

WHEREAS, Sangamon County has determined the appropriateness of insuring its licensed vehicles against loss; and

WHEREAS, Sangamon County initiated the Sangamon-Menard Area Rural Transit (SMART) program in April 2016, and this program has vehicles and vehicle related activities that must be insured; and

WHEREAS, in order to ensure that the appropriate insurance coverages are obtained at a competitive rate, Sangamon County has worked with R.W. Troxell as part of its contract with County, to solicit quotes for insuring the activities of the SMART program that include coverage for the program's vehicles, as well as for general and professional liability and excess liability; and

WHEREAS, based on its review, R. W. Troxell recommends that the SMART program procure the following insurance coverages for it operations for the policy year beginning April 20, 2017:

- a. General and Professional Liability - Lloyds of London – Premium \$6,054,
- b. Commercial Auto – National Liability and fire Insurance Company – Premium \$44,939,
- c. Excess Liability – RSUI Indemnity – Premium \$22,100

Total premiums for these policies will total \$73,093; and

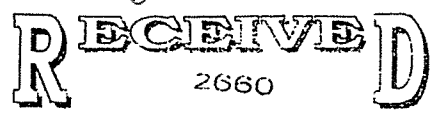
WHEREAS, the total quoted premiums for 2017 insurance coverage is \$13,220 more than the amount paid for such premiums in 2016, and this increase is due to the fact the that number of insured SMART vehicles has increased from 6 to 13 since April 2016.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 10<sup>th</sup> day of April 2017, authorizes the SMART program to obtain insurance coverage for general and professional liability, commercial auto and excess liability for the policy year beginning April 20, 2017, from the insurance companies cited above at a total cost of \$73,093. Furthermore, the Board authorizes the County Administrator to sign any required policy documents and policy modifications that occur during the year.

Submitted By

EMPLOYEE SERVICES COMMITTEE

<u>Jim E. Boyd</u> , Chair	<u>Jason Kott</u> , Member
<u>[Signature]</u> , Member	<u>Ram Deppa</u> , Member
<u>[Signature]</u> , Member	_____, Member
<u>[Signature]</u> , Member	_____, Member



APR 03 2017

Andy Goleman  
SANGAMON COUNTY AUDITOR



APR 04 2017

[Signature]  
Sangamon County Clerk

March 31, 2017

Insurance Program Managers Group, LLC  
6685 Telegraph Road  
St. Louis, MO 63129

**RE: Lead Excess Quote**

**Submission Number:** 497869  
**Renewal of:** NHA075596  
**Company:** RSUI Indemnity Company - Admitted - (Best rating: A+ XIII)  
**Coverage:** Excess Liability

**Insured:** County of Sangamon dba Sangamon-Menard Area Rural Transit  
Department  
Springfield , IL

**Policy Dates:** May 02, 2017 - April 20, 2018

**Form:** Form 2007  
Please contact the underwriter if you have any questions about the standard provisions of this form.

**Limit:** \$5,000,000

**In Excess Of:**

**General Liability :** \$1,000,000 Occurrence Limit  
\$2,000,000 General Aggregate Limit  
\$2,000,000 Completed Ops/Products Aggregate Limit  
\$1,000,000 Personal & Advertising Injury Limit  
Form 2013  
Defense Outside Limits

**Auto Liability:** \$1,000,000 Combined Single Limit

**Other:** Ambulance & Medical Transportation Professional  
  
PL Agg-\$3,000,000  
Each Claim-\$1,000,000

**Policy Attachments and Forms**

- Absolute Asbestos Exclusion RSG 36003 0904
- Exclusion - Real and Personal Property - Care Custody and Control RSG 36016 0408
- Exclusion - Sublimited Underlying Coverage RSG 36093 0905
- Exclusion of Certified Acts of Terrorism and Other Nuclear, Bio, Chem or Radio Acts of Terrorism RSG 36045 0315
- Illinois Amendatory Endorsement RSG 33021 0907
- Illinois Changes - Defense Costs RSG 92042 0306
- Illinois Important Information to Policyholders Right to File a Complaint RSG 99043 0604
- Professional Liability Limitation RSG 36106 1208
- Total Pollution Exclusion - With Collision/Upset and Hostile Fire Exceptions RSG 36034 0803
- Uninsured Underinsured Motorist Exclusion RSG 36037 0116
- War Liability Exclusion RSG 36044 0404

**Premium Amount**

<b>Flat Charge:</b>	<b>\$21,600.00</b>
<b>Terrorism Premium:</b>	<b>\$500.00</b>
<b>Gross Premium:</b>	<b>\$22,100.00</b>

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission.

**Please note:** Certificates of Insurance do not amend, extend or alter coverage afforded by any RSUI Indemnity Company policy and are the responsibility of the insured to maintain for their records.

This Quote is valid until 05/02/2017.

We greatly appreciate your business.

15-4

Account Summary For COUNTY OF SANGAMON



Quote #: 6320299 Status: Pending Policy Type: AP	<table border="1"> <thead> <tr> <th>Symbol</th> <th>Coverage</th> <th>Limit (\$)</th> <th>Premium (\$)</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>Liability</td> <td>1,000,000 CSL</td> <td>31,057</td> </tr> <tr> <td>10</td> <td>UM - BI Only</td> <td>1,000,000 CSL BI ONLY</td> <td>1,972</td> </tr> <tr> <td>10</td> <td>UIM - BI Only</td> <td>1,000,000 CSL</td> <td>1,972</td> </tr> <tr> <td>7</td> <td>Medical Payments</td> <td>5,000</td> <td>1,404</td> </tr> <tr> <td>7</td> <td>Physical Damage Total Ins Value</td> <td>See Specific Unit 579,091</td> <td>7,458</td> </tr> <tr> <td></td> <td>Add'l Ins'd/Lessor</td> <td></td> <td>576</td> </tr> </tbody> </table>	Symbol	Coverage	Limit (\$)	Premium (\$)	7	Liability	1,000,000 CSL	31,057	10	UM - BI Only	1,000,000 CSL BI ONLY	1,972	10	UIM - BI Only	1,000,000 CSL	1,972	7	Medical Payments	5,000	1,404	7	Physical Damage Total Ins Value	See Specific Unit 579,091	7,458		Add'l Ins'd/Lessor		576	
Symbol	Coverage	Limit (\$)	Premium (\$)																											
7	Liability	1,000,000 CSL	31,057																											
10	UM - BI Only	1,000,000 CSL BI ONLY	1,972																											
10	UIM - BI Only	1,000,000 CSL	1,972																											
7	Medical Payments	5,000	1,404																											
7	Physical Damage Total Ins Value	See Specific Unit 579,091	7,458																											
	Add'l Ins'd/Lessor		576																											
Originally Quoted: 1/01/1900 12:00 AM Quote Printed: 3/08/2017 3:44 PM EST Proposed Effective: 4/20/2017 12:00 AM Proposed Expiration: 4/20/2018 12:00 AM	Total Premium: \$44,439 + 500 Broker Fee = \$44,939																													
		<b>Total \$44,439.00</b>																												



Producer: Insurance Program Managers C  
 225 Smith Road  
 Saint Charles, IL 60174  
 Phone - (888) 377-5845  
 Fax - (888) 377-5875  
 DOT #: Unknown  
 MC #: Unknown

Revision: 73IL2017R02

Vehicle Information		NICO-Rate Version: 8.4.0.180							
Unit		Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	AI/Lessor	Unit Sub Total
1	2014 DODGE GRAND CARAVAN (22100) Comp/Coll \$36,877 Radius: Up to 200 Miles	2,389	Incl.	Incl.	108	511	N/A	N/A	3,008
		Deductible: 5,000/5,000							
2	2014 DODGE GRAND CARAVAN (22101) Comp/Coll \$36,877 Radius: Up to 200 Miles	2,389	Incl.	Incl.	108	511	N/A	N/A	3,008
		Deductible: 5,000/5,000							



15-5

<u>Unit</u>		<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>AI/Lessor</u>	<u>Unit Sub Total</u>
3	2014 DODGE GRAND CARAVAN (22102) <b>Comp/Coll</b> \$36,877 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	511	N/A	N/A	3,008
		<b>Deductible:</b> 5,000/5,000							
4	2014 DODGE GRAND CARAVAN (22103) <b>Comp/Coll</b> \$36,877 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	511	N/A	N/A	3,008
		<b>Deductible:</b> 5,000/5,000							
5	2015 FORD PASSENGER VAN (35180) <b>Comp/Coll</b> \$51,752 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	598	N/A	N/A	3,095
		<b>Deductible:</b> 5,000/5,000							
6	2015 FORD PASSENGER VAN (35211) <b>Comp/Coll</b> \$51,752 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	598	N/A	N/A	3,095
		<b>Deductible:</b> 5,000/5,000							
7	2016 FORD PASSENGER VAN (07796) <b>Comp/Coll</b> \$51,752 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	598	N/A	N/A	3,095
		<b>Deductible:</b> 5,000/5,000							
8	2016 FORD ELDORADO (26774) <b>Comp/Coll</b> \$91,450 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	1,057	N/A	96	3,650
		<b>Deductible:</b> 5,000/5,000							
9	2016 DODGE GRAND CARAVAN (64478) <b>Comp/Coll</b> \$37,000 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	513	N/A	96	3,106
		<b>Deductible:</b> 5,000/5,000							
10	2016 DODGE GRAND CARAVAN (64474) <b>Comp/Coll</b> \$37,000 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	513	N/A	96	3,106
		<b>Deductible:</b> 5,000/5,000							
11	2016 DODGE GRAND CARAVAN (64495) <b>Comp/Coll</b> \$37,000 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	513	N/A	96	3,106
		<b>Deductible:</b> 5,000/5,000							
12	2016 DODGE GRAND CARAVAN (64468) <b>Comp/Coll</b> \$37,000 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	513	N/A	96	3,106
		<b>Deductible:</b> 5,000/5,000							
13	2016 DODGE GRAND CARAVAN (64499) <b>Comp/Coll</b> \$36,877 <b>Radius:</b> Up to 200 Miles	2,389	Incl.	Incl.	108	511	N/A	96	3,104
		<b>Deductible:</b> 5,000/5,000							

Quote #: 6320299

## Schedule of Forms & Endorsements

---

- CA 0001 (10/2013) Business Auto Coverage Form
- CA 0120 (01/2015) Illinois Changes
- CA 0270 (10/2013) Illinois Changes - Cancellation and Nonrenewal
- CA 2001 (10/2013) Lessor - Additional Insured and Loss Payee
- CA 2018 (10/2013) Professional Services Not Covered
- CA 2130 (01/2015) Illinois Uninsured Motorists Coverage
- CA 2138 (10/2013) Illinois Underinsured Motorists Coverage
- CA 2402 (10/2013) Public Transportation Autos
- IL 0147 (09/2011) Illinois Changes - Civil Union
- IL 0162 (10/2013) Illinois Changes - Defense Costs
- M 3651 (04/1985) Punitive Damages Exclusion Endorsement
- M 4487 (04/1994) Auto Medical Payments Coverage
- M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
- M 4600a (04/2003) Commercial Policy Jacket
- M 4803 (02/1998) Abuse or Molestation Exclusion
- M 5064 (04/2012) Illinois Stated Amount Insurance
- M 5139 (01/2012) Illinois Insurance Card
- M 5171 (06/2004) Schedule of Covered Autos
- M 5279a (10/2007) Notice of Coverage Changes
- M 5373 (10/2015) Important Notice To Policyholders
- M 5605 (02/2011) Business Auto Coverage Declarations
- M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement

157

March 29, 2017



6685 Telegraph Road St. Louis, MO 63129  
Phone: 888-978-4764 | Fax: 314-293-9750

RE: **County of Sangamon (IL)**  
Miscellaneous Medical Professional Liability (Claims Made) and General Liability (Occurrence) Insurance

We are pleased to offer the following indication for Miscellaneous Medical Professional and General Liability Insurance coverage with Underwriters at Lloyd's, London. This indication is non-binding and subject to the conditions outlined below.

The above-referenced Named Insured will be provided coverage under Policy Form P1861OMM-0114.

**THIS INDICATION IS VALID FOR A PERIOD OF THIRTY (30) DAYS.**

**LIMITS:**

- Professional Liability:
  - \$1,000,000.00 Each Claim Professional Liability
  - \$3,000,000.00 Professional Liability Aggregate Limit of Liability
- General Liability:
  - \$1,000,000.00 Each Claim Bodily Injury/Property Damage
  - \$1,000,000.00 Each Claim Personal/Advertising Injury
  - \$1,000,000.00 Aggregate Products/Completed Operations
  - \$ 50,000.00 Any One Fire
  - \$ 5,000.00 Any One Person Medical Payments
  - \$3,000,000.00 General Liability Aggregate Limit of Liability
- Enhancements:
  - \$1,000,000.00 Each Claim and Aggregate Sexual Misconduct
  - \$1,000,000.00 Employee Benefits Liability
  - \$ 300,000.00 Aggregate Sexual Misconduct
  - \$ 100,000.00 Aggregate e-MD\*
  - \$ 50,000.00 Aggregate MEDEFENSE\* Plus Amendatory
  - \$ 25,000.00 Aggregate Reputational Harm Expense Insurance
  - \$ 15,000.00 Aggregate Disciplinary Proceeding Sub-Limit

**SELF INSURED RETENTION:** \$1,000 Each Claim

**DESCRIPTION OF OPERATIONS:** Non-Emergency Medical Transport

**POLICY PERIOD:** 12 Months

**RETROACTIVE DATE:** TBD - (applicable to Professional Liability only)

**PREMIUM:** \$5,500

Please see Broker-Agent summary attached for final premium including tax and fees

**POLICY ISSUANCE FEE:** \$175 non-refundable fee

\$175.00 policy fee  
\$175.00 company fee  
\$193.00 tax  
\$11.00 stamping fee

Q1861OMM-0114

Total Premium is \$6054.00

15-8

March 29, 2017

Page 2

**CONDITIONS**

**Prior to binding:** *Subject to* review and approval of a NAS Miscellaneous Medical Malpractice application (A1861M-1110) signed and dated no greater than 45 days prior to the effective date of the Policy by the owner, president, or executive officer.

*Subject to* currently valued loss runs reflecting no losses for the past 5 years.

**Within seven days of binding:**

*Subject to* the Surplus Line Form being completed (SLFORM).

This Policy provides coverage on a dual trigger basis: Coverage provided under Professional Liability applies to all claims: (1) first made against the Insured during the policy period or any applicable extended reporting period; (2) Reported to Underwriters no later than sixty (60) days after the claims are first made; and (3) arising from professional services which were rendered subsequent to the retroactive date and prior to the expiration of the policy period. Coverage provided under General Liability applies to all General Liability incidents which occur during the policy period and are reported to Underwriters as soon as practicable and in accordance with the terms and conditions of this Policy.

**ENDORSEMENTS:** E1861A-0914 - Nuclear Energy Liability Exclusion (Broad Form)  
E1861B-0914 - War and Civil War Exclusion  
E1861US-0315 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders  
E1861OMN-0914 - Fire Legal Liability Extension  
E1861OMS-0914 - U.S. Terrorism Risk Insurance Act of 2002 - Not Purchased Clause  
E1861OMP-0914 - Sexual Misconduct  
Retroactive Date: TBD  
E1861OMX-0615 - Warranty of Insurance Amendatory  
E1861OMAE-0215 - Food and Drug Administration Exclusion  
E1861OMAH-0914 - MEDEFENSE Plus Amendatory  
E1861OMAK-0215 - e-MD  
Retroactive Date: Inception  
E1861Omaq-0914 - Employee Benefits Liability  
Limits of Liability: \$1,000,000 each Employee and  
\$1,000,000 in the Aggregate  
Retention: \$1,000 Each Employee  
Retroactive Date: Inception  
Endorsement Period: 12 Months  
E1861OMAR-0716 - Elimination of Combined Policy Aggregate Limit of Liability  
E1861OMBY-0914 - Reputational Harm Expense Insurance  
E1861OMCA-1216 - Disciplinary Proceeding Sub-Limit

**Punitive Damages, where insurable by law, are included.**

**EXTENDED REPORTING OPTIONS:** 12 Months at 100% of the Annual Premium  
24 Months at 175% of the Annual Premium  
36 Months at 225% of the Annual Premium



**OPTIONAL ENHANCEMENTS**

**Sexual Misconduct (E1861OMP-0914) with limits of:**  
\$1,000,000/\$1,000,000 is included.

**MEDEFENSE® Plus Amendatory (E1861OMAH-0914), not to exceed:**

- \$50,000 is included.
- \$100,000\* is available for an additional premium of \$550.
- \$250,000\* is available for an additional premium of \$1,100.

*\*Requires underwriter review and approval of a MEDEFENSE Plus Supplemental Application (A1818MPS-0813), signed and dated no greater than 45 days prior to the effective date of the policy.*

**e-MD® (E1861OMAK-0215), not to exceed:**

- \$100,000 is included.
- \$250,000\* is available for an additional premium of \$750.
- \$1,000,000\* may be available for an additional premium\*\*

*\*Requires underwriter review and approval of an e-MD Supplemental Application (A1818EMDS-0813), signed and dated no greater than 45 days prior to the effective date of the policy.*

*\*\*Please contact an underwriter for additional details*

**Defense outside the Limits of Liability (E1861OMQ-0914), not to exceed.**

- \$500,000 is available for an additional premium of \$550.
- \$1,000,000 is available for an additional premium of \$825.

**Legal Expense/Media Reimbursement Insurance (E1861MBS-0914), not to exceed:**

- \$15,000 is available for an additional premium of \$275.
- \$25,000 is available for an additional premium of \$550.

**Reputational Harm Expense Insurance (E1861OMBY-0914), not to exceed:**

- \$25,000 is included.
- \$50,000 is available for an additional premium of \$300.
- \$100,000 is available for an additional premium of \$825.

**Disciplinary Proceeding Sub-Limit (E1861OMCA-1216), not to exceed:**

- \$15,000 is included.
- \$25,000 is available for an additional premium of \$275.

**Employee Benefits Liability (E1861MAQ-0914) with limits of:**

- \$1,000,000/\$1,000,000 is included.

**Evacuation Expenses (E1861MCB-0914), not to exceed:**

- \$25,000 is available for an additional premium of \$275.
- \$50,000 is available for an additional premium of \$550.

**OPTIONAL ENHANCEMENTS (continued):**

First Dollar Defense (E1861MAZ-0914) is available for an additional premium of \$413.

Terrorism coverage is available for 8% additional premium of the total premium purchased. If purchased, Endorsement E1861MS-0914 will be removed and replaced with Endorsement E1861MR-0914 - U.S. Terrorism Risk Insurance Act of 2002 New and Renewal Business.

**PREMIUM PAYMENT:** Net premium due 30 days from the effective date.

If this risk is subject to surplus line tax, you must arrange for filing the affidavit and for payment of the applicable State tax and fees in addition to the premium.

**e-MD<sup>®</sup> Enhancement Endorsement**

Does your company hold sensitive customer information, employee information or any other confidential information? Information like credit card numbers, social security numbers, email addresses, names and addresses can lead to a significant loss if the information is lost or stolen. This important coverage enhancement will include the following:

<u>e-MD Coverage</u>	<u>Option 1 (Included)</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
e-MD Endorsement (E1861OMAK-0215) See endorsement section for retroactive date	<u>Limit</u>	<u>Limit</u>	<u>Limit</u>	<u>Limit</u>
Multimedia Liability – Coverage for copyright/trademark infringement, libel/slander, plagiarism, personal injury and more.	\$50,000	\$100,000	\$250,000	\$1,000,000
Security & Privacy Liability– Coverage for third party claims arising out of a breach of private information.	\$50,000	\$100,000	\$250,000	\$1,000,000
Privacy Regulatory Defense and Penalties – Coverage for the fines and penalties the insured is required to pay by a US regulatory agency for a privacy breach. This includes HIPAA and HITECH Act.	\$50,000	\$100,000	\$250,000	\$1,000,000
Privacy Breach Response Costs, Notification Expenses, and Breach Support and Credit Monitoring Expenses– Coverage for the cost to complete the mandatory customer notification process, includes all reasonable legal, public relations, advertising, IT forensic, credit monitoring and postage expenses incurred by the insured to notify affected individuals.	\$50,000	\$50,000	\$100,000	\$500,000
<i>Proactive Privacy Breach Response Costs Sublimit</i>	\$25,000	\$25,000	\$25,000	\$25,000
<i>Voluntary Notification Expenses Sublimit</i>	\$25,000	\$25,000	\$25,000	\$25,000
BrandGuard <sup>®</sup>	N/A	N/A	N/A	N/A
Network Asset Protection – 1 <sup>st</sup> party coverage for all reasonable and necessary sums required to recover and/or replace data that is compromised, damaged, lost, erased or corrupted.	\$50,000	\$50,000	\$100,000	\$500,000
Cyber Extortion	\$50,000	\$100,000	\$250,000	\$1,000,000
Cyber Terrorism	\$50,000	\$100,000	\$250,000	\$1,000,000
PCI DSS Assessment	\$25,000	\$25,000	\$25,000	\$25,000