



CITY OF LAKE WORTH

7 North Dixie Highway · Lake Worth, Florida 33460 · Phone: 561-586-1600 · Fax: 561-586-1750

ADDITIONS/DELETIONS/REORDER TO THE CITY COMMISSION AGENDA TUESDAY, NOVEMBER 04, 2014 - 6:00 PM

9. CONSENT AGENDA:

- K. (Add) Purchase Order with AIG Specialty Insurance Company for pollution liability coverage for Fiscal Year 2014-2015



CITY OF LAKE WORTH

7 North Dixie Highway · Lake Worth, Florida 33460 · Phone: 561-586-1600 · Fax: 561-586-1750

AGENDA DATE: November 4, 2014, Regular Meeting

DEPARTMENT: Human Resources - Risk

TITLE:

Purchase Order with AIG Specialty Insurance Company for pollution liability coverage for Fiscal Year 2014-2015

SUMMARY:

This Purchase Order will provide pollution coverage for various city locations at a cost not to exceed \$45,497.88.

BACKGROUND AND JUSTIFICATION:

On September 23, 2014, the City Commission approved a Purchase Order with Preferred Government Insurance Trust (PGIT) to provide excess property and liability insurance coverage for Fiscal Year 2014-2015. It was later learned that pollution liability coverage with AIG Specialty Insurance Company was not part of this agenda item. This coverage will include the following locations: Power Plant, Water Treatment Plant, Master Lift Station, and Pump Lift Station.

MOTION:

I move to approve/disapprove a Purchase Order with AIG Specialty Insurance Coverage for an amount not to exceed \$45,497.88 for Fiscal Year 2014-2015.

ATTACHMENT(S):

Fiscal Impact Analysis

AIG Invoice

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures	0	0	0	0	0
Operating Expenditures	\$45,497.88	0	0	0	0
External Revenues	0	0	0	0	0
Program Income	0	0	0	0	0
In-kind Match	0	0	0	0	0
Net Fiscal Impact	\$45,497.88	0	0	0	0
No. of Addn'l Full-Time Employee Positions	0	0	0	0	0

B. Recommended Sources of Funds/Summary of Fiscal Impact:

HR/Risk Mgmnt	AIG Specialty Insurance Company					
Account Number (s)	Account Description	FY 2015 Budget	Available Balance	Budget Transfer	Agenda Expenses (Rounded)	Remaining Balance
520-1331-513.45-70	Pollution Insurance Premium Paid	1,015,200	173,672	0	(45,498)	128,174

**PUBLIC RISK INSURANCE AGENCY
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THE AGENCY

Risk Management Associates, Inc. dba Public Risk Insurance Agency (PRIA) has established itself as one of the premier insurance services organizations for public entities in the United States. Our in-depth understanding of the unique risk exposures and operating environment of public entities allows us to tailor insurance products and services to effectively meet their needs. As the only independent insurance agency solely dedicated to the public entity market, we are uniquely qualified to meet and exceed the expectations of our clients. Our 20 years of insuring local governments has afforded us significant experience and insight into the unique challenges and constraints that our clients face. PRIA currently represents over 250 public entities in Florida.

PRIA is a wholly owned subsidiary of Brown & Brown, Inc. - the 6th largest independent insurance agency in the United States and 7th largest worldwide as ranked by Business Insurance Magazine. Brown & Brown brings the experience of representing hundreds of public entities nationally in addition to PRIA's focus in Florida.

As a Brown & Brown company, PRIA has access to hundreds of insurance markets nationwide and in the international market. With premium volume exceeding \$2,500,000,000 Brown & Brown's volume results in a superior negotiating position and leverage with state specific, regional, national, and international insurers. The focus and experience of our team in all of these markets produces superior risk transfer options and risk control expertise for your entity.

PRIA develops customized and innovative approaches towards effectively managing your risk. Cost effective insurance products, professional service, and commitment to client's needs are our primary goals. Proof of account satisfaction is reflected by a 97% business retention rate.

To fully serve our clientele, Public Risk Insurance Agency can offer coverage for other exposures such as:

Bonds	Accidental Death & Dismemberment
Fiduciary Liability	Special Events
Primary and Excess Flood	Airport Liability
Workers' Compensation	Aboveground & Underground Petroleum Tank Liability
Environmental Liability	



AN INTRODUCTION TO YOUR SERVICE TEAM

Alan Florez

Executive Vice President

Paul Dawson, ARM-P

Senior Vice President / Account Executive

Michelle Martin, CIC

Vice President / Account Executive

Brian Cottrell, CIC, CRM

Vice President / Account Executive

Matt Montgomery

Account Executive

Robin Faircloth, CISR

Director of Operations

Brittany O'Brien, CIC, CRM

Account Manager

Melody Blake, ACSR

Account Representative

Karen Bryan

Account Representative

Linda Burtchett

Account Representative

Kate Gross, ARM-P

Account Representative

Patricia "Trish" Jenkins, CPSR

Account Representative

Heather Williams

Assistant Account Representative

Will assist with daily servicing of your account, including endorsements, client services, accounting and quality assurance.

Our Service Team philosophy focuses on accountability at all levels of account management. Our goal is not simply to meet your service needs, but to exceed them. All of the employees at PRIA are dedicated to achieving this goal and distinguishing ourselves from the competition.

POLLUTION LIABILITY

Term: November 11, 2014 to November 11, 2015

Company: AIG Specialty Insurance Company
(Rated A XV by A.M. Best)

Please see enclosed quote for Policy terms, conditions and endorsements.

This proposal is intended to give a brief overview. Higher limits may be available. Please refer to coverage forms for complete details regarding definition of terms, exclusions and limitations.



Policy Managers[®]

317 Riveredge Boulevard, Suite 206 · Cocoa, Florida 32922 · 800.475.4055 · Fax: 321.433.1093 · www.policymanagers.com
A Division of Chamber Insurance Agency Services, LLC

October 29, 2014

Melody Blake
Account Representative
Public Risk Insurance Agency
P.O. Box 2416
Daytona Beach, FL 32115

Re: **City Of Lake Worth**
Pollution Legal Liability (PLL Select)
AIG Specialty Insurance Company
Policy Period: November 11, 2014 To: November 11, 2015

Dear Melody:

We are pleased to enclose the following Pollution Legal Liability (PLL) Select premium indication for the above captioned renewal, for the location(s) listed below in Section IV. Coverage is offered using the AIG SPECIALTY INSURANCE COMPANY, Form#104827 (11/13). Please note that these conditions are not necessarily in compliance with conditions requested in your submission. AIG will not be obligated to provide coverage not addressed in this proposal.

Environmental Insurance Proposal

PRODUCT NAME:	Pollution Legal Liability (PLL)
PROPOSED POLICY PERIOD:	From: November 11, 2014 To: November 11, 2015
NAMED INSURED:	City of Lake Worth
MAILING ADDRESS:	7 N Dixie Hwy Lake Worth, FL 33460-3787
ISSUING COMPANY:	AIG Specialty Insurance Company 175 Water Street New York, NY 10038

SECTION I – Coverages, Limits and Deductibles:

The following Coverage Sections are available on the PLL Select:

- Coverage A- ON-SITE CLEAN-UP OF PRE-EXISTING CONDITIONS
- Coverage B- ON-SITE CLEAN-UP OF NEW CONDITIONS
- Coverage C- THIRD-PARTY CLAIMS FOR OFF-SITE CLEAN-UP RESULTING FROM PRE-EXISTING CONDITIONS
- Coverage D- THIRD-PARTY CLAIMS FOR OFF-SITE CLEAN-UP RESULTING FROM NEW CONDITIONS
- Coverage E- THIRD-PARTY CLAIMS FOR BODILY INJURY AND PROPERTY DAMAGE
- Coverage F- EMERGENCY RESPONSE COSTS
- Coverage G- THIRD-PARTY CLAIMS FOR NON-OWNED LOCATIONS
- Coverage H- THIRD-PARTY CLAIMS FOR COVERED OPERATIONS
- Coverage I- THIRD-PARTY CLAIMS RESULTING FROM THE TRANSPORTATION OF CARGO
- Coverage J- BUSINESS INTERRUPTION EXPENSES

SECTION II – Premium Options for Coverage, Limits, Deductibles and Terms:

Option	Coverages	Each Incident Limits	Coverage Section Aggregate Limit	Deductible /SIR Amount	Term (Yrs)	Premium
1	B D E G I J	\$1,000,000	\$3,000,000	\$50,000	1	\$44,914**
	J	Limit	\$1,000,000	Deductible	3 Days	Policy Aggregate \$3,000,000

Coverage F: Each Incident Limit: \$250,000 **Coverage F: Aggregate Limit:** \$1,000,000
Coverage F: Deductible: \$50,000

The Premium amount(s) stated above does not include the premium for Terrorism Risk Insurance Act Coverage. Please see the attached Disclosure Statement regarding Terrorism Risk Insurance Act Coverage and the premium for such coverage. In the event that you choose to purchase Terrorism Risk Insurance Act Coverage along with one of the options above, the total premium shall be the premium shown above for the option chosen plus the Terrorism Risk Insurance Act Coverage premium shown on the attached Disclosure Statement for that option.

***Surplus Lines Disclosure**

This insurance policy would be issued pursuant to state insurance laws by a surplus lines insurer that is neither licensed by nor under the supervision of the state insurance department. The policy is not subject to the filing or approval requirements of the insurance department. Should the insurer become insolvent, losses under the policy would not be paid by any state insurance guaranty fund. A 5.0% Surplus Lines Tax and a 0.175% Stamping Fee would apply to the quoted premium.

* As per Section V. LIMITS OF LIABILITY AND DEDUCTIBLE, Paragraph D. Maximum for all Business Interruption Expenses.

** The Premium amount(s) stated above does not include surplus lines tax, or surplus lines fees.

SECTION III – Additional Policy Information:

Policy Period: From: November 11, 2014 To: November 11, 2015
Continuity Date: May 1, 2001
Indoor Air Quality Retroactive Date: November 11, 2011
Commission: 7.5%

Additional Information:

SECTION IV – Insured Property(ies)

See attached Schedule of Insured Properties

SECTION V – Policy Form Modifications:

The AIG SPECIALTY INSURANCE COMPANY, Form #104827 (11/13) Form will be modified as follows:

- Notice of Loss/Notice of Claim, Form#91968 (12/06)
- Fla Notice-Add To The Dec Fla Stat §626.924 (2), Form#101762 (06/09)
- PLL Select 2010 AIGSIC Declarations, Form#104831 (11/13)
- Condition Of Payment Endorsement, Form#115768 (08/13)
- Florida Hurricane Catastrophe Fund Surcharge, Form#91249 (03/11)
- Cargo Coverage Endorsement, Form#105691 (06/10)
- Asbestos & Lead Excl W/ Accidental Dist Clause, Form#105424 (10/10)
- Coverage B - 3rd Party Claims Only Endorsement, Form#105192 (04/10)
- Coverage E - New Conditions Only Endorsement , Form#105291 (04/10)
- Coverage I - New Conditions Only Endorsement , Form#105289 (04/10)
- Minimum Earned Premium Endorsement, Form#105334 (04/10)
- Stg Tnk Systems-Cov For Financial Responsibility, Form#105800 (06/10)
- Coverage G - New Conditions Only Endorsement , Form#105282 (04/10)
- Stg Tnk Cvg for Scheduled Insured Prop Endorsement, Form#MNSCPT (10/14)
- Crisis Response And Crisis Management Endorsement, Form#109874 (09/11)
- Schedule Of Approved Crisis Management Firms Endor, Form#109876 (09/12)
- Terrorism Excl - All (Incl Cert Acts Of Terrorism), Form#97640 (03/08)
TO BE INCLUDED IF TRIA COVERAGE IS REJECTED
- Terrorism Excl W/Cert Acts Exception Purchased End, Form#97637 (03/08)
TO BE INCLUDED IF TRIA COVERAGE IS PURCHASED

SECTION VI – Services:

AIG enhances the coverage of every environmental insurance policy by giving insured's complimentary access to the following tools and programs proven to help manage environmental risk, mitigate environmental losses, and conduct loss control:

PIER (Pollution Incident and Environmental Response)

Policyholders have access to pre-screened crisis management specialists who respond in a timely manner to environmental incidents at pre-negotiated rates. Environmental insurance policyholders are automatically enrolled in this program.

Claims Expertise

AIG Insurance has a pollution claims operation with 80+ claims specialists.

RiskTool System

The complimentary, web-based system brings together a myriad of information that a company needs to manage Environmental, Health and Safety (EH&S) programs in one virtual "reference desk".

SCAN (Specialty Claims Assistance Network)

Specialists are available to swiftly address indoor air quality issues that are faced by insured's, thus helping them mitigate water and mold damage.

Transportation Loss Control Programs

AIG Insurance provides a number of transportation-related programs for insured's that reinforce positive driving behavior and potential improvements in loss reduction. These programs include preventive driving sessions and mock Department of Transportation audits.

Environmental Portal

Portal is secure, Internet-based system that allows clients to track environmental insurance policies for multiple site portfolios.

AIG is committed to the achievement of effective risk management objectives for clients as well as providing them access to incident response assistance in the event of a pollution-release event.

SECTION VII – Subject To Information:

If the terms and conditions of this indication are acceptable, please provide us with a completed copy of the "Broker Responsible for Surplus Lines Filings Agreement". If coverage is bound, the premium must be remitted to AIG SPECIALTY INSURANCE COMPANY within twenty (20) days of the effective date or ten (10) days from billing, whichever is later. It is your responsibility to follow applicable state surplus lines laws and, in particular, to see that the appropriate surplus lines tax (and stamping fee, if applicable) is collected and paid.

In addition to the above-mentioned documentation, this indication is subject to the receipt and satisfactory review and acceptance of the following items prior to binding, unless otherwise specified:

- **Completed, signed and dated AIG tank application.**
- **AIG PLL application re-signed and dated within 30 days of binding.**
- **Completed, signed and dated surplus lines form.**
- **Written confirmation as to whether insured will purchase or reject TRIA coverage.**

NOTICE: PLEASE READ CAREFULLY THE ATTACHED POLICYHOLDER DISCLOSURE STATEMENT UNDER TERRORISM RISK ACT OF 2002. AN OFFICER OF THE INSURED MUST COMPLETE, SIGN AND RETURN SUCH DISCLOSURE STATEMENT TO THE UNDERWRITER PRIOR TO BINDING, IF CERTIFIED ACTS OF TERRORISM COVERAGE UNDER TERRORISM RISK INSURANCE ACT OF 2002 IS REJECTED BY THE INSURED. IF SUCH COVERAGE IS ACCEPTED BY THE INSURED, THE BROKER MUST ADVISE THE COMPANY IN WRITING PRIOR TO BINDING.

If this indication is accepted and bound, the policy will be issues by AIG SPECIALTY INSURANCE COMPANY, 175 Water Street, New York, NY 10038.

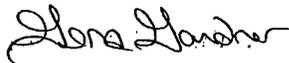
NOTICE: THIS INSURER IS NOT LICENSED IN THE STATE OF NEW YORK AND IS NOT SUBJECT TO ITS SUPERVISION.

This is an all lines quotation. If any line of business is desirable on a monoline basis, the premiums will need to be renegotiated. This premium indication is valid for 25 days from the date of this proposal, or by the Expiration Date of the current policy, whichever is sooner.

Please notice that these conditions are not necessarily in compliance with conditions requested in your submission. The carrier will not be obligated to provide coverage not addressed in this indication even though they may have been requested in your submission.

On behalf of Policy Managers, thank you for allowing us the opportunity to serve you and your client. Should you have any questions or need further assistance, please feel free to contact our office directly.

Sincerely,



Gena Gardner
Tel: (321)433-4049
Fax: (321)433-1093
ggardner@policymanagers.com

SECTION IV - SCHEDULE OF INSURED PROPERTIES

The following locations will be included as **Insured Properties**, subject to all of the terms and conditions of the Policy and any endorsements attached thereto.

Insured Property(s):

- POWER PLANT
117 COLLEGE STREET
LAKE WORTH, FL
- WATER TREATMENT PLANT
301 S. COLLEGE STREET
LAKE WORTH, FL
- MASTER LIFT STATION
2ND AVENUE & GOLFFVIEW ROAD
LAKE WORTH, FL
- RE PUMP LIFT STATION
1900 2ND AVENUE NORTH
LAKE WORTH, FL

**POLICYHOLDER DISCLOSURE NOTICE OF
TERRORISM RISK INSURANCE ACT (TRIA) COVERAGE**

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

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

Unless you, or your insurance broker on your behalf, REJECTS in writing to the Company, Terrorism Coverage under the Federal Act, you will be covered for Terrorism as defined in the Act and your prospective premium for that coverage is based upon which coverage option you choose (Coverage options setting forth limits, policy term, etc. are set forth in the attached letter of indication). The premium stated herein does not include any surplus lines taxes or fees that may be applicable, which are the responsibility of the insured. It is the broker's responsibility to follow applicable state surplus lines laws and, in particular, to see that the appropriate premium tax (and stamping office fee, if applicable) is collected from you and paid.

Option 1 Terrorism Act Premium: \$2,021.00

Option 2 Terrorism Act Premium:

Option 3 Terrorism Act Premium:

Option 4 Terrorism Act Premium:

Option 5 Terrorism Act Premium:

Option 6 Terrorism Act Premium:

Option 7 Terrorism Act Premium:

Option 8 Terrorism Act Premium:

Option 9 Terrorism Act Premium:

Option 10 Terrorism Act Premium:



Name of Company to which Application is made (herein called the Company)

POLLUTION LEGAL LIABILITY APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY.

INSTRUCTIONS

The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application. If necessary, use additional sheets to provide the requested information.

Applicant: City of Lake Worth

Mailing Address of Applicant: 7 North Dixie Highway

City: Lake Worth

State/Province: Florida

Zip Code: 33460

Telephone: + 1 (561) 586-1600 Fax: + 1 (561) 586-1750 Web-site: www.lakeworth.org

Please attach to this application:

- List of the proposed Insured Property Address(es)
- 5 year GL/ Property loss runs
- Operations & Maintenance Plan
- Water Intrusion Management Plan (if applicable)
- Subsidiaries or other related entities also requesting coverage
- Audited financials and/or 10-Ks for the past two (2) fiscal years
- Any Environmental Site Assessment(s) available. If coverage for underground storage tanks is being requested - please also complete the STORAGE TANK SUPPLEMENTAL APPLICATION.
- Environmental Due Diligence Plan for acquisitions

If more space is needed to answer any of the questions below, please attach additional page(s) to this application. If multiple properties are being considered, please include answers for each location below or on an attachment to this application.

1. Indicate Deductible, Limit, and Policy Term options requested:

Deductible: \$50,000 Each Incident Limit: \$1,000,000 Total all Losses Limit: \$3,000,000

Policy Term Effective Date: 11/1/2014 Policy Term Expiration Date: 11/1/2015

2. Current property uses:

Power Production Facility

3. Is a change in use at any of the properties anticipated during the Policy Term indicated above?

No Yes. If yes, please include a description of the future use:

4. Prior property uses:

5. Describe the use of the surrounding property(ies):

Interstate Highway, High School, Water Plant

6. Are there or were there ever any underground storage tanks located on the property? No Yes
If "Yes", but are no longer in use, have the tanks been closed in accordance with applicable regulations?
 No Yes. If yes, please attach evidence of proper closure (NFA letter, closure letters, etc.).

7. Are there any above ground storage tanks on the property? No Yes.
If yes, please indicate contents and quantity for each tank:

8. Are you the owner of the property being submitted? No Yes.
If no, please indicate your interest in acquiring coverage for this property.

9. Do you have any contracting or other service operations that you conduct outside the boundaries of the proposed Insured Property? No Yes.
If yes, please indicate estimated annual revenues for your contracting operations and detail on operations:

10. Indoor Air Quality

a. Have any water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC system problems, leaks in the roof, windows or siding, as well as broken plumbing or sewer backups)? Yes No If yes, what are they and how have they been addressed?
New City Hall roof had small leak after resurface - contractor repaired.

b. Any properties located in a 100-year flood plain or an area subject to periodic ponding or flooding?
 Yes No If yes, when was the last time the building was impacted by such ponding or flooding and to what extent? What precautions are in place to mitigate future damage?
Unknown; one-way check valves in storm drains.

c. Have any of the buildings had mold growth in which remediation costs exceeded \$25,000? Yes No

d. Have any indoor air quality / mold studies or inspections been done? Yes No
If yes, please provide a copy.

e. Do you have a formal documented complaint procedure in place? Yes No

f. Have there been any formal third party complaints for indoor air quality or outbreaks of Legionella pneumophila, at any of the properties? Yes No If yes, please attach a full description of each incident including cause of loss, mitigation of loss and any costs associated with the loss.

g. Indicate detail on water systems at the property(ies):

1. Is the property supplied by municipal water? Yes No If not, how is potable water treated for your facility?

2. Hot water heater: Date of Installation _____ Total capacity (gallons) _____
Usual temperature setting _____ °F

3. Are there any whirlpools, spas or showers at the facility? Yes No If yes, how many? 7

4. Does the facility conduct water sampling to detect bacteria growth? Yes No

11. In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?
 No Yes

12. In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?
 No Yes,

13. List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants into the environment, from this location or other locations owned or operated by the applicant. Attach a brief description of the claim(s) and their disposition.
 None to report.

For the purpose of Question 14. below, "YOU" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.

14. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup, or for bodily injury or property damage arising from the release of pollutants into the environment?
 No Yes

If you answered "yes" to question 11, 12, 13 or 14 above, please provide details on the incident or claim and what measures you have taken to prevent a future incident or claim.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Applicant's acceptance of Company's quotation and Company's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy and made a part thereof.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order to bind coverage is received, the application will be attached to the policy so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the Company's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the Company.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

City of Lake WORTH
APPLICANT

Durane Estelle
SIGNATURE OF OFFICER OR OWNER

8/26/14
DATE

Durane Estelle, Risk Manager
PRINT NAME AND TITLE

Public Risk Insurance Agency
BROKERAGE FIRM

P.O. Box 2416
ADDRESS OF BROKERAGE FIRM

Daytona Beach, FL 32115
ADDRESS OF BROKERAGE FIRM

mblake@bbpria.com
EMAIL ADDRESS

RESIGN AND DATE:

SIGNATURE OF OFFICER OR OWNER

PRINT NAME AND TITLE

DATE

PREMIUM RECAPITULATION

Page 1 of 1

	<u>Annual Premium</u>	<u>Check Option</u>	
		<u>Accept</u>	<u>Reject</u>
Pollution Liability			
Premium	\$44,914.00		
FHCF	\$583.88		
Total Premium	\$45,497.88	<input type="checkbox"/>	<input type="checkbox"/>
<i>Optional - Terrorism</i>	\$2,047.27	<input type="checkbox"/>	<input type="checkbox"/>

I authorize PRIA to request the underwriters to bind coverage on the items indicated above and acknowledge receipt of the Compensation and Financial Condition Disclosure(s) provided in this proposal.



(Signature)

(Name & Title)

(Date)