

1000 - Department of Education
325 West Main Street 332 Burlington Building

[Redacted]
[Redacted]
[Redacted]
[Redacted]

Vice President

Ident

a Risk Management Services
[Redacted]
[Redacted]
[Redacted]

Gallagher

Insurance | Risk Management | Consulting

Proposal Summary

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

- We have been able to achieve renewal goals by negotiating your renewal with the incumbent carrier.

This proposal provides a summary of highlights along with the attached coverages and terms of the policy.

THE SIGNATURE OF THE AGENT

THE AGENT'S NAME

THE AGENT'S ADDRESS

THE AGENT'S PHONE NUMBER

THE AGENT'S EMAIL ADDRESS

THE AGENT'S WEBSITE

Philip Altemus

Enclosure



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Premium Summary

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

		Expiring	Renewal Option
			Certain Underwriters at Lloyd's London Endurance Worldwide Insurance Limited United Specialty Insurance Company
Estimated Cost*		\$917,083.00	\$958,991.00
Educators	Rating Basis – FT	224,000	220,400

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

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

[REDACTED]

Named Insured

Named Insured	Insured Entity
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The State of Florida And The Florida Department Of Education	X
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Note: Any entity not named in this proposal may not be an insured entity. This may include affiliates, subsidiaries, LLCs, partnerships, and joint ventures.

[illegible]

Coverage Highlights

Educators Professional Liability	
Carrier Information	Certain Underwriters at Lloyd's London Endurance Worldwide Insurance Limited United Special Insurance Company
Coverage A & B	\$2,000,000 per Insured Per Wrongful Act \$3,000,000 Aggregate Per Wrongful Act
Coverage C	\$2,000 per Bail Bond per Insured
Coverage D	\$500 per Insured per Assault
Policy Annual Aggregate	\$20,000,000
Loss Fund:	
• Loss Fund:	\$400,000
• Excess Loss Fund Protection Limit:	\$1,000,000 Annual Aggregate
Form Type	Educators Professional Liability - Claims-Made
Retroactive Date	8/17/20215
Deductibles	\$50,000 per Wrongful Act
Refer To Attached Policy Form	
Refer To Attached Policy Form	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.

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Other Insurers:

Endurance Worldwide Insurance Limited 14.000%

United Specialty Insurance Company 21.000%

Written request to bind

Professional Liability

Educators Professional Liability Est.
Premium

\$958,991.00

Terrorism – TRIA (In addition to the
premium above

\$15,725.00

Auditable / Frequency

At policy expiration

Payment Plan

Agency Bill – Annual

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Claims Reporting By Policy

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

If you are using a third party administrator ("TPA"), your TPA may or may not report claims to an insurer on your

behalf. If you are not using a TPA, you must report claims directly to the insurer. If you are using a TPA, you must report claims to the insurer and the TPA.

For more information, please contact your insurer.

Coverage(s): Educators Professional Liability

Immediately report claims directly to:

[Redacted]

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Proposal Disclosures

The following disclosures are hereby made a part of this proposal. Please review these disclosures prior to signing

the Client Authorization to Bind or e-mail confirmation.

Proposal Disclaimer

IMPORTANT: The information contained in this proposal is for informational purposes only and does not constitute an offer of insurance. The information is based on the information provided by your company. The insurance policies themselves must be read to fully understand the terms, coverages, exclusions including but not limited to, limitations and/or conditions. The information is not intended to be used for any other purpose.

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their own attorney's fees. All matters will be before a neutral, impartial and disinterested mediator or arbitrator(s).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Bindable Quotations & Compensation Disclosure Schedule

Client Name: State of Florida - Department of Education

Coverage	Insurance Company	Wholesaler, MGA, or Intermediary Name ¹	Est. Annual Premium ²	Comm. % or Fee ³	Gallagher U.S. Owned Wholesaler, MGA, or Intermediary % Paid or Fee
Certain Underwriters at					
Educators Professional Liability	Endurance Worldwide Insurance Limited United Specialty Insurance Compan	Ambridge Partners LLC	\$958,991.00	15%	N/A

¹We 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

Coverage/Cover

TRIA

TRIA

<https://www.ajg.com/privacy-policy/>

Company

Signature

Date:

Currency Clause:

All premiums, limits, deductibles, claims, and other amounts under this Policy are expressed and payable in United States Dollars (USD). The dollar symbol (\$) used within this policy represents United States Dollars (USD).

Premium:

Premium	958 991
TRIA/TRIPRA – Coverage Section V:	<u>N/A</u>
TRIA/TRIPRA – Other Coverage Sections:	<u>\$15,725</u>
Total Premium:	974 716

Loss Fund:

Loss Fund:	<u>\$400,000</u>
Excess Loss Fund Protection Limit:	1 000 000 Annual Aggregate

Commission:

Retail Commission:	<u>15%</u>
Wholesale Commission:	<u>NA</u>
Total Policy Commission:	<u>15%</u>

Broker:

Please direct all Enquiries / Correspondence to:

Account Handler:

Contact Details:

Arthur J Gallacher & Co Miami

Toni Abella Jr. Miami

305.639.3108 Toni.Abella@ajg.com

Limits of Insurance

Coverage A & B	\$2,000,000 per INSURED per WRONGFUL ACT \$3,000,000 A re ate er WRONGFUL ACT
Coverage C	\$2,000 per Bail Bond per INSURED
Coverage D	\$500 per INSURED per Assault
Policy Annual Aggregate	\$20,000,000

Deductibles	\$50,000 per WRONGFUL ACT
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SCHEDULE OF FORMS AND ENDORSEMENTS attaching to the Policy:

Samlr. J. Allen

Chief Executive Officer:


Ambridge Partners LLC



TERMS & CONDITIONS

Certain Underwriters at Lloyd's, London:

Syndicate BRT 2987	40.000%
Syndicate ASP 4711	20.000%
Syndicate AXS 1686	5.000%

Other Insurers:

Endurance Worldwide Insurance Limited	14.000%
United Specialty Insurance Company	21.000%

Rate & Premium: The premium specified above is provisional and is based on the number of **FULL TIME**

INSTRUCTIONAL PERSONNEL estimated at inception. The **NAMED INSURED** agrees to maintain a record of the number of **INSUREDS** and report the number of **INSUREDS** semi-annually as of February 17, 2025 and August 17, 2025. At the end of the policy term a premium adjustment will be made. The deposit annual premium basis 202,405 **FULL TIME INSTRUCTIONAL PERSONNEL** based on rate of \$4,7426 per **FULL**

TIME INSTRUCTIONAL PERSONNEL.

Producer must file Surplus Lines Taxes. Surplus Lines Broker Name, Agency, full address and Broker License number must accompany all binder requests.

- Ambridge Partners LLC deems there is no material change in the physical and/or moral hazards and/or