



LaBarre/Oksnee Insurance

ITEM NO. 8c

Capistrano Bay CSD

2016 - 2017 Renewal Insurance Summary

Renewal Term: 7/1/2016 - 7/1/2017

Package Policy	
Insurance Carrier	Philadelphia Insurance Company
Property Coverage	\$495,000
Property limit for trees/shrubs	\$132,500
Property Deductible	\$1,000
General Liability	\$1,000,000 per Occurrence / \$2,000,000 Aggregate
Hired/Owned/Non-Owned Auto Coverage	\$1,000,000
Premium	\$6,003.76
Umbrella	
Insurance Carrier	Greenwich Insurance Company
Coverage Amount	\$50,000,000
<i>Umbrella extends over General Liability, Hired/Non-Owned Auto, and D&O Liability.</i>	
Premium	\$4,298.00
Directors & Officers (D&O)	
Insurance Carrier	Liberty Mutual Insurance Company
Limits of Liability	\$1,000,000
Deductible	\$1,000
Premium	\$1,423.00
Fidelity Bond *	
Insurance Carrier	Liberty Mutual/Great America Insurance Company
Limits of Liability	\$1,300,000
Deductible	\$10,000
Premium	\$739.00
Total Premium	\$12,463.76

* The Fidelity Bond limit of \$1,300,000 includes the Bond with Liberty Mutual (\$1,000,000) as well as the Excess Bond limit of \$300,000 with Great American Insurance.

To bind the coverages listed above, please sign and date below and return to LaBarre/Oksnee Insurance before 7/1/2016:

Signature: Donal S. Russell Date: 6-9-16

Please consult policy for Exact Coverage and Exclusions



Preferred Property Program®

ITEM NO. 8c cont...

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Minimum Underlying Insurance Requirements

IF MULTIPLE LOCATIONS, UNDERLYING GL MUST CONTAIN A PER LOCATION AGGREGATE ENDORSEMENT (WITHOUT CAPS ON THE AGGREGATE). THIS IS MANDATORY AND NOT OPTIONAL

Commercial General Liability	\$1,000,000/\$2,000,000	*A- Rated VII or Better AM Best
Automobile Liability	\$1,000,000 (BI & PD CSL)	*A- Rated VII or Better AM Best
Employers Liability	\$500,000/\$500,000/\$500,000	*A- Rated VII or Better AM Best
Directors & Officers Liability	\$1,000,000/\$1,000,000	*A- Rated VII or Better AM Best (Claims Made Required)

Note: We cannot write over Lloyd's of London or any of its subsidiaries.

Please issue with the following Underlying Schedule Information:

Policy Type	Policy Number	Company Name	Effective	Expiration	Limits
GL	TBA	Philadelphia	7/1/2016	7/1/2017	\$1MM/\$2MM
D&O	TBA	Liberty Mutual	7/1/2016	7/1/2017	\$1MM
Auto (incl HNOA)	TBA	Philadelphia	7/1/2016	7/1/2017	\$1MM
Employers Liab					
Other ()					

Is any person/entity proposed for this Insurance aware of any fact, circumstance, or situation which may result in or give rise to a claim against the organization or any of its Members, Officers, or Employees?

yes no Provide Details, if yes:

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Applicant / Authorized Representative Signature



Donal S. Russell

Date:



6-9-16

Please Do Not Renew the policy

To be completed by Broker-Reason on Non-renewal:

- More competitive quote from _____ Premium was: _____
- Our Agency was not successful in placing coverage either.
- Association did not purchase umbrella
- Other _____

Thank you for your business and feedback. We look forward to your bind order. If we can assist you in any way, please do not hesitate to call us.