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COUNTY EXECUTIVE


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DANIEL C. LYNCH
COUNTY ATTORNEY

EUGENIA KOUTELIS CONDON
DEPUTY COUNTY ATTORNEY

MEMORANDUM

TO: Hon. Andrew Joyce
Chairman, County Legislature

FROM: Eugenia Koutelis Condon 
County Attorney

DATE: July 20, 2020

RE: Request for Legislative Action
Award of Liability and Casualty Insurance
Policy Period: 8/15/20 – 8/15/21

Enclosed is a completed Request for Legislative Action relative to the award of the County's liability and related insurance coverage for the period August 15, 2020 to August 15, 2021. The County's broker of record, Arthur J. Gallagher Risk Management Services sought renewal quotes for the County's insurance coverage. The specific insurance types in question are the County's general liability, automobile, law enforcement, police professional, property, public official's and employee liability, crime, boiler and machinery, excess, umbrella and medical malpractice insurance coverage. Those policies are recommended for renewal with the current carriers. The recommended awards are as follows:

Excess Commercial/General/Automobile/Law Enforcement Package and Public Official's and Employment Practices Coverage:

Carrier: Argonaut/Trident
Premium: \$395,640.00
Expiring Premium: \$422,019
Policy Limits: \$10 Million
SIR: \$1 Million

Excess:

Carrier: Allied World
Premium: \$ 113,132.00
Expiring Premium: \$97,748
Policy Limits: \$10 Million
Provides coverage over Excess and Public Official's

Property:

Carrier: Traveler's
Premium: \$282,798 + \$953 Fire Fee
Expiring Premium: \$244,243 + \$821 Fire Fee
Deductible: \$250,000
(Insured Values of \$517,886,197)

Boiler and Machinery:

Carrier: Greenwich
Premium: \$24,998.00
Expiring Premium: \$21,713

Crime:

Carrier: Traveler's
Premium: \$4,594
Expiring Premium: \$4,508

*Three year policy with a \$2 Million limit for Employee Dishonesty and Forgery or Alteration. Policy Premium is \$13,782 to be paid in annual installments of \$4,594. This is the first year of the policy.

Medical Liability:

Carrier: Medical Liability Mutual Insurance Company

Premium: \$390,461.00

Expiring Premium: \$378,949

Deductible: None – First Dollar Coverage

Type: Claims Made Retro to 4/1/86

The carrier will continue to provide first dollar coverage on a claims made basis retroactive to April 1, 1986.

Cyber Liability:

Carrier: ACE (Chubb)

Premium: \$65,585.00

Expiring Premium: \$61,252

The broker approached several carriers for alternate quotes where appropriate. This year the package policy (liability, police professional, auto, and public official's) was aggressively marketed. We received two significant quotes, one from the incumbent Argonaut and from Safety National. While Safety National's quote was less, Argonaut offered an additional \$4 million in coverage which resulted in it being the better price quote. For this year, we are recommending that we renew with Argonaut and market again to Safety National next year to see what price can be offered. Overall, this premium is reduced by \$26,379. Our property premium increased as a result of an across the board increase by Travelers due to a hardening market as well as due to the increase in our inflationary values and as we continue to replace our fleet with new vehicles. The umbrella/excess was also increased as a result of a hardening market driven solely by reinsurers, although there are no claims. Both the property and Excess/umbrella will be marketed and replaced next year. The Medical Malpractice increase is based upon the Nursing Home's RUGS report which measures the level and frequency of care resulting in a determination as to risk being made. The increase in premium is attributed to Shaker Place.

The proposed awards result in combined premiums of \$1,278,161.00 which represents a \$46,908 or 4.5% increase from last year. The national average for municipal large packages is running around 9.2%. All premiums include Terrorism Coverage at the rate of 1% of premium. All coverages were significantly enhanced in 2013, and remain the same on renewal, including all enhancements, self-insured retentions and policy limits.

If you have any questions, please advise me. Thank you for your attention to this matter.

EKC:e

Enclosures

Cc: Rebekah N. Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



Proposal of Insurance

County of Albany

112 State Street
Room 600
Albany, NY 12207

Presented: July 17, 2020
Effective: August 15, 2020

Greg Vandenburg
Sales Executive

Jacqueline Patrick, CPCU
Client Service Manager

Arthur J. Gallagher Risk Management Services, Inc.
30 Century Hill Drive
Suite 200
Latham, NY 12110
(518) 869-3535
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Gallagher

Insurance | Risk Management | Consulting

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Service Team

Greg Vandenburg has primary service responsibility for your company. We operate using a team approach. Your Service Team consists of:

| NAME / TITLE | PHONE / ALT. PHONE | EMAIL | ROLE |
|---|--------------------|----------------------------|-----------------------------|
| Greg Vandenburg Sales Executive | (518) 533-6813 | Greg_Vandenburg@ajg.com | Producer |
| Jacqueline Patrick Client Service Manager, Senior | (518) 391-2230 | Jacqueline_Patrick@ajg.com | Client Service Manager |
| Tom Lynch, AIM Area Vice President, Claims Advocate Senior | (315) 928-4980 | Tom_Lynch@ajg.com | Claims Advocate (P&C) |
| Alison Wood Account Manager | (518) 533-6840 | Alison_Wood@ajg.com | Client Service Associate |

Arthur J. Gallagher Risk Management Services, Inc.

Main Office Phone Number: (518) 869-3535

Program Structure

Named Insured

Named Insured Schedule:

| Add / Change / Delete | Named Insured | Property | Equipment Breakdown | Crime | Package | General Liability Including Professional Liability | Cyber Liability | Excess Liability |
|-----------------------------|------------------|----------|---------------------|-------|---------|--|-----------------|------------------|
| | | | | | | | | |
| | County Of Albany | X | X | X | X | X | X | X |

OMNIBUS WORDING - Package - Automobile (Safety National)

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

Market Review

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

| INSURANCE COMPANY | LINE OF COVERAGE | RESPONSE | PREMIUM |
|--|--|---|--------------|
| Travelers Indemnity Company | Property | Recommended Quote | \$282,798.00 |
| Greenwich Insurance Company | Equipment Breakdown | Recommended Quote | \$24,998.00 |
| Travelers Casualty and Surety Co of America | Crime | Recommended Quote | \$13,782.00 |
| Argonaut Insurance Company | Package | Recommended Quote | \$393,450.00 |
| Safety National Casualty Corporation Safety Specialty Insurance Company | Package | Quoted | \$367,576.00 |
| McKee Risk Management, Inc. | Package | Declined to Quote - Does Not Fit Underwriting Requirement | |
| The Travelers Companies, Inc. | Package | Declined to Quote - Does Not Fit Underwriting Requirement | |
| Medical Liability Mutual Insurance Co | General Liability Including Professional Liability | Recommended Quote | \$390,461.00 |
| ACE American Insurance Company | Cyber Liability | Recommended Quote | \$65,585.00 |
| Allied World Assurance Co (U.S.) Inc. | Excess Liability | Recommended Quote | \$106,632.00 |

Location Schedule

| LINE OF COVERAGE | LOC # / BLDG # | LOCATION ADDRESS | BUILDING DESCRIPTION |
|---|----------------|-------------------------------|----------------------|
| All Lines of Coverage included in this proposal | 1/1 | 112 State Street Albany NY | Main Offices |

Program Details

Coverage: Property

Carrier: Travelers Indemnity Company

Policy Period: 8/15/2020 to 8/15/2021

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

Coinurance or Agreed Amount:

| DESCRIPTION | AGREED AMOUNT | COINSURANCE % |
|-------------|---------------|---------------|
| Applies | Yes | N/A |

Coverage:

| SUBJECT OF INSURANCE | LIMIT TYPE | AMOUNT | BASIS |
|---|------------|------------------------------|----------------|
| Policy Limit | Limit | \$541,303,146 | One Occurrence |
| Buildings, In any One Occurrence | | Included in the Policy Limit | |
| Business Personal Property Excluding Personal Property of Others, In any One Occurrence | | Included in the Policy Limit | |
| Personal Property of Others, In any One Occurrence | Limit | \$100,000 | |
| "Electronic Data Processing Data and Media", In any One Occurrence | Limit | \$7,000,000 | |
| Earthquake, Volcanic Eruption, Landslide and Mine Subsidence - Aggregate in any One Policy Year, For all Losses Covered Under This Policy, Commencing with the Inception Date of This Policy: | | - | |
| - Occurring anywhere else in the Policy Territory | Limit | \$5,000,000 | |
| Flood - Aggregate in any One Policy Year, For all Losses Covered Under This Policy, Commencing with the Inception Date of This Policy: | | - | |
| - Occurring in the Policy Territory Resulting from Flood to Buildings, Structures or Property in the Open Within Flood Zone A or Zones Prefixed a as Classified Under the National Flood Insurance Program or to Property in or on Buildings or Structures Located Within Such Flood Zones | Limit | \$500,000 | |
| - Occurring in the Policy Territory resulting from Flood to buildings, structures or property in the open within Flood Zone B, Zone X (shaded) or Zone X-500 as classified under the National Flood Insurance Program or to property in or on buildings or structures located within such Flood Zones | Limit | \$5,000,000 | |
| - Occurring Anywhere Else in the Policy Territory | Limit | \$5,000,000 | |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------|---|-----------|
| Deductible | By Earthquake, Volcanic Eruption, Landslide and Mine Subsidence, in any one occurrence: | \$250,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------|---|--|
| Deductible | By Earthquake, Volcanic Eruption, Landslide and Mine Subsidence, in any one occurrence: As respects Business Income | Included in the occurrence deductible. |
| Deductible | By Earthquake, Volcanic Eruption, Landslide and Mine Subsidence, in any one occurrence: As respects Extra Expense, | Included in the occurrence deductible. |
| Deductible | By Flood: Occurring within Flood Zone A or Zones prefixed A, in any one occurrence | \$250,000 |
| Deductible | By Flood: Occurring anywhere else in the Policy Territory where Flood coverage applies, in any one occurrence: | \$250,000 |
| Deductible | - As respects Business Income, the deductible | Included in the occurrence deductible. |
| Deductible | - As respects Extra Expense, the deductible | Included in the occurrence deductible |
| Deductible | To any other covered loss, in any one occurrence: | \$250,000 |

Additional Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|--|------------|---|
| Accounts Receivable, In any One Occurrence | Limit | \$1,000,000 |
| Valuable Papers and Records, In any One Occurrence | Limit | \$1,250,000 |
| "Fine Arts", In any One Occurrence | Limit | \$100,000 |
| Newly Constructed or Acquired Property, At any One Building, In any One Occurrence | Limit | \$2,000,000 |
| - Number of Days | | 180 Days |
| "Outdoor Property" Including Debris Removal, In any One Occurrence | Limit | \$100,000 |
| - Trees, Shrubs and Plants are Subject to a Maximum Per Item of | Limit | \$5,000 |
| Personal Effects and "Fine Arts" of Officers and Employees of the Insured: | | |
| - Per Employee | Limit | \$5,000 |
| - in any One Occurrence | Limit | \$100,000 |
| Covered Property at Undescribed Premises, In any One Occurrence | Limit | \$500,000 |
| Covered Property in Transit, In any One Occurrence | Limit | \$500,000 |
| Debris Removal, In any One Occurrence | | 25% of the Sum of the Amount Paid for Covered Property Loss and the Applicable Deductible |
| Additional Debris Removal Expense | Limit | \$500,000 |
| "Pollutant" Cleanup and Removal - Direct Damage, Aggregate in any One Policy Year | Limit | \$100,000 |
| Claim Data Expense - Direct Damage, In any One Occurrence | Limit | \$25,000 |
| Ordinance or Law: | | |

Additional Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|---|------------|--|
| - Loss to the Undamaged Portion of Buildings, In any One Occurrence | Limit | \$2,000,000 |
| - Demolition Cost, In any One Occurrence | | Included in the Limit Shown for Loss to the Undamaged Portion of Buildings |
| - Increased Cost of Construction, In any One Occurrence | | Included in the Limit Shown for Loss to the Undamaged Portion of Buildings |
| Limited "Fungus", Wet Rot and Dry Rot Coverage - Direct Damage: | | |
| - in any One Occurrence | Limit | \$15,000 |
| - Aggregate in any One Policy Year | Limit | \$100,000 |
| Business Income Ordinary Payroll: Excluded, In any One Occurrence | Limit | \$1,500,000 |
| - Extra Expense, In any One Occurrence | | Included in the Limit Shown for Business Income |
| - Extended Business Income | | 60 Days |
| - Civil Authority | | 60 Days |
| Ingress or Egress, In any One Occurrence: | Limit | \$25,000 |
| - Number of Miles | | 1 Miles |
| - Number of Days | | 30 Days |
| Claim Data Expense - Time Element, In any One Occurrence | Limit | \$25,000 |
| "Pollutant" Clean up and Removal - Time Element, Aggregate in any One Policy Year: | Limit | \$25,000 |
| Limited "Fungus", Wet Rot and Dry Rot Coverage - Time Element | | 30 Days |
| Limited Electronic Vandalism Cause of Loss Coverage, Aggregate in any One Policy Year | Limit | \$100,000 |
| Contractors Equipment, In any One Occurrence | Limit | \$3,500,000 |
| - Newly Acquired Contractors Equipment, In any One Occurrence | Limit | \$100,000 |
| - Equipment Rental Expense, In any One Occurrence | Limit | \$100,000 |
| Errors and Omissions, In any One Occurrence | Limit | \$1,000,000 |
| Utility Services - in any One Occurrence - Utility Services, Combined Direct Damage and Time Element | Limit | \$1,000,000 |
| Unreported Premises - Direct Damage: | | |
| - Per Location, In any One Occurrence: | Limit | \$500,000 |
| - Maximum at all Unreported Premises, In any One Occurrence: | Limit | \$1,000,000 |
| Underground Pipes - Direct Damage at Water and Sewer Treatment Plants, As Per Endorsement 1, In any One Occurrence: | Limit | \$1,000,000 |

Valuations:

| DESCRIPTION | LIMITATIONS |
|------------------|---|
| Replacement Cost | Applies per MS C5 05, except as otherwise stated within endorsement MS C5 05, within this Supplemental Coverage Declarations or elsewhere in this policy. |

Perils Covered:

| TYPE | DESCRIPTION |
|---------------------|-------------|
| Special Form Perils | Applies |

Endorsements include, but are not limited to:

| DESCRIPTION |
|--|
| Index of Forms - MS C0 02 07 99 |
| Supplemental Coverage Declarations - MS C0 03 10 18 |
| Property Coverage Form - MS C1 00 10 18 |
| Business Income and/or Rental Value Coverage Form Including Extra Expense - MS C1 01 10 18 |
| Earthquake, Volcanic Eruption, Landslide and Mine Subsidence - MS C2 04 10 18 |
| Flood - MS C2 06 10 18 |
| Electronic Vandalism - MS C2 19 10 18 |
| Renovation Projects - MS C3 03 10 18 |
| Contractors Equipment - MS C3 09 10 18 |
| Utility Services - Direct Damage - MS C3 27 10 18 |
| Unreported Premises - Direct Damage - MS C3 28 10 18 |
| Utility Services - Time Element - MS C4 09 10 18 |
| Policy Conditions, Additional Provisions and Definitions Form - MS C5 01 10 18 |
| Replacement Cost - MS C5 05 10 18 |
| Joint or Disputed Loss Agreement - MS C5 22 07 99 |
| Errors and Omissions - MS C5 26 10 18 |
| Extra Expense Deductible - MS C5 27 10 18 |
| HH/Mod Hazard EQ, Volcanic Eruption, Landslide & Mine Subsidence Areas - U.S.A. - MS C6 09 10 15 |
| New York Changes - Cancellation and Nonrenewal - MS C9 27 10 18 |
| New York Changes - MS C9 28 11 18 |
| Important Notice Regarding Independent Agent And Broker Compensation - PN T4 54 01 08 |
| Notice NY Hazardous Materials Report - PN T5 74 10 19 |
| NY Changes-References To Ins Department, Law, Reg - PN T9 91 10 19 |
| Terrorism Disclosure - TR IA 01 01 15 |
| Cap on Certified Terrorism - TR IA 04 01 15 |
| Builders Risk Form - MS C3 01 |
| Property Coverage Form Changes - Endorsement 1 |

Exclusions include, but are not limited to:

| DESCRIPTION |
|---|
| Earth Movement Exclusion |
| Flood Exclusion |
| Government Action Exclusion |
| War Exclusion |
| Nuclear Hazard, Power Failure |
| Exclusion Nuclear Hazard War Military Action & Pathogenic - MS C2 37 09 02 |
| Exclusion of Frame Buildings in the Course of Construction - MS C5 36 10 18 |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to compliance with our reasonable engineering recommendations. |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|--|
| Total Insured Values: \$559,599,203 |
| Please accept this proposal as the Broker for the captioned account |
| The policy will be subject to all state-mandated endorsements. |
| Consult Policy for Actual Terms and Conditions. |
| Total Premium Includes TRIA Premium Of \$8,483 |
| Policy Territory: The United States of America and Canada |
| Rate: 0.0505 |
| Sole Agent Provision: For any Insurance Afforded by This Policy, County of Albany Shall Act on Behalf of all Insureds with Respect to the Giving and Receiving of Notice of Cancellation or Nonrenewal, The Payment of Premiums, The Receiving of Return Premiums, And the Acceptance of any Endorsement Issued to Form a Part of This Policy. |
| Cancellation Provision: All References to 60 Days or Greater Notice of Cancellation in the General Conditions or in any State Changes - Cancellation and Nonrenewal Endorsement, Other than for Nonpayment of Premium, Is Amended to Read 90 Days. |

| | |
|--|---------------------|
| Premium | \$282,798.00 |
| Fees | |
| New York Fire Insurance Fee | \$953.00 |
| Total Fees | \$953.00 |
| ESTIMATED PROGRAM COST | \$283,751.00 |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | INCLUDED |

Coverage: Equipment Breakdown

Carrier: Greenwich Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

The following is a general summary of the Insuring Agreement. Refer to actual policy form for complete terms and conditions.

Coinsurance or Agreed Amount:

| DESCRIPTION | AGREED AMOUNT | COINSURANCE % |
|---|---------------|---------------|
| Business Income: Coinsurance Does not Apply | Yes | N/A |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|--------------|------------|---------------|
| Policy Limit | Limit | \$150,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------|--|--|
| Deductible | Property Damage | \$10,000 |
| Deductible | Business Income and Extra Expense | Included Within Property Damage Deductible |
| Deductible | Contingent Business Income and Extra Expense | Included Within Property Damage Deductible |
| Deductible | Ammonia Contamination | Included Within Property Damage Deductible |
| Deductible | Spoilage Damage | Included Within Property Damage Deductible |

Additional Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|--|------------|-------------|
| Property Damage | | Included |
| Off Premises Equipment | | Included |
| Business Income and Extra Expense | | Included |
| Contingent Business Income and Extra Expense | Limit | \$500,000 |
| Utility Interruption | | Included |
| Expediting Expenses | | Included |
| Ammonia Contamination | | Included |
| Spoilage Damage | | Included |
| Newly Acquired Premises | | 365 days |
| Ordinance or Law Coverage | Limit | \$2,500,000 |
| Errors and Omissions | | Included |
| Brands and Labels | | Included |
| Data and Media | Limit | \$500,000 |
| Consequential Loss | | Included |

Additional Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|--|------------|-------------|
| Hazardous Substance | Limit | \$2,500,000 |
| Water Damage | | Included |
| Fungus and Related Perils - Covered Property | Limit | \$15,000 |
| Fungus and Related Perils - BI days | | 30 days |
| Green Upgrades – Covered Equipment | Limit | \$100,000 |
| Green Upgrades – BI Days | | 30 days |
| Extended Period of Restoration | | 30 days |
| Diagnostic Equipment | | Included |
| Claims Preparation Costs | Limit | \$50,000 |
| System Installation Coverage (PD) | Limit | \$100,000 |
| System Installation Coverage (BI) | Limit | \$100,000 |

Valuations:

| DESCRIPTION | LIMITATIONS |
|------------------|-------------|
| Replacement Cost | |

Endorsements include, but are not limited to:

| DESCRIPTION |
|--|
| Coverage Form is ISO EB 00 20 01 13 |
| General Change Endorsement (IXI 403 0110) - 90 day notice of cancellation; except 10 days for non-payment of premium |
| Period of Restoration Modification (IXI 403 01 10) |
| Claims Preparation Costs (IXI 403 01 10) |
| Valuation Mod 50% (IXI 403 01 10) |
| Underground Equipment Modification (IXI 403 01 10) |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Testing Exclusion Modification (IXI 403 01 10) |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|--|
| Building + Contents Value: \$518,672,451 |
| Business Income Value: \$1 |
| Total Insured Values: \$518,672,452 |
| Business Income Report Date: August 15, 2020 |
| Business Income Annual Value: On file with Company |
| Contingent Business Income: Covered premises includes all suppliers and receivers resulting in an interruption in the delivery of services |
| Territory |

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

This policy(ies) will not apply to any risk which would be in violation of economic or trade sanctions administered by the United States Treasury, State, and Commerce Departments (e.g. the economic and trade sanctions administered by the United States Treasury Office of Foreign Assets Control – OFAC). Refer to Territory Section of Policy for coverage details. Countries or organizations with OFAC restrictions include but are not limited to the following: Balkans, Burma, Cuba, Iran, Iraq, Libya, Liberia, North Korea, Sierra Leone, Sudan, and Taliban. Please note that this list is subject to change. Up to date information is available on U.S. OFAC home page (<http://www.treas.gov/ofac>).

| | |
|----------------|--------------------|
| Premium | \$24,998.00 |
|----------------|--------------------|

| | |
|-------------------------------|--------------------|
| ESTIMATED PROGRAM COST | \$24,998.00 |
|-------------------------------|--------------------|

| | |
|---|----------|
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | Included |
|---|----------|

Coverage: Crime

Carrier: Travelers Casualty and Surety Co of America

Policy Period: 8/15/2020 to 8/15/2023

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|----------|----------------|------------------|----------------------|
| Crime | Loss Sustained | Not Applicable | Not Applicable |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | BASIS |
|--------------------------------------|------------|-----------------|--------------------------------|
| Employee Theft | | See Endorsement | Single Loss Limit of Insurance |
| Forgery or Alteration | Limit | \$250,000 | Single Loss Limit of Insurance |
| On Premises | Limit | \$250,000 | Single Loss Limit of Insurance |
| In Transit | Limit | \$250,000 | Single Loss Limit of Insurance |
| Computer Fraud | Limit | \$2,000,000 | Single Loss Limit of Insurance |
| Funds Transfer Fraud | Limit | \$2,000,000 | Single Loss Limit of Insurance |
| Identity Fraud Expense Reimbursement | Limit | \$25,000 | Single Loss Limit of Insurance |
| Claim Expense | Limit | \$5,000 | Single Loss Limit of Insurance |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|-----------|---|----------|
| Retention | Forgery or Alteration - Single Loss Retention | \$2,500 |
| Retention | On Premises - Single Loss Retention | \$2,500 |
| Retention | In Transit - Single Loss Retention | \$2,500 |
| Retention | Computer Fraud - Single Loss Retention | \$20,000 |
| Retention | Funds Transfer Fraud - Single Loss Retention | \$20,000 |

Endorsements include, but are not limited to:

| DESCRIPTION |
|---|
| Crime Declarations Page - CRI-2001-0109 |
| Crime Policy Form - CRI-3001-0109 |
| Removal of Short-Rate Cancellation Endorsement - ACF-7006-0511 |
| New York Insurance Regulation 209 Endorsement - CRI-17001-0317 |
| Global Coverage Compliance Endorsement – Adding Financial Interest Coverage and Sanctions Condition and Amending Territory Condition - CRI-19072-0315 |
| Social Engineering Fraud Insuring Agreement Endorsement - CRI-19085-0919 |
| Amendatory Endorsement for Certain ERISA Considerations - CRI-19101-1117 |
| Telecommunication Fraud Insuring Agreement Endorsement - CRI-19115-0519 |

Endorsements include, but are not limited to:

| DESCRIPTION |
|--|
| New York Cancellation or Termination Endorsement - CRI-5033-0613 |
| Amend Cancellation As To Any Employee Endorsement - CRI-7026-0713 |
| Government Entity Crime Endorsement - Faithful Performance of Duty - CRI-7126-0109 |
| Government Entity Crime Endorsement Including Coverage for Treasurers and Tax Collectors - CRI-7129-0109 |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Third Party Employee Dishonesty |
| Government Action Exclusion |
| Accounting or Arithmetic Errors |
| Voluntary Parting of Property |
| Loss in which the existence of such loss is only proved by a profit and loss comparison or inventory records |
| Any theft or criminal act committed by a partner of the insured |
| Employee Dishonesty (does not apply to Employee Theft Coverage) |
| Replace Exclusion BB. Endorsement - CRI-19097-0517 |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|---|
| Insured's Premises Covered: Worldwide, except |
| Total Annual Premium - \$4,594.00 |

| | |
|-------------------------------|--------------------|
| Premium (Three-year) | \$13,782.00 |
| ESTIMATED PROGRAM COST | \$13,782.00 |

Coverage: Package - General Liability
Carrier: Argonaut Insurance Company
Policy Period: 8/15/2020 to 8/15/2021

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|-----------------------------|------------|------------------|----------------------|
| General Liability | Occurrence | Not Applicable | Not Applicable |
| Employee Benefits Liability | Occurrence | Not Applicable | Not Applicable |
| Sexual Abuse | Occurrence | Not Applicable | Not Applicable |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|-------------------|---------------------------|---------------|------------------------------|
| General Liability | Does Not Apply | | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | BASIS |
|---|------------|--------------|------------|
| Specific Limit | Limit | \$10,000,000 | |
| Aggregate Limit | Limit | \$15,000,000 | |
| Personal and Advertising Injury - Subject to GL Aggregate Limit | Limit | \$10,000,000 | Occurrence |
| Products/Completed Operations | Limit | \$10,000,000 | Occurrence |
| Products/Completed Operations | Limit | \$15,000,000 | Aggregate |
| Employee Benefits Liability | | Included | |
| Sexual Abuse | Limit | \$10,000,000 | Occurrence |
| Sexual Abuse | Limit | \$10,000,000 | Aggregate |
| Damage to Premises Rented to You | Limit | \$1,000,000 | |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------------------|--|-------------|
| Self-Insured Retention | General Liability - Underlying Retention | \$1,000,000 |

Additional Coverage:

| DESCRIPTION | AMOUNT |
|-------------|--|
| Watercraft | Less than 51 Feet in Length and 100 Horsepower or Less |

Endorsements include, but are not limited to:

| DESCRIPTION |
|--|
| Sexual Abuse - GLRLE010 0713 |
| Damage to Premises Rented to You - RLE142 0416 |

Exclusions include, but are not limited to:

| COVERAGE TYPE | DESCRIPTION |
|------------------------|--|
| General Liability | Bodily Injury and Property Damage from pollutants - Absolute Exclusion |
| General Liability | Losses arising from the ownership maintenance or use of aircraft (including drones), autos, or watercraft, with some minor exceptions including certain contractual obligations |
| General Liability | Employment Related Practices Exclusion |
| General Liability | Liquor Liability Exclusion |
| General Liability | Aircraft Products Exclusion |
| General Liability | Professional Liability Exclusion |
| General Liability | Real Property in Your Care, Custody, and Control Exclusion |
| General Liability | Absolute Asbestos Exclusion |
| General Liability | Absolute Lead Exclusion |
| General Liability | War and Nuclear Hazard |
| General Liability | Mold / Fungus |
| EBL | Dishonest, fraudulent, criminal or malicious act or omission |
| EBL | Bodily Injury or Property Damage or Personal Injury |
| EBL | Failure of performance of contract |
| EBL | Failure of any investment to perform as represented by you |
| EBL | Failure to comply with mandatory provisions of any law concerning Workers' Compensation, unemployment insurance, social security or disability benefits |
| EBL | Wrongful termination of an employee |
| EBL | Coercion, demotion, reassignment, discipline or harassment of an employee |
| EBL | Discrimination against an employee |
| General Liability, EBL | Asbestos, Lead, Silica, Nuclear Energy, Nuclear Hazard, Pollution, Fungi/Bacteria, Electromagnetic Radiation, Contamination and Disease, War and Military Action, Nuclear Device Detonation, Pathogenic or Poisonous Biological or Chemical Materials, Cyber Liability |
| General Liability | Exclusions as stated on the GL coverage form and endorsements, including but not limited to: Aircraft, Electronic Data and Vandalism, Eminent Domain / Inverse Condemnation, Underground Storage Tanks, Employers Liability, |
| General Liability | Albany County Nursing Home Excluded - AGGLRLE031 0610) |
| General Liability | Land Subsidence Exclusion - GLSUB 0517 |
| General Liability | Unmanned Aircraft Exclusion - CG2109CW 0417 |
| General Liability | Cyber Exclusion - RLE146 1018 |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION | |
|---|--|
| Treatment of ALAE: Underlying Retention: Inside Insurer's Specific Limit: Outside | |
| Notice of Cancellation - 90 Days; 10 Days for Non-Payment; In Compliance with State Law | |
| Coverage Trigger: Per Occurrence | |

| | |
|----------------|---------------------|
| Premium | \$393,450.00 |
|----------------|---------------------|

Fees

| | |
|---|------------|
| NY Auto Fee (Applicable for Automobile) | \$2,190.00 |
|---|------------|

| | |
|-------------------|-------------------|
| Total Fees | \$2,190.00 |
|-------------------|-------------------|

| | |
|-------------------------------|---------------------|
| ESTIMATED PROGRAM COST | \$395,640.00 |
|-------------------------------|---------------------|

| | |
|--|----------------------------|
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | \$4,189.00 Included |
|--|----------------------------|

Subject to Audit: Not Auditable

Coverage: Package - Automobile

Carrier: Argonaut Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | COVERED AUTOS |
|---------------------------------------|------------|--------------|---------------|
| Automobile Liability (Specific Limit) | Limit | \$10,000,000 | 1 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------------------|---|-------------|
| Self-Insured Retention | Automobile Liability - Underlying Retention | \$1,000,000 |

Covered Autos:

| SYMBOL | SYMBOL NAME | DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS |
|--------|--|--|
| 1 | Any Auto | |
| 2 | Owned Autos Only | Only those autos you own (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos you acquire ownership of after the policy begins. |
| 3 | Owned Private Passenger Autos Only | Only the private passenger autos you own. This includes those private passenger autos you acquire ownership of after the policy begins. |
| 4 | Owned Autos Other Than Private Passenger Autos Only | Only those autos you own that are not of the private passenger type (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos not of the private passenger type you acquire ownership of after the policy begins. |
| 5 | Owned Autos Subject To No-Fault | Only those autos you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged. |
| 6 | Owned Autos Subject To A Compulsory Uninsured Motorists Law | Only those autos you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists' requirement. |
| 7 | Specifically Described Autos | Only those autos described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any trailers you don't own while attached to any power unit described in Item Three). |
| 8 | Hired Autos Only | Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent, or borrow from any of your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households. |
| 9 | Non-Owned Autos Only | Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees, partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs. |
| 19 | Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only | Only those autos that are land vehicles and that would qualify under the definition of mobile equipment under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged. |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Excluded Drivers |
| Expected or Intended Injury |
| Contractual |
| Workers' Compensation |
| Employers' Liability |
| Property Damage to Property Owned or Transported by you |
| Pollution |
| Other standard policy exclusions apply |
| Terrorism |
| Asbestos, Lead, Silica, Nuclear Energy, Nuclear Hazard, Pollution, Fungi/Bacteria, Electromagnetic Radiation, Contamination and Disease, War and Military Action, Nuclear Device Detonation, Pathogenic or Poisonous Biological or Chemical Materials, Cyber Liability |
| Exclusions as stated on the Auto coverage form including racing, Uninsured Motorist, Underinsured Motorist |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|---|
| Treatment of ALAE: Underlying Retention: Inside Insurer's Specific Limit: Outside |
| Coverage Trigger - Per Accident |
| Notice of Cancellation - 90 Days; 10 Days for Non-Payment; In Compliance with State Law |
| Pollution Clean Up and Removal as provided on the Coverage Form |
| Waiver of Subrogation as provided under the Coverage Form |
| Covered Autos Includes Owned, Leased, Rented, Non-Owned and Borrowed Autos and Autos Commandeered in Emergency Situations |

Auto Disclaimer:

Commercial Auto policies utilize a set of coverage symbols to stipulate a category of covered autos. One or more symbols are assigned to each coverage purchased indicating which autos that coverage applies to. Please refer to your policy and make certain that you read and understand the various auto symbols and associated descriptions. Specific symbols may apply to either a particular kind of vehicle or the vehicle's ownership status. The symbols could also differ depending upon whether the coverage is for liability or physical damage. Also, in certain circumstances, an insurance company may agree to provide coverage for an auto scenario that is not described in the auto symbols. When this occurs, a unique symbol and related description is used. If you have any questions regarding the auto symbols or associated descriptions contained in your policy, please contact us.

| | |
|--|-----------------|
| Premium | INCLUDED |
| Fees | INCLUDED |
| ESTIMATED PROGRAM COST | INCLUDED |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | INCLUDED |

Subject to Audit: Not Auditable

Coverage: Package - Public Officials Liability

Carrier: Argonaut Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Number:

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|----------------------------|-------------|------------------|----------------------|
| Public Officials Liability | Claims Made | Not Applicable | |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|----------------------------|---------------------------|---------------|------------------------------|
| Public Officials Liability | Does Not Apply | | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|-----------------|------------|--------------|
| Specific Limit | Limit | \$10,000,000 |
| Aggregate Limit | Limit | \$15,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------------------|---|-----------|
| Self-Insured Retention | Public Officials Liability - Underlying Retention | \$500,000 |

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

| COVERAGE | CONTINUITY DATE | LIMITS | CONDITIONS |
|----------------------------|-----------------|--------|------------|
| Public Officials Liability | -- | | |

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within (30) days of the expiration date. The cost of this extended reporting period is 200% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (30) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

| DESCRIPTION |
|-------------------------------|
| Refer to attached policy form |

Incident or Claim Reporting Provision:

| REPORTING CONDITION TYPE | DESCRIPTION |
|--------------------------|-------------------------------|
| | Refer to attached policy form |

Run Off Provisions:

| DESCRIPTION | PREMIUM AMOUNT | PREMIUM DUE DATE | LENGTH | % OF EXPIRING PREMIUM |
|-------------------------------|----------------|------------------|--------|-----------------------|
| Refer to attached policy form | — | — | | — |

Additional Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|--|------------|----------|
| Coverage Extensions (not subject to Retained Limit): | | |
| Identity Theft Expense | Limit | \$5,000 |
| Key Individual Replacement | Limit | \$25,000 |
| Emergency Travel Reimbursement | Limit | \$5,000 |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Asbestos, Lead, Silica, Nuclear Energy, Nuclear Hazard, Pollution, Fungi/Bacteria, Electromagnetic Radiation, Contamination and Disease, War and Military Action, Nuclear Device Detonation, Pathogenic or Poisonous Biological or Chemical Materials, Cyber Liability |
| Exclusions as stated on the Public Officials Liability coverage form and endorsements including but not limited to: Eminent Domain / Inverse Condemnation, Employment Practices, Insurance Practices, Fraudulent Acts, Labor Disputes, Law Enforcement, Non-Monetary Relief, Debt Financing, Derivative Investment, Financial Loss, Securities, Bonds, and Debentures. |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|---|
| Treatment of ALAE: Underlying Retention: Inside Insurer's Specific Limit: Outside |
| Retroactive date - Full Prior Acts |
| Notice of Cancellation - 90 Days; 10 Days for Non-Payment; In Compliance with State Law |

| | |
|--|-----------------|
| Premium | INCLUDED |
| Fees | INCLUDED |
| ESTIMATED PROGRAM COST | INCLUDED |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | INCLUDED |

Subject to Audit: Not Auditable

Coverage: Package - Employment Practices Liability

Carrier: Argonaut Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Number:

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|--------------------------------|-------------|------------------|----------------------|
| Employment Practices Liability | Claims Made | Not Applicable | |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|--------------------------------|---------------------------|---------------|------------------------------|
| Employment Practices Liability | Does Not Apply | | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|-----------------|------------|--------------|
| Specific Limit | Limit | \$10,000,000 |
| Aggregate Limit | Limit | \$15,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------------------|---|-----------|
| Self-Insured Retention | Employment Practices Liability - Underlying Retention | \$500,000 |

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

| COVERAGE | CONTINUITY DATE | LIMITS | CONDITIONS |
|--------------------------------|-----------------|--------|------------|
| Employment Practices Liability | -- | | |

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within (30) days of the expiration date. The cost of this extended reporting period is 200% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (30) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

| DESCRIPTION |
|-------------------------------|
| Refer to attached policy form |

Incident or Claim Reporting Provision:

| REPORTING CONDITION TYPE | DESCRIPTION |
|--------------------------|-------------------------------|
| | Refer to attached policy form |

Run Off Provisions:

| DESCRIPTION | PREMIUM AMOUNT | PREMIUM DUE DATE | LENGTH | % OF EXPIRING PREMIUM |
|-------------------------------|----------------|------------------|--------|-----------------------|
| Refer to attached policy form | — | -- | | — |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Asbestos, Lead, Silica, Nuclear Energy, Nuclear Hazard, Pollution, Fungi/Bacteria, Electromagnetic Radiation, Contamination and Disease, War and Military Action, Nuclear Device Detonation, Pathogenic or Poisonous Biological or Chemical Materials, Cyber Liability |
| Exclusions as stated on the Employment Practices Liability coverage form and endorsements including but not limited to: Failure to Maintain Insurance, Violation of Laws, Non-Monetary Relief (exception for defense) |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|---|
| Treatment of ALAE: Underlying Retention: Inside Insurer's Specific Limit: Outside |
| Retroactive date - Full Prior Acts |
| Notice of Cancellation - 90 Days; 10 Days for Non-Payment; In Compliance with State Law |

| | |
|--|-----------------|
| Premium | INCLUDED |
| Fees | INCLUDED |
| ESTIMATED PROGRAM COST | INCLUDED |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | INCLUDED |

Subject to Audit: Not Auditable

Coverage: Package - Law Enforcement Liability

Carrier: Argonaut Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Number:

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|---------------------------|------------|------------------|----------------------|
| Law Enforcement Liability | Occurrence | Not Applicable | Not Applicable |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|---------------------------|---------------------------|---------------|------------------------------|
| Law Enforcement Liability | Does Not Apply | | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|-----------------|------------|--------------|
| Specific Limit | Limit | \$10,000,000 |
| Aggregate Limit | Limit | \$15,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------------------|--|-------------|
| Self-Insured Retention | Law Enforcement Liability - Underlying Retention | \$1,000,000 |

Additional Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | BASIS |
|------------------|------------|----------------|-------------------------|
| Animal Mortality | Limit | Up to \$10,000 | Per Occurrence Annually |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Unmanned Aircraft Exclusion per expiring - CG2109CWLEL 0417 |
| Asbestos, Lead, Silica, Nuclear Energy, Nuclear Hazard, Pollution, Fungi/Bacteria, Electromagnetic Radiation, Contamination and Disease, War and Military Action, Nuclear Device Detonation, Pathogenic or Poisonous Biological or Chemical Materials, Cyber Liability |
| Exclusions as stated on the Law Enforcement Liability coverage form including Care, Custody and Control (not applicable to property on persons at time of arrest), Injury to Auxiliary or Volunteer Officers, Prior or Pending Legal Action or Litigation, Unmanned Aircraft |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|---|
| Treatment of ALAE: Underlying Retention: Inside Insurer's Specific Limit: Outside |
| Notice of Cancellation - 90 Days; 10 Days for Non-Payment; In Compliance with State Law |
| Coverage Trigger: Per Occurrence |

| | |
|--|-----------------|
| Premium | INCLUDED |
| Fees | INCLUDED |
| ESTIMATED PROGRAM COST | INCLUDED |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | INCLUDED |

Subject to Audit: Not Auditable

Coverage: Package - General Liability

Carrier: Safety National Casualty Corporation
Safety Specialty Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|-----------------------------|-------------|------------------|----------------------|
| General Liability | Occurrence | Not Applicable | Not Applicable |
| Employee Benefits Liability | Claims Made | Not Applicable | |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|-------------------|---------------------------|---------------|------------------------------|
| General Liability | Does Not Apply | | |

Participation Schedule:

| CARRIER | PARTICIPATING LIMIT |
|--------------------------------------|---------------------|
| Safety National Casualty Corporation | |
| Safety Specialty Insurance Company | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | BASIS |
|---|------------|-------------|---|
| General Aggregate Limit | Limit | \$4,000,000 | Other than Product/Completed Operations |
| Products/Completed Operations Aggregate Limit | Limit | \$4,000,000 | |
| Each Occurrence Limit | Limit | \$2,000,000 | Combined BI & PD |
| Personal and Advertising Injury Limit | Limit | \$2,000,000 | Any One Person or Org |
| Damages to Premises Rented to You Limit | Limit | \$500,000 | including Fire Damage Legal |
| Employee Benefits Liability Coverage | | - | |
| Aggregate Limit | Limit | \$4,000,000 | |
| Each Employee Limit | Limit | \$2,000,000 | |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|-----------|-------------------------------------|-------------|
| Retention | General Liability - Each Occurrence | \$1,000,000 |
| Retention | Personal and Advertising Injury | \$1,000,000 |
| Retention | Damages to Premises Rented to You | \$1,000,000 |
| Retention | Employee Benefits Liability | \$1,000,000 |

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

| COVERAGE | CONTINUITY DATE | LIMITS | CONDITIONS |
|-----------------------------|-----------------|--------|------------|
| Employee Benefits Liability | — | | |

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within (30) days of the expiration date. The cost of this extended reporting period is 100% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (30) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

| DESCRIPTION |
|-------------------------------|
| Refer to attached policy form |

Incident or Claim Reporting Provision:

| REPORTING CONDITION TYPE | DESCRIPTION |
|--------------------------|-------------------------------|
| | Refer to attached policy form |

Run Off Provisions:

| DESCRIPTION | PREMIUM AMOUNT | PREMIUM DUE DATE | LENGTH | % OF EXPIRING PREMIUM |
|-------------------------------|----------------|------------------|--------|-----------------------|
| Refer to attached policy form | — | — | | — |

Endorsements include, but are not limited to:

| DESCRIPTION |
|---|
| Amended Definition of Bodily Injury - SNGL 004 |
| Unintentional Failure to Disclose Hazards or Occurrences - SNGL 021 |
| Deletion of Premium Audit Condition - SNGL 053 |
| Designated Additional Insured (Broad Form) - SNGL 022 |
| Governmental Subdivisions Endorsement - CG 24 09 |
| Employee Benefits Liability Coverage with Self-Insured Retention - SNGL 054 |
| Self-Insured Retention Endorsement - SNGL 024 |
| Sexual Abuse or Molestation Coverage - Manuscript |
| Mandatory State Endorsements - As required by covered states |
| Co-Employee Exclusion Deleted - SNGL 012 |
| CGL Coverage Form - (CG 00 01) |

Exclusions include, but are not limited to:

| COVERAGE TYPE | DESCRIPTION |
|-------------------|--|
| General Liability | Bodily Injury and Property Damage from pollutants - Absolute Exclusion |

Exclusions include, but are not limited to:

| COVERAGE TYPE | DESCRIPTION |
|-------------------|---|
| General Liability | Losses arising from the ownership maintenance or use of aircraft (including drones), autos, or watercraft, with some minor exceptions including certain contractual obligations |
| General Liability | Employment Related Practices Exclusion |
| General Liability | Liquor Liability Exclusion |
| General Liability | Aircraft Products Exclusion |
| General Liability | Professional Liability Exclusion |
| General Liability | Real Property in Your Care, Custody, and Control Exclusion |
| General Liability | Absolute Asbestos Exclusion |
| General Liability | Absolute Lead Exclusion |
| General Liability | War and Nuclear Hazard |
| General Liability | Mold / Fungus |
| EBL | Dishonest, fraudulent, criminal or malicious act or omission |
| EBL | Bodily Injury or Property Damage or Personal Injury |
| EBL | Failure of performance of contract |
| EBL | Failure of any investment to perform as represented by you |
| EBL | Failure to comply with mandatory provisions of any law concerning Workers' Compensation, unemployment insurance, social security or disability benefits |
| EBL | Wrongful termination of an employee |
| EBL | Coercion, demotion, reassignment, discipline or harassment of an employee |
| EBL | Discrimination against an employee |
| General Liability | Total Pollution Exclusion W/ Hostile Fire Exception - CG 21 55 |
| General Liability | Nuclear Energy Liability Exclusion - IL 00 21 |
| General Liability | Fungi or Bacteria Exclusion - CG 21 67 |
| General Liability | Silica Exclusion - CG 21 96 |
| General Liability | Asbestos Exclusion - SNGL 044 |
| General Liability | Lead Exclusion - SNGL 043 |
| General Liability | Employment Related Practices Exclusion - CG 21 47 |
| General Liability | Law Enforcement Exclusion - CG 22 51 |
| General Liability | ERISA Exclusion - SNGL 002 |
| General Liability | Failure to Supply Exclusion - CG 22 50 |
| General Liability | Injury to Volunteer Firefighters Exclusion - CG 22 56 |
| General Liability | Access or Disclosure of Confidential or Personal Information And Data-Related Liability Exclusion - CG 21 07 |
| General Liability | Coverage C- Medical Payments Exclusion - CG 21 35 |

Binding Requirements:

DESCRIPTION

Subject to Signed Acceptance or Rejection of Terrorism Insurance Coverage with regard to General Liability

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

Carrier: Safety National Casualty Corporation

Employee Benefits Liability - Retroactive Date: Full Prior Acts

| | |
|--|--------------------|
| Premium | \$74,461.00 |
| ESTIMATED PROGRAM COST | \$74,461.00 |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | \$1,266.00 |

Subject to Audit: Not Auditable

Coverage: Package - Automobile

Carrier: Safety National Casualty Corporation
Safety Specialty Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Participation Schedule:

| CARRIER | PARTICIPATING LIMIT |
|--------------------------------------|---------------------|
| Safety National Casualty Corporation | |
| Safety Specialty Insurance Company | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | COVERED AUTOS | BASIS |
|--|------------|-------------|---------------|------------------|
| Auto Liability - Combined Single Limit - Bodily Injury & Property Damage | Limit | \$2,000,000 | 1 | Any One Accident |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|-----------|-----------------------------------|-------------|
| Retention | Auto Liability - Any One Accident | \$1,000,000 |

Covered Autos:

| SYMBOL | SYMBOL NAME | DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS |
|--------|---|--|
| 1 | Any Auto | |
| 2 | Owned Autos Only | Only those autos you own (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos you acquire ownership of after the policy begins. |
| 3 | Owned Private Passenger Autos Only | Only the private passenger autos you own. This includes those private passenger autos you acquire ownership of after the policy begins. |
| 4 | Owned Autos Other Than Private Passenger Autos Only | Only those autos you own that are not of the private passenger type (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos not of the private passenger type you acquire ownership of after the policy begins. |
| 5 | Owned Autos Subject To No-Fault | Only those autos you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged. |
| 6 | Owned Autos Subject To A Compulsory Uninsured Motorists Law | Only those autos you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists' requirement. |
| 7 | Specifically Described Autos | Only those autos described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any trailers you don't own while attached to any power unit described in Item Three). |

Covered Autos:

| SYMBOL | SYMBOL NAME | DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS |
|--------|--|--|
| 8 | Hired Autos Only | Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent, or borrow from any of your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households. |
| 9 | Non-Owned Autos Only | Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees, partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs. |
| 19 | Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only | Only those autos that are land vehicles and that would qualify under the definition of mobile equipment under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged. |

Endorsements include, but are not limited to:

| DESCRIPTION |
|--|
| Self-Insured Retention Endorsement - SNCA 022 |
| Public Entity Endorsement - SNCA 029 |
| Broad Form Named Insured - SNCA 038 |
| Unintentional Failure to Disclose Material Facts - SNCA 028 |
| Unintentional Failure to Provide Notice of Accident or Loss - SNCA 030 |
| Audio, Visual, & Data Electronic Equipment Coverage- Fire, Police, & Emergency Vehicles - CA 20 02 |
| Amphibious Vehicles - CA 23 97 |
| Public Transportation Autos - CA 24 02 |
| Hired Autos Specified as Covered Autos you Own - CA 99 16 |
| Waiver of Premium Audit Condition - Manuscript |
| CA Coverage Form - (CA 00 01) |
| Mandatory State Endorsements - As required by covered states |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Excluded Drivers |
| Expected or Intended Injury |
| Contractual |
| Workers' Compensation |
| Employers' Liability |
| Property Damage to Property Owned or Transported by you |
| Pollution |
| Other standard policy exclusions apply |
| Terrorism |
| Exclusion of Federal Employees Using Autos in Government Business - CA 04 42 |

Exclusions include, but are not limited to:

| DESCRIPTION |
|--|
| Emergency Services - Volunteer Firefighters' and Workers' Injuries Excluded - CA 20 30 |
| Silica Exclusion - CA 23 94 |
| Nuclear Energy Liability Exclusion - IL 00 21 |

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION |
|--|
| UM/UIM, PIP, and/or Med Pay coverage - If the insured's intent is to reject UM/UIM, PIP, and/or Med Pay coverage in states that allow total rejection and the state mandatory forms are not signed, dated and returned prior to a loss, the insured's SIR will apply to the claim, if payments are made. |
| Carrier: Safety National Casualty Corporation |

Auto Disclaimer:

Commercial Auto policies utilize a set of coverage symbols to stipulate a category of covered autos. One or more symbols are assigned to each coverage purchased indicating which autos that coverage applies to. Please refer to your policy and make certain that you read and understand the various auto symbols and associated descriptions. Specific symbols may apply to either a particular kind of vehicle or the vehicle's ownership status. The symbols could also differ depending upon whether the coverage is for liability or physical damage. Also, in certain circumstances, an insurance company may agree to provide coverage for an auto scenario that is not described in the auto symbols. When this occurs, a unique symbol and related description is used. If you have any questions regarding the auto symbols or associated descriptions contained in your policy, please contact us.

| | |
|-------------------------------|--------------------|
| Premium | \$57,648.00 |
| ESTIMATED PROGRAM COST | \$57,648.00 |

Subject to Audit: Not Auditable

Coverage: Package - Excess Liability

Carrier: Safety National Casualty Corporation
Safety Specialty Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|------------------|------------|------------------|----------------------|
| Excess Liability | Occurrence | Not Applicable | Not Applicable |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|------------------|---------------------------|---------------|------------------------------|
| Excess Liability | Does Not Apply | | |

Participation Schedule:

| CARRIER | PARTICIPATING LIMIT |
|--------------------------------------|---------------------|
| Safety National Casualty Corporation | |
| Safety Specialty Insurance Company | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|-------------------|------------|-------------|
| General Aggregate | Limit | \$8,000,000 |
| Each Occurrence | Limit | \$8,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT | ADDITIONAL INFO |
|------------|------------------|--------|---------------------|
| Deductible | Excess Liability | None | Underlying Policies |

Underlying Policies:

| COVERAGE | DESCRIPTION | LIMIT | CARRIER NAME | EFFECTIVE DATE | EXPIRATION DATE |
|----------------------------|-----------------------|-------------------------|--------------------------------------|----------------|-----------------|
| General Liability | Combined Single Limit | \$2,000,000/\$4,000,000 | Safety National Casualty Corporation | 8/15/2020 | 8/15/2021 |
| Automobile Liability | Limit | \$2,000,000 | Safety National Casualty Corporation | 8/15/2020 | 8/15/2021 |
| Public Officials Liability | Limit | \$2,000,000/\$2,000,000 | Safety Specialty Insurance Company | 8/15/2020 | 8/15/2021 |
| Law Enforcement Liability | Limit | \$2,000,000/\$2,000,000 | Safety Specialty Insurance Company | 8/15/2020 | 8/15/2021 |
| Employers Liability | Limit | \$2M/\$2M/\$2M | MWECC | 1/1/2020 | 1/1/2021 |

Endorsements include, but are not limited to:**DESCRIPTION**

Commercial Excess Coverage Form - (CX 00 01)

Exclusions include, but are not limited to:**DESCRIPTION**

Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Laws

Pollution (Hostile Fire Exception)

Asbestos

Physical Damage to Property in Insured's Care, Custody, or Control

Auto First-party Coverage

Pollution (Auto)

Products Recall

Employment Related Practices Exclusion

Total Pollution Exclusion

Professional Liability Exclusion

Retained Limit

Terrorism - CX 21 33

Failure to Supply - Manuscript

Binding Requirements:**DESCRIPTION**

Subject to Signed Acceptance or Rejection of Terrorism Insurance Coverage with regard to Excess Liability

Other Significant Terms and Conditions/Restrictions:**DESCRIPTION**

Carrier: Safety National Casualty Corporation

All underlying coverages must be bound through Safety National Casualty Corporation or Safety Specialty Insurance Company.

| | |
|----------------|---------------------|
| Premium | \$111,948.00 |
|----------------|---------------------|

| | |
|-------------------------------|---------------------|
| ESTIMATED PROGRAM COST | \$111,948.00 |
|-------------------------------|---------------------|

| | |
|--|-------------------|
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | \$4,273.00 |
|--|-------------------|

Subject to Audit: Not Auditable

Coverage: Package - Public Officials Liability & Employment Practices Liability

Carrier: Safety National Casualty Corporation
Safety Specialty Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Number: POEPCM 0416

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|---|-------------|------------------|----------------------|
| Public Officials Liability & Employment Practices Liability | Claims Made | Not Applicable | |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|----------------------------|---------------------------|---------------|------------------------------|
| Public Officials Liability | Does Not Apply | | |

Participation Schedule:

| CARRIER | PARTICIPATING LIMIT |
|--------------------------------------|---------------------|
| Safety National Casualty Corporation | |
| Safety Specialty Insurance Company | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|------------------------|------------|-------------|
| Annual Aggregate Limit | Limit | \$2,000,000 |
| Each Wrongful Act | Limit | \$2,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|-----------|-----------------------------------|-----------|
| Retention | Each Wrongful Act (including LAE) | \$500,000 |

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

| COVERAGE | CONTINUITY DATE | LIMITS | CONDITIONS |
|----------------------------|-----------------|--------|------------|
| Public Officials Liability | --- | | |

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within (30) days of the expiration date. The cost of this extended reporting period is 100% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (30) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:**DESCRIPTION**

Refer to attached policy form

Incident or Claim Reporting Provision:**REPORTING CONDITION TYPE****DESCRIPTION**

Refer to attached policy form

Run Off Provisions:**DESCRIPTION****PREMIUM AMOUNT****PREMIUM DUE DATE****LENGTH****% OF EXPIRING PREMIUM**

Refer to attached policy form

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Endorsements include, but are not limited to:**DESCRIPTION**

Mandatory State Forms

Non-Stacking of Limits Endorsement – Form ILNONSTACK 0416

POL/EPL Coverage Form - (POEPCM 0416)

Coverage Retention Form - (ILSIR 0716)

Exclusions include, but are not limited to:**DESCRIPTION**

Asbestos

Other Significant Terms and Conditions/Restrictions:**DESCRIPTION**

Carrier: Safety Specialty Insurance Company

Retroactive Date: Full Prior Acts

Premium**\$53,039.00****ESTIMATED PROGRAM COST****\$53,039.00****Subject to Audit: Not Auditable**

County of Albany



Coverage: Package - Law Enforcement Liability

Carrier: Safety National Casualty Corporation
Safety Specialty Insurance Company

Policy Period: 8/15/2020 to 8/15/2021

Form Number: LELPOF 0416

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|---------------------------|------------|------------------|----------------------|
| Law Enforcement Liability | Occurrence | Not Applicable | Not Applicable |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|---------------------------|---------------------------|---------------|------------------------------|
| Law Enforcement Liability | Does Not Apply | | |

Participation Schedule:

| CARRIER | PARTICIPATING LIMIT |
|--------------------------------------|---------------------|
| Safety National Casualty Corporation | |
| Safety Specialty Insurance Company | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|------------------------|------------|-------------|
| Annual Aggregate Limit | Limit | \$2,000,000 |
| Each Occurrence Limit | Limit | \$2,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|-----------|---------------------------------|-------------|
| Retention | Each Occurrence (including LAE) | \$1,000,000 |

Endorsements include, but are not limited to:

| DESCRIPTION |
|---|
| Mandatory State Forms |
| Non-Stacking of Limits Endorsement – Form ILNONSTACK 0416 |
| LEL Coverage Form - (LELPOF 0416) |
| Coverage Retention Form - (ILSIR 0716) |

Exclusions include, but are not limited to:

| DESCRIPTION |
|-------------|
| Asbestos |

Other Significant Terms and Conditions/Restrictions:

DESCRIPTION

Carrier: Safety Specialty Insurance Company

| | |
|----------------|--------------------|
| Premium | \$70,480.00 |
|----------------|--------------------|

| | |
|-------------------------------|--------------------|
| ESTIMATED PROGRAM COST | \$70,480.00 |
|-------------------------------|--------------------|

Subject to Audit: Not Auditable

Coverage: General Liability Including Professional Liability

Carrier: Medical Liability Mutual Insurance Co

Policy Period: 8/15/2020 to 8/15/2021

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|------------------------|-------------|------------------|----------------------|
| General Liability | Occurrence | Not Applicable | Not Applicable |
| Professional Liability | Claims Made | 4/4/1986 | |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|----------------------------------|---------------------------|---------------|------------------------------|
| General Liability | Does Not Apply | | |
| Professional Liability Insurance | Does Not Apply | | |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|---|------------|-------------|
| Each Occurrence | Limit | \$1,000,000 |
| Personal and Advertising Injury | Limit | \$1,000,000 |
| Damage to Premises Rented to you | Limit | \$100,000 |
| Medical Payments | Limit | \$10,000 |
| General Aggregate | Limit | \$3,000,000 |
| Products – Completed Operations Aggregate | Limit | \$3,000,000 |
| Professional Liability Insurance: | | - |
| - Each Medical Incident | Limit | \$1,000,000 |
| - Aggregate | Limit | \$3,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------|------------------------|--------|
| Deductible | General Liability | None |
| Deductible | Professional Liability | None |

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

| COVERAGE | CONTINUITY DATE | LIMITS | CONDITIONS |
|------------------------|-----------------|--------|------------|
| Professional Liability | - | | |

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within (30) days of the expiration date. The cost of this extended reporting period is 100% of the annual

premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (30) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:**DESCRIPTION**

Refer to attached policy form

Incident or Claim Reporting Provision:**REPORTING CONDITION TYPE****DESCRIPTION**

Refer to attached policy form

Run Off Provisions:**DESCRIPTION****PREMIUM AMOUNT****PREMIUM DUE DATE****LENGTH****% OF EXPIRING PREMIUM**

Refer to attached policy form

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Endorsements include, but are not limited to:**DESCRIPTION**

Policy Form: Occurrence

Exclusions include, but are not limited to:**COVERAGE TYPE****DESCRIPTION**

General Liability Bodily Injury and Property Damage from pollutants - Absolute Exclusion

General Liability Losses arising from the ownership maintenance or use of aircraft (including drones), autos, or watercraft, with some minor exceptions including certain contractual obligations

General Liability Employment Related Practices Exclusion

General Liability Liquor Liability Exclusion

General Liability Aircraft Products Exclusion

General Liability Professional Liability Exclusion

General Liability Real Property in Your Care, Custody, and Control Exclusion

General Liability Absolute Asbestos Exclusion

General Liability Absolute Lead Exclusion

General Liability War and Nuclear Hazard

General Liability Mold / Fungus

Other Significant Terms and Conditions/Restrictions:**DESCRIPTION**

Only the following locations are covered (same as expiring); 100 Heritage Lane, Albany, 175 Green Street, Albany, 260 So. Pearl Street, Albany, 840 Albany Shaker Road, Albany, 75 New Scotland Avenue, Albany and 112 State Street, Albany.

MLMIC is only covering the mental health unit located at the Albany County Correctional/Jail Facility, which services are provided by County employees.

Other Significant Terms and Conditions/Restrictions:

| DESCRIPTION | |
|---|--|
| The policy will remain auditable | |
| Only the following nurse practitioners is covered under this quotation: Patricia Gaynor, NP and Carla Suna, NP. | |
| The total visits used for this year's renewal are 55,823 | |

| | |
|----------------|---------------------|
| Premium | \$390,461.00 |
|----------------|---------------------|

| | |
|-------------------------------|---------------------|
| ESTIMATED PROGRAM COST | \$390,461.00 |
|-------------------------------|---------------------|

| | |
|---|-----------------|
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | INCLUDED |
|---|-----------------|

Subject to Audit: Not Auditable

Coverage: Cyber Liability
Carrier: ACE American Insurance Company
Policy Period: 8/15/2020 to 8/15/2021

Form Number: PF-48169 (02/19)

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|---|-------------|------------------|----------------------|
| Third Party Liability Insuring Agreements : Payment Card Loss, Regulatory Proceedings | Claims Made | 8/15/2007 | 8/15/2013 |
| Cyber, Privacy And Network Security Liability | Claims Made | 8/15/2007 | 8/15/2013 |
| Electronic, Social And Printed Media Liability | Claims Made | 8/15/2013 | 8/15/2013 |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|-----------------|---------------------------|---------------|--|
| Cyber Liability | Applies | | Other / Claims Expenses Under This Policy Shall Reduce and May Exhaust the Applicable Limit of Insurance |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | BASIS |
|---|------------|----------------|---------------------|
| Maximum Single Limit of Insurance | Limit | \$5,000,000 | |
| Maximum Policy Aggregate Limit of Insurance | Limit | \$5,000,000 | |
| First Party Insuring Agreements | | - | |
| Cyber Incident Response Fund | | - | |
| Cyber Incident Response Team | Limit | \$5,000,000 | Each Cyber Incident |
| Cyber Incident Response Team | Limit | \$5,000,000.00 | Aggregate |
| Non-Panel Response Provider | Limit | \$1,000,000.00 | Each Cyber Incident |
| Non-Panel Response Provider | Limit | \$1,000,000.00 | Aggregate |
| Digital Data Recovery | Limit | \$5,000,000 | Each Cyber Incident |
| Digital Data Recovery | Limit | \$5,000,000 | Aggregate |
| Network Extortion | Limit | \$5,000,000.00 | Each Cyber Incident |
| Network Extortion | Limit | \$5,000,000 | Aggregate |
| Third Party Liability Insuring Agreements | | - | |
| Cyber, Privacy And Network Security Liability | Limit | \$5,000,000 | Each Claim |
| Cyber, Privacy And Network Security Liability | Limit | \$5,000,000 | Aggregate |
| Regulatory Proceedings | Limit | \$2,500,000 | Each Claim |
| Regulatory Proceedings | Limit | \$2,500,000 | Aggregate |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT | BASIS |
|------------------------------------|------------|-------------|------------|
| Payment Card Loss | Limit | \$2,500,000 | Each Claim |
| Payment Card Loss | Limit | \$2,500,000 | Aggregate |
| Electronic, Social & Printed Media | Limit | \$5,000,000 | Each Claim |
| Electronic, Social & Printed Media | Limit | \$5,000,000 | Aggregate |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|-----------|---|-----------|
| Retention | First Party Insuring Agreements | - |
| Retention | Cyber Incident Response Team - Each Cyber Incident | \$100,000 |
| Retention | Non-Panel Response Provider - Each Cyber Incident | \$100,000 |
| Retention | Digital Data Recovery - Each Cyber Incident | \$100,000 |
| Retention | Network Extortion - Each Cyber Incident | \$100,000 |
| Retention | Third Party Liability Insuring Agreements | - |
| Retention | Cyber, Privacy And Network Security Liability - Each Claim | \$100,000 |
| Retention | Regulatory Proceedings - Each Claim | \$100,000 |
| Retention | Payment Card Loss - Each Claim | \$100,000 |
| Retention | Electronic, Social & Printed Media - Each Claim | \$100,000 |
| Retention | Non-Panel Response Provider : Cyber Incident Response Coach Retention | \$100,000 |

Any Other Continuity or Specific Dates/Limits applicable to the Claims-Made Conditions:

| COVERAGE | CONTINUITY DATE | LIMITS | CONDITIONS |
|---|-----------------|--------|------------|
| Third Party Liability Insuring Agreements : Payment Card Loss, Regulatory Proceedings | -- | | |
| Cyber, Privacy And Network Security Liability | -- | | |
| Electronic, Social And Printed Media Liability | -- | | |

Claims Made Coverage:

Should you elect to change carriers (if a new retroactive date is provided) or non-renew this policy, a supplemental extended reporting endorsement may be available subject to policy terms and conditions. You must request the extended reporting period in writing to the carrier within (30) days of the expiration date. The cost of this extended reporting period is 100% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (30) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions.

Definition of Claim:

| DESCRIPTION |
|--|
| Claim Means any: |
| 1. Written Demand Against any Insured for Monetary Damages or Non-Monetary or Injunctive Relief; |

Definition of Claim:

| DESCRIPTION |
|---|
| 2. Civil Proceeding Against any Insured Seeking Monetary Damages or Non-Monetary or Injunctive Relief, Commenced by the Service of a Complaint or Similar Pleading; |
| 3. Arbitration, Mediation, Or Other Alternative Dispute Resolution Proceeding Against any Insured Seeking Monetary Damages or Non-Monetary or Injunctive Relief, Commenced by the Receipt of a Written Demand, Or Service of a Complaint or Similar Pleading; |
| 5. Written Request Directed at any Insured to Toll or Waive a Statute of Limitations Applicable to a Claim Referenced in Paragraphs 1-4 Immediately Above; Or |
| 6. Regulatory Proceeding Against any Insured, Including, Where Applicable, Any Appeal Therefrom. |

Incident or Claim Reporting Provision:

| REPORTING CONDITION TYPE | DESCRIPTION |
|--------------------------|-------------------------------|
| | Refer to attached policy form |

Run Off Provisions:

| DESCRIPTION | PREMIUM AMOUNT | PREMIUM DUE DATE | LENGTH | % OF EXPIRING PREMIUM |
|-------------------------------|----------------|------------------|--------|-----------------------|
| Refer to attached policy form | — | — | | — |

Endorsements include, but are not limited to:

| DESCRIPTION |
|---|
| Policy Form - PF-48169 (02/19) |
| Policyholder Notice Commercial Lines Deregulation New York - ALL-23445b (07/13) |
| Chubb Producer Compensation Practices & Policies - ALL-20887a (03/16) |
| Policyholder Notice Cyber Services for Loss Mitigation - PF-48260 (10/16) |
| Policyholder Notice Cyber Services for Incident Response - PF-48259 (02/19) |
| US Foreign Account Tax Compliance Act ("FATCA") - ALL-42490b (07/16) |
| U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders - PF-17914a (04/16) |
| Trade or Economic Sanctions Endorsement - PF-46422 (07/15) |
| Cap On Losses From Certified Acts Of Terrorism - PF-45354 (02/19) |
| Disclosure Pursuant To Terrorism Risk Insurance Act - TRIA11d (03/16) |
| Signatures - CC-1k11i (02/18) |
| Additional Insured – Blanket Pursuant to a Contract – Cyber ERM - PF-48155 (02/19) |
| Optional Extended Reporting Period (Item 7) Amended - PF-48153 (02/19) |
| Control Group Member Redefined – Variable - PF-48148 (09/16) |
| Conduct Exclusion Amended – Final, Non-Appealable Adjudication - PF-49491 (02/19) |
| Application Amended - PF-49452 (02/19) |
| Retroactive Date (Item 5) Amended – Specified by Insured and Insuring Agreement - PF-48165 (02/19) |
| Amendatory Endorsement – New York Free Trade Zone - PF-48604(06/19) |
| Period of Restoration Endorsement - PF-48160 (02/19) |

Endorsements include, but are not limited to:

| DESCRIPTION |
|---|
| Chubb Cyber Enterprise Risk Management Policy - Quote Letter - PF48167 1016 |
| Chubb Cyber Enterprise Risk Management Policy Declarations - PF48168 1016 |
| Forms Schedule - PF-48152 (09/16) |

Exclusions include, but are not limited to:

| DESCRIPTION |
|---|
| False Claims Act Exclusion - PF-48263 (02/19) |

Binding Requirements:

| DESCRIPTION |
|---|
| Subject to |
| - We Require the Producer to Provide the "Home State" as Defined in the Non-Admitted and Reinsurance Reform Act of 2010 (NRRA) upon the Binding of This Placement |
| - Re-Signed/Dated Application (Within 30 Days of Policy Inception) |

| | |
|----------------|--------------------|
| Premium | \$65,585.00 |
|----------------|--------------------|

| | |
|-------------------------------|--------------------|
| ESTIMATED PROGRAM COST | \$65,585.00 |
|-------------------------------|--------------------|

| | |
|--|---------------|
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | \$0.00 |
|--|---------------|

Subject to Audit: Not Auditable

Coverage: Excess Liability

Carrier: Allied World Assurance Co (U.S.) Inc.

Policy Period: 8/15/2020 to 8/15/2021

Form Type:

| COVERAGE | FORM TYPE | RETROACTIVE DATE | PENDING & PRIOR DATE |
|------------------|------------|------------------|----------------------|
| Excess Liability | Occurrence | Not Applicable | Not Applicable |

Defense Limitations:

| COVERAGE TYPE | DEFENSE COST DOLLAR LIMIT | DEFENSE LIMIT | DEFENSE COST TYPE / COMMENTS |
|---------------|---------------------------|---------------|------------------------------|
| Umbrella | Applies | | Other / Follows Underlying |

Coverage:

| DESCRIPTION | LIMIT TYPE | AMOUNT |
|------------------------|------------|--------------|
| Per Occurrence | Limit | \$10,000,000 |
| Annual Aggregate Limit | Limit | \$10,000,000 |

Deductibles / Self-Insured Retention

| TYPE | COVERAGE | AMOUNT |
|------------|-----------------------------------|--------|
| Deductible | Excess Liability - Per Occurrence | None |

Underlying Policies:

| COVERAGE | DESCRIPTION | LIMIT | CARRIER NAME | EFFECTIVE DATE | EXPIRATION DATE |
|--------------------------------|------------------------|--------------|-------------------|----------------|-----------------|
| Auto Liability | Specific Limit | \$10,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| General Liability | Specific Limit | \$10,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| General Liability | Annual Aggregate Limit | \$15,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| Law Enforcement Liability | Specific Limit | \$10,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| Law Enforcement Liability | Annual Aggregate Limit | \$15,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| Public Officials Liability | Specific Limit | \$10,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| Public Officials Liability | Annual Aggregate Limit | \$15,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| Employment Practices Liability | Specific Limit | \$10,000,000 | Argonaut Ins. Co. | 8/15/2020 | 8/15/2021 |
| Employment Practices | Annual Aggregate | \$15,000,000 | Argonaut Ins. | 8/15/2020 | 8/15/2021 |

Underlying Policies:

| COVERAGE | DESCRIPTION | LIMIT | CARRIER NAME | EFFECTIVE DATE | EXPIRATION DATE |
|-----------|-------------|-------|--------------|----------------|-----------------|
| Liability | Limit | | Co. | | |

Endorsements include, but are not limited to:

| DESCRIPTION |
|---|
| Following Form Excess Liability Insurance Policy Declarations - GL 00139 00 |
| Terrorism Disclosure Statement - GL 00117 00 |
| Schedule of Underlying Insurance - GL 00323 00 |
| Following Form Excess Liability Insurance Policy - GL 00126 00 |
| New York Amendatory Endorsement - GL 00286 31 |
| Follow Form Other Aggregate Limit Endorsement - GL 00366 00 |

Exclusions include, but are not limited to:

| DESCRIPTION |
|---|
| Workers' Compensation, Auto No Fault, Uninsured/ Underinsured Motorists, Disability, and Unemployment Compensation Laws |
| Pollution (Hostile Fire Exception) |
| Asbestos |
| Physical Damage to Property in Insured's Care, Custody, or Control |
| Auto First-party Coverage |
| Pollution (Auto) |
| Products Recall |
| Employment Related Practices Exclusion |
| Total Pollution Exclusion |
| Professional Liability Exclusion |
| Retained Limit |
| Excess—Auto Exclusion - SIR-XS 00005 00 |
| Access to or Disclosure of Confidential or Personal Information - GL 00447 00 |
| Exclusion—Aircraft and Airports Including Airport Boards - Z-XSFF 00197 00 |
| Policy Changes—Communicable Disease Exclusion - 00135 |

Binding Requirements:

| DESCRIPTION |
|--|
| Subject to |
| - Provide Updated Ground-up and Excess Carrier Loss Runs for Policy Years 2014—Present (at a Minimum), Valued Within 90 Days of the Effective Date |
| - Signed and Dated Acceptance or Rejection of Terrorism Insurance Coverage Form |
| - Receipt of the Underlying Binder(s) Prior to Issuance of our Binder/Underlying Policies Due Within 30 Days of the Effective Date. |

| | |
|--|----------------------------|
| Premium | \$106,632.00 |
| Fees | |
| Broker Fee - RPS | \$6,500.00 |
| Total Fees | \$6,500.00 |
| ESTIMATED PROGRAM COST | \$113,132.00 |
| TRIA/TRIPRA PREMIUM (+ Additional Surcharges, Taxes and Fees as applicable) | \$1,459.00 Included |

Subject to Audit: Not Auditable

Premium Summary

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

| LINE OF COVERAGE | | EXPIRING PROGRAM ESTIMATED COST | PROPOSED PROGRAM(S) | |
|----------------------------|------------------------------|------------------------------------|---|---|
| | | | PROGRAM 1 (RECOMMENDED) | PROGRAM 2 |
| Property | Premium Taxes Srchrg & Asmnt | - | Travelers Indemnity Company (The Travelers Companies, Inc.) | Travelers Indemnity Company (The Travelers Companies, Inc.) |
| | Total Fees | - | \$953.00 | \$953.00 |
| | Estimated Cost | \$244,243.00 | \$283,751.00 | \$283,751.00 |
| | Annualized Cost | - | - | - |
| | TRIA Premium | - | Included | Included |
| Equipment Breakdown | Premium Taxes Srchrg & Asmnt | - | Greenwich Insurance Company (XL Group plc) | Greenwich Insurance Company (XL Group plc) |
| | Total Fees | - | - | - |
| | Estimated Cost | \$21,713.00 | \$24,998.00 | \$24,998.00 |
| | Annualized Cost | - | - | - |
| | TRIA Premium | - | \$0.00 | \$0.00 |
| Crime | Premium Taxes Srchrg & Asmnt | - | Travelers Casualty and Surety Co of America (The Travelers Companies, Inc.) | Travelers Casualty and Surety Co of America (The Travelers Companies, Inc.) |
| | Total Fees | - | - | - |
| | Estimated Cost | \$13,524.00 | \$13,782.00 | \$13,782.00 |
| | Annualized Cost | - | - | - |
| | TRIA Premium | - | - | - |

| LINE OF COVERAGE | | EXPIRING PROGRAM | | PROPOSED PROGRAM(S) | |
|--|------------------------------|---|----------------------------|---|--------------|
| | | ESTIMATED COST | PROGRAM 1 (RECOMMENDED) | PROGRAM 2 | |
| Package | Premium Taxes | Argonaut Insurance Company | - | Argonaut Insurance Company | \$393,450.00 |
| | Srchrg & Asmnt | - | - | - | - |
| | Total Fees | - | - | - | - |
| | Estimated Cost | \$414,958.00 | - | Safety Specialty Insurance Company (Tokio Marine Holdings, Inc.) | \$367,576.00 |
| | Annualized Cost TRIA Premium | - | - | Included | \$5,539.00 |
| General Liability Including Professional Liability | Premium Taxes | Medical Liability Mutual Insurance Co (Medical Liability Mutual Insurance Co) | - | Medical Liability Mutual Insurance Co (Medical Liability Mutual Insurance Co) | \$390,461.00 |
| | Srchrg & Asmnt | - | - | - | - |
| | Total Fees | - | - | - | - |
| | Estimated Cost | \$378,948.00 | - | Included | \$390,461.00 |
| | Annualized Cost TRIA Premium | - | - | - | Included |
| Cyber Liability | Premium Taxes | ACE American Insurance Company (ACE Group) | - | ACE American Insurance Company (ACE Group) | \$65,585.00 |
| | Srchrg & Asmnt | - | - | - | - |
| | Total Fees | - | - | - | - |
| | Estimated Cost | \$61,252.00 | - | - | \$65,585.00 |
| | Annualized Cost TRIA Premium | - | - | - | \$0.00 |

County of Albany



| LINE OF COVERAGE | | EXPIRING PROGRAM | | PROPOSED PROGRAM(S) | |
|------------------------------|------------------------------|--|----------------|--|----------------|
| | | ESTIMATED COST | | PROGRAM 1 (RECOMMENDED) | PROGRAM 2 |
| Excess Liability | Premium Taxes Srchrg & Asmnt | Allied World Assurance Co (U.S.) Inc. (Allied World Assurance Group) | - | Allied World Assurance Co (U.S.) Inc. (Allied World Assurance Group) | \$106,632.00 |
| | Total Fees | | - | | - |
| | Estimated Cost | | \$92,480.00 | | \$6,500.00 |
| | Annualized Cost | | \$92,480.00 | | \$113,132.00 |
| | TRIA Premium | | - | Included | - |
| Total Estimated Program Cost | | | \$1,227,118.00 | \$1,287,349.00 | \$1,257,826.00 |

Quote from Argonaut Insurance Company is valid until 8/14/2020

Quote from Travelers Casualty and Surety Co of America (The Travelers Companies, Inc.) is valid until 8/14/2020

Quote from Greenwich Insurance Company (XL Group plc) is valid until 8/15/2020

Quote from Travelers Indemnity Company (The Travelers Companies, Inc.) is valid until 8/14/2020

Quote from ACE American Insurance Company (ACE Group) is valid until 8/14/2020

Quote from Medical Liability Mutual Insurance Co (Medical Liability Mutual Insurance Co) is valid until 8/15/2020

Quote from Allied World Assurance Co (U.S.) Inc. (Allied World Assurance Group) is valid until 8/15/2020

Quote from Safety National Casualty Corporation (Tokio Marine Holdings, Inc.), etc... is valid until 8/15/2020

Gallagher is responsible for the placement of the following lines of coverage:

- Property
- Equipment Breakdown
- Crime
- Package
- General Liability Including Professional Liability
- Cyber Liability
- Excess Liability

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.

Premium Financing

Arthur J. Gallagher is pleased to offer Premium Financing for our clients.

What is Premium Financing?

Premium financing is a short-term loan that provides premium payment flexibility. By financing, you have the option to spread out your premium payments instead of paying in full at the time of policy purchase or renewal.

Why Premium Financing May be Good for Your Business?

- May improve **capital and cash flow management** by spreading out premium payments over the policy period.
- Allows for **consolidation** of multiple policies into one premium finance agreement with a single monthly or quarterly payment.
- Provides automated **ACH options and flexible payment terms**.

Want to Learn More?

If you are interested in learning more or obtaining a quote, contact your Client Service Manager.

Payment Plans

| CARRIER / PAYABLE CARRIER | LINE OF COVERAGE | PAYMENT SCHEDULE | PAYMENT METHOD |
|--|--|--|----------------|
| Travelers Indemnity Company (The Travelers Companies, Inc.) | Property | Paid in Full at Inception | Agency Bill |
| Greenwich Insurance Company (XL Group plc) | Equipment Breakdown | Paid in Full at Inception | Agency Bill |
| Travelers Casualty and Surety Co of America (The Travelers Companies, Inc.) | Crime | Three Annual Installments of \$4,594 each | Agency Bill |
| Argonaut Insurance Company | Package | Full Annual Premium due within 30 days of policy inception | Agency Bill |
| Safety National Casualty Corporation (Tokio Marine Holdings, Inc.) Safety Specialty Insurance Company (Tokio Marine Holdings, Inc.) | Package | Annual Pay Plan - Premiums due within 30 days of binding | Agency Bill |
| Medical Liability Mutual Insurance Co (Medical Liability Mutual Insurance Co) | General Liability Including Professional Liability | Full Annual Premium due within 30 days of policy inception | Agency Bill |
| ACE American Insurance Company (ACE Group) | Cyber Liability | Full Annual Premium due within 30 days of policy inception | Agency Bill |
| Allied World Assurance Co (U.S.) Inc. (Allied World Assurance Group) | Excess Liability | Premium Payment is Due Within Twenty (20) Days from Effective Date | Agency Bill |

Coinsurance Illustration

Coinsurance Formula:

Insurance Carried ÷ Insurance Required x Loss - Deductible = **Settlement**

Example of Coinsurance formula applied to a hypothetical loss situation:

| | | |
|--------------------|---|--------------------------------|
| Property Value | = | \$1,000,000 |
| Coinsurance Amount | = | 80% |
| Deductible | = | \$500 |
| Insurance Required | = | \$800,000 (80% of \$1,000,000) |
| Insurance Carried | = | \$400,000 |
| Loss Incurred | = | \$200,000 |

Settlement determined by applying the coinsurance formula:

\$400,000

(Insurance Carried)

\$800,000

(Insurance Required)

x \$200,000 (Loss) - \$500 (Deductible) = \$99,500 Settlement

Note: If the property in the above example is insured for the full insurance required (\$800,000), the insured will recover \$199,500. In the above example, the insured will suffer a \$100,000 penalty for not being insured to the proper limit.

Carrier Ratings and Admitted Status

| PROPOSED INSURANCE COMPANIES | A.M. BEST'S RATING & FINANCIAL SIZE CATEGORY * | ADMITTED/NON-ADMITTED ** |
|---|--|--------------------------|
| ACE American Insurance Company | A++ XV | Admitted |
| Allied World Assurance Co (U.S.) Inc. | A XV | Admitted |
| Argonaut Insurance Company | A- XIV | Admitted |
| Greenwich Insurance Company | A+ XV | Admitted |
| Medical Liability Mutual Insurance Co | A+ X | Admitted |
| Safety National Casualty Corporation | A+ XV | Admitted |
| Safety Specialty Insurance Company | A+ XV | Admitted |
| Travelers Casualty and Surety Co of America | A++ XV | Admitted |
| Travelers Indemnity Company | A++ XV | Admitted |

*Gallagher companies use A.M. 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 A.M. 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.

Proposal Disclosures

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, 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.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third-parties, please contact Gallagher via e-mail at Compensation_Complaints@ajg.com or by regular mail at:

Chief Compliance Officer
Gallagher Global Brokerage
Arthur J. Gallagher & Co.
2850 Golf Rd.
Rolling Meadows, IL 60008

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.

The TRIPRA program increases the amount needed in total losses by \$20 million each calendar year before the TRIPRA program responds from the 2015 trigger of \$100 million to \$200 million by the year 2020.

TRIPRA is set to expire on December 31, 2020. There is no certainty of extension, thus the coverage provided by your insurers may or may not extend beyond December 31, 2020. 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.

Client Signature Requirements

Coverages for Consideration

Overview

- A proposal for any of the coverages can be provided.
- The recommendations and considerations summarized in this section are not intended to identify all exposures.
- Since Gallagher does not handle your complete insurance program, these recommendations only reflect items within our scope of responsibility.

Other Coverage Considerations

- Aviation

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 7/17/2020, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

| COVERAGE/CARRIER | |
|---|--|
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | Property |
| | Travelers Indemnity Company |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | Equipment Breakdown |
| | Greenwich Insurance Company |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | Crime |
| | Travelers Casualty and Surety Co of America |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | Package |
| <input type="checkbox"/> Option # 1 | Argonaut Insurance Company |
| <input type="checkbox"/> Option # 2 | Safety National Casualty Corporation, Safety Specialty Insurance Company |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | General Liability Including Professional Liability |
| | Medical Liability Mutual Insurance Co |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | Cyber Liability |
| | ACE American Insurance Company |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | Excess Liability |
| | Allied World Assurance Co (U.S.) Inc. |
| <input type="checkbox"/> Accept <input type="checkbox"/> Reject | TRIA |

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

Producer/ Insured Coverage Amendments and Notes:**Exposures and Values**

We confirm the payroll, values, schedules, and other data contained in the proposal, and submitted to the underwriters, are compiled from information provided by you and we acknowledge it is our responsibility to see that such information is updated and maintained accurately. For renewal policies, if no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies.

Provide Quotations or Additional Information on the Following Coverage Considerations:

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By rejecting a quotation for this valuable coverage, you understand that there will be no coverage and agree to hold Gallagher harmless in the event of a loss.

Other Coverages to Consider

☐ Yes ☐ No - Aviation

Other Services to Consider

☐ Yes ☐ No - CORE360™ Loss Control Portal

☐ Yes ☐ No - eRiskHub

Gallagher's liability to Client arising from any acts or omissions of Gallagher shall not exceed \$20 million in the aggregate. Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages or attorneys' fees. 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 this Agreement or any Services provided hereunder may be brought by either party any later than two (2) years after the accrual of such 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/>.

I have read, understand and agree that the above information is correct and has been disclosed to us prior to authorizing Gallagher to bind coverage and/or provide services to us.

By:

Print Name (Specify Title)

Company

Signature

Date:

Appendix

Bindable Quotations & Compensation Disclosure Schedule

Client Name: County of Albany

| COVERAGE(S) | CARRIER NAME(S) | WHOLESALE, MGA, OR INTERMEDIARY NAME ¹ | EST. ANNUAL PREMIUM ² | COMM.% OR FEE ³ | GALLAGHER U.S. OWNED WHOLESALE, MGA, OR INTERMEDIARY % |
|---|--|--|-------------------------------------|-------------------------------|--|
| Property | Travelers Indemnity Company (The Travelers Companies, Inc.) | N/A | \$282,798.00 | 15 % | |
| Equipment Breakdown | Greenwich Insurance Company (XL Group plc) | Risk Placement Services | \$24,998.00 | 20 % | 10 % |
| Crime | Travelers Casualty and Surety Co of America (The Travelers Companies, Inc.) | N/A | \$13,782.00 | 15 % | |
| Package | Argonaut Insurance Company | Trident Insurance Services | \$393,450.00 | 15 % | * |
| Package | | | - | \$55,136.40 | |
| General Liability | | | \$74,461.00 | 15 % | |
| Automobile | | | \$57,648.00 | 15 % | |
| Excess Liability | | | \$111,948.00 | 15 % | |
| Public Officials Liability & Employment Practices Liability | Safety National Casualty Corporation (Tokio Marine Holdings, Inc.) Safety Specialty Insurance Company (Tokio Marine Holdings, Inc.) | N/A | \$53,039.00 | | |
| Law Enforcement Liability | | | \$70,480.00 | 15 % | |

| COVERAGE(S) | CARRIER NAME(S) | WHOLESALE, MGA, OR INTERMEDIARY NAME ¹ | EST. ANNUAL PREMIUM ² | COMM.% OR FEE ³ | GALLAGHER U.S. OWNED WHOLESALE, MGA, OR INTERMEDIARY % |
|--|--|--|-------------------------------------|-------------------------------|--|
| General Liability Including Professional Liability | Medical Liability Mutual Insurance Co (Medical Liability Mutual Insurance Co) | N/A | \$390,461.00 | 10 % | |
| Cyber Liability | ACE American Insurance Company (ACE Group) | N/A | \$65,585.00 | 15.5 % | |
| Excess Liability | Allied World Assurance Co (U.S.) Inc. (Allied World Assurance Group) | Risk Placement Services | \$106,632.00 | 15 % | 0 % + \$6,500.00 |

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.

³ The commission rate is a percentage of annual premium excluding taxes & fees.

* Gallagher is receiving ___% commission on this policy. The fee due Gallagher will be reduced by the amount of the commissions received.

Binding Requirements

| COVERAGE (ISSUING CARRIER) | BINDING REQUIREMENT |
|--|---|
| Property Travelers Indemnity Company | Subject to compliance with our reasonable engineering recommendations. |
| Equipment Breakdown Greenwich Insurance Company | N/A |
| Crime Travelers Casualty and Surety Co of America | N/A |
| Package Argonaut Insurance Company | General Liability - Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |
| | Automobile - Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |
| | Public Officials Liability - Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |
| | Employment Practices Liability - Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |
| | Law Enforcement Liability - Subject to Completed, Signed and Dated "Acceptance or Rejection of Terrorism" Form |
| Package Safety National Casualty Corporation Safety Specialty Insurance Company | General Liability - Subject to Signed Acceptance or Rejection of Terrorism Insurance Coverage with regard to General Liability |
| | Automobile - N/A |
| | Excess Liability - Subject to Signed Acceptance or Rejection of Terrorism Insurance Coverage with regard to Excess Liability |
| | Public Officials Liability & Employment Practices Liability - N/A |
| General Liability Including Professional Liability Medical Liability Mutual Insurance Co | Law Enforcement Liability - N/A |
| | N/A |
| | N/A |
| | N/A |
| Cyber Liability ACE American Insurance Company | Subject to |
| | - We Require the Producer to Provide the "Home State" as Defined in the Non-Admitted and Reinsurance Reform Act of 2010 (NRRA) upon the Binding of This Placement |
| | - Re-Signed/Dated Application (Within 30 Days of Policy Inception) |
| Excess Liability Allied World Assurance Co (U.S.) Inc. | Subject to |
| | - Provide Updated Ground-up and Excess Carrier Loss Runs for Policy Years 2014—Present (at a Minimum), Valued Within 90 Days of the Effective Date |
| | - Signed and Dated Acceptance or Rejection of Terrorism Insurance Coverage Form |
| | - Receipt of the Underlying Binder(s) Prior to Issuance of our Binder/Underlying Policies Due Within 30 Days of the Effective Date. |

Claims Reporting By Policy

Reporting Options:

- Email: NortheastRegion.BSD.ClaimsReporting@aig.com
- Phone: 800.770.0001
- Phone: 856.675.1301 (Direct & International)
- Fax: 856.675.1302
- After hours emergency report service: 877.458.0288

Mailing Address:

Attn: Claims Service Manager
Arthur J. Gallagher
4000 Midlantic Drive
Suite 200
Mt. Laurel, NJ 08054

For all claims reported directly to Gallagher the following services will be provided:

- Preparation of loss notice and delivery to insurance carrier(s).
- Promptly provide claim acknowledgement including claim number and adjuster contact information once the claim is assigned.
- Initiate assignment to Gallagher Claims Advocate when required for continued customer service and management of claims.