit all your Payroll records. Payroll records include, but are not limited to, ledgers, journals, registers, vouchers, contracts, tax reports, Payroll and disbursement records, and programs for storing and retrieving data. The audits may be conducted during your regular business hours.

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective:

Policy No.:

Named Insured:

New York Endorsement

This endorsement applies only to the coverage provided by this Policy because New York is named in Item 3 of the Schedule Page.

I. Item 4 of Section G. Your Specific Claims Reporting Duties of Part Four of this Policy is amended as follows:

4. **Consequence of Your Failure to Send Us a Timely First Notice of Loss.** If we are not provided written notice as required herein, we will not indemnify you for the payments you make in excess of your Retention, unless it is shown not to have been reasonably possible to give such notice within the prescribed time and the notice was given as soon as was reasonably possible.

The failure to give notice within the time prescribed by this Policy shall not invalidate any claim made by you, an injured person or any other claimant, unless such failure to provide timely notice has prejudiced us.

II. Section G. Your Specific Claims Reporting Duties of Part Four of this Policy is amended to add Item 5 as follows:

5. Written notice given by you or on your behalf to us or any of our licensed agents in the state of New York, with the particulars sufficient to identify you, shall be deemed notice on us.

III. Item 4 of Section N. Commutation by Mutual Agreement of Part Four of this Policy is amended as follows:

4. If the commuted value determined by the appraiser above is not acceptable to both parties, they shall either abandon the commutation effort or agree to settle any difference using a panel of three actuaries, one to be chosen by each party, and a third chosen by the two so chosen. If the two actuaries fail to agree on the selection of a third actuary within sixty (60) days of their appointment, each of them shall name two, of whom the other shall decline one and the decision shall be made by drawing lots. All the actuaries shall be regularly engaged in the valuation of workers' compensation claims and shall be Fellows or Associates in the Casualty Actuarial Society. None of the actuaries shall have a financial interest in nor be a current or former employee of the parties, and all of the actuaries shall be disinterested in the outcome of the commutation.

Each party shall submit its case to its actuary within sixty (60) days of the appointment of the third actuary. The decision in writing of any two actuaries (from the panel of three), when filed with the parties hereto shall be final and binding on both parties and we shall pay the amount so determined to be the commuted value of the Claim or Claims. The expense of the actuaries and of the commutation shall be equally divided between both parties. Said commutation shall take place in a New York location or as mutually agreed upon by the parties. Any commutation will require the approval of the New York Workers' Compensation Board. Subsequent disputes, if any, will not be under the purview of the New York Workers' Compensation Board.

IV. Section C. Bankruptcy or Insolvency of Part Six of this Policy is amended to read as follows:

- C. **Bankruptcy or Insolvency.** In the event of your bankruptcy or insolvency or of your failure or default to comply with your obligations under the Workers' Compensation Law, we shall become jointly liable with you for any loss incurred under this Policy, which exceeds the Retention stated in the Schedule Page. In such event, the Chair of the Workers' Compensation Board or the Workers' Compensation Board may require us to pay indemnities under this Policy to someone other than you including, but not limited to the claimant, the Chair, the Aggregate Trust Fund, or any other Special Fund provided by law. Such payment will release us from liability to you to the same extent as if such indemnity had been made to you.

Endorsement Effective:

Policy No.:

Named Insured:

In the event of your bankruptcy or insolvency or of your failure or default to comply with your obligations under the Workers' Compensation Law, the Chair of the Workers' Compensation Board will be subrogated to all of your rights under this Policy.

Nothing in this Condition will be construed to give a claimant a direct right of action against us.

V. Section I. Cancellation of Part Six of this Policy is amended to read as follows:

I. Cancellation and Non-Renewal.

1. Cancellation. During the first sixty (60) days this Policy is initially in effect, except for the discovery of fraud or material misrepresentation in the obtaining of the Policy or in the presentation of a claim thereunder; no cancellation shall become effective until twenty (20) days after written notice is mailed or delivered to you at the mailing address shown in Item 2 of the Schedule Page and to your authorized agent or broker. In the event that the Policy is cancelled for nonpayment of premium, then notice of cancellation shall be sent informing you of the amount due and the cancellation shall not become effective until ten (10) days after the notice of cancellation is served on you and filed with the Office of the Chair.

After this Policy has been in effect for sixty (60) days unless cancelled pursuant to the paragraph above, or on or after the effective date if this Policy is a renewal, no notice of cancellation shall become effective until fifteen (15) days after written notice is mailed or delivered to you and to your authorized agent or broker, and such cancellation is based on one or more of the following with respect to this Policy:

- a. Nonpayment of premium provided, however, that a notice of cancellation on this ground shall inform you of the amount due and the cancellation shall not become effective until ten (10) days after the notice of cancellation is served on you and filed with the Office of the Chair;
- b. Conviction of a crime arising out of acts increasing the hazard insured against;
- c. Discovery of fraud or material misrepresentation in the obtaining of the Policy or in the presentation of a claim thereunder;
- d. After issuance of the Policy or after the last renewal date, discovery of an act or omission, or a violation of any Policy condition, that substantially and materially increases the hazard insured against, and which occurred subsequent to inception of the current Policy Period;
- e. Material change in the nature or extent of the risk, occurring after issuance or last annual renewal anniversary date of the Policy, which causes the risk of loss to be substantially and materially increased beyond that contemplated at the time the Policy was issued or last renewed;
- f. A determination by the superintendent that continuation of our present premium volume would jeopardize our solvency or be hazardous to the interests of our policyholders, its creditors or the public; or
- g. A determination by the superintendent that the continuation of the Policy would violate, or would place us in violation of, any provision of this chapter.

A notice of cancellation should be filed by certified or registered mail at least thirty (30) days prior to the effective date of cancellation with the Office of the Chair of the Workers' Compensation Board, 328 State Street, Schenectady, New York 12305-2318.

2. Non-Renewal. This Policy shall remain in full force and effect pursuant to the same terms, conditions and rates unless written notice is mailed or delivered by us to you, at the address shown in Item 2 of the Schedule Page, and to your authorized agent or broker, indicating our intention:

Endorsement Effective:

Policy No.:

Named Insured:

- a. Not to renew this Policy; or
- b. To condition its renewal upon change of limits, change in type of coverage, reduction of coverage, increased retention or addition of exclusion, or upon increased premiums in excess of ten percent (exclusive of any premium increase generated as a result of increased exposure units, or as a result of experience rating, loss rating, retrospective rating or audit), except that we may also, consistent with regulations promulgated by the superintendent, condition its renewal upon requirements relating to the underlying coverage, in which event the conditional renewal notice shall be treated as an effective notice of non-renewal if such requirements are not satisfied as of the later of the expiration date of this Policy or sixty (60) days after mailing or delivery of such notice; or
- c. That this Policy will not be renewed or will not be renewed upon the same terms, conditions or rates; such alternative renewal notice must be mailed or delivered on a timely basis and advise the insured that a second notice shall be mailed or delivered at a later date indicating our intention as specified in subparagraph (a) or (b) of this Section and that coverage shall continue on the same terms, conditions and rates as the expiring Policy, until the later of the expiration date or sixty (60) days after the second notice is mailed or delivered; such alternative renewal notice also shall advise you of the availability of loss information pursuant to subsection (g) of New York Insurance section 3426 and, upon written request, we shall furnish such loss information within ten (10) days consistent with the provisions of such subsection.

The notice required shall be mailed or delivered at least thirty (30), but not more than one hundred twenty (120), days in advance of the expiration date of this Policy.

All paragraphs in this subsection shall not apply when you, an agent or broker authorized by you, or another insurer of yours has mailed or delivered written notice that this Policy has been replaced and is no longer desired.

VI. Part Six is amended to add the following sections:

- K. In the event you cannot be located to proceed before the Workers' Compensation Board, we agree that:
 1. Notice or knowledge of the occurrence of the injury by you is deemed notice or knowledge by us, subject to the terms and conditions of this Policy;
 2. We agree to be bound by and subject to the orders, findings, decisions or awards rendered against you by the Workers' Compensation Board for payment or compensation under Workers' Compensation Law as limited by and in accordance with the terms and conditions of this Policy (and subject to the applicable Retention) for the amount of the judgment, after the applicable Retention, but in no event shall our obligation exceed this Policy's applicable Limit of Liability;
 3. Where a judgment against you remains unsatisfied at the expiration of thirty (30) days from the serving of notice of entry of judgment upon you or your attorney, and upon us, then an action may, except during a stay or limited stay of execution against you on such a judgment, be maintained against us subject to the terms and conditions of this Policy (and subject to the applicable Retention) for the amount of the judgment, after the applicable Retention, but in no event shall our obligation exceed this Policy's applicable Limit of Liability; provided however, we will not pay an injured employee directly or indirectly for amounts within your Retention in the event you fail to make such payments on your own. Furthermore, an employee of yours may not make a direct claim against us for amounts covered in this Policy in the event of your insolvency or termination of operations.

Endorsement Effective:

Policy No.:

Named Insured:

- L. This Policy covers you for all Employees employed during the Policy Period provided the compensable injury or death happened during the Policy Period and subject to all other terms and conditions of this Policy.
 - M. This Policy does not cover any obligation imposed upon you by Article 9 of the Workers' Compensation Law of New York or by any provision amending or supplementing Article 9.
-

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective:

Policy No.:

Named Insured:

New York Endorsement

This endorsement applies only to the coverage provided by this policy because New York is named in Item 3 of the Schedule Page.

I. NEW YORK ENDORSEMENT ACKNOWLEDGEMENT

You acknowledge that:

1. Claim expenses are a part of the Loss.
2. The Limits of Liability contained in this Policy shall be reduced and may be completely exhausted by claim costs, and to the extent that Limits of Liability are exceeded, we shall not be liable for claim costs or for the amount of any judgment or settlement in excess of the Limits of Liability shown in the Schedule Page.
3. Legal defense costs may be subject to the Retentions shown in the Schedule Page.

ACKNOWLEDGED BY INSURED

By: _____
Name: _____
Title: _____

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.



Endorsement Effective:

Policy No.:

Named Insured:

This endorsement applies only to the coverage provided by this Policy because New York is named in Item 3 of the Schedule Page.

NOTICE TO POLICYHOLDER

The Specific Limit of Employers Liability Excess Indemnity shown in Items 7(b) or 8(b) of the Schedule Page, whichever is applicable, is the maximum amount we will indemnify you under Part Two of this Policy for each accident or each Employee for disease. You will be solely responsible to pay any Loss under Part Two that you are liable for that is in excess of the Specific Limit for Part Two, without reimbursement from us, notwithstanding prior exhaustion of your Specific Retention.

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective:

Policy No.:

Named Insured:

Policyholder Disclosure Notice of Terrorism Insurance Coverage Endorsement

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act as amended, (the "Act"), is included in your Policy. 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 the 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Act 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

- A. The portion of your annual premium that is attributable to coverage for acts of terrorism, as defined in the Act is: \$_____ and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: Midwest Employers Casualty Company

Policy Number:

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

Endorsement Effective:

Policy No.:

Named Insured:

Two Year Policy Short Rate Table Endorsement

If you cancel this Policy prior to the expiration of the two-year Policy Period shown in Schedule Item 5, the following short rate table will apply to the Total Estimated Policy Premium shown in Schedule Item 12(c):

Month When Cancellation Effective	Short Rate Percentage
1	13%
2	19%
3	23%
4	27%
5	31%
6	35%
7	39%
8	43%
9	47%
10	51%
11	55%
12	59%
13	63%
14	67%
15	71%
16	75%
17	79%
18	82%
19	85%
20	88%
21	91%
22	94%
23	97%
24	100%

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.