





# **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. g Philip Altemus

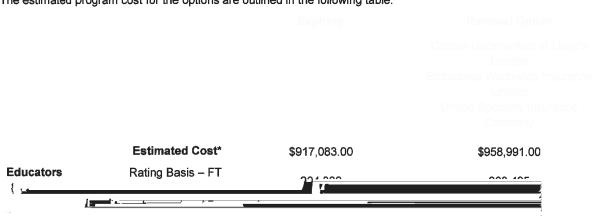
#### Enclosure



Insurance Risk Management Consulting

# **Premium Summary**

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



stimated Cost includes all taxes, fees, surcharges and TRIA 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.



### Named Insured

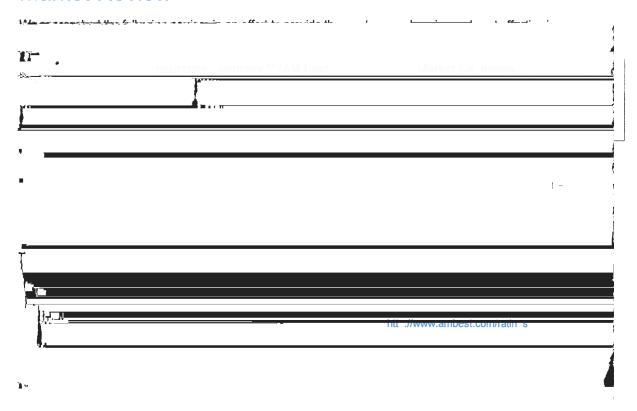
The State of Florida And The Florida Department

Of Education

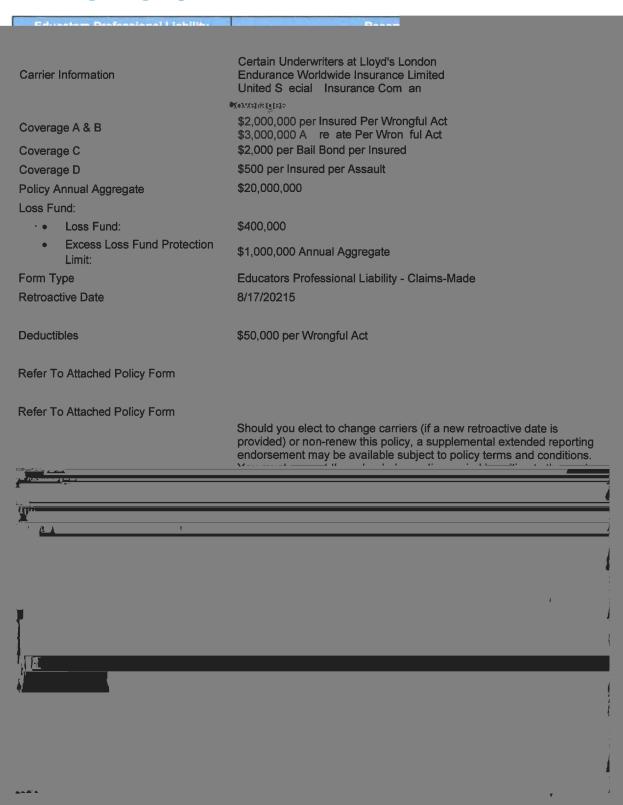
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**Note:** Any entity not named in this proposal may not be an insured entity. This may include affiliates, subsidiaries, LLCs, partnerships, and joint ventures.

# Market Review



## Coverage Highlights



Other Insurers:

Endurance Worldwide Insurance Limited 14.000% United S ecialt Insurance Com an 21.000%

#### Written request to bind

SAMPLEMENT & MINISTER .

Educators Professional Liability Est.

Premium

Terrorism - TRIA (In addition to the

remium above

Auditable / Frequency

Payment Plan

\$958,991.00

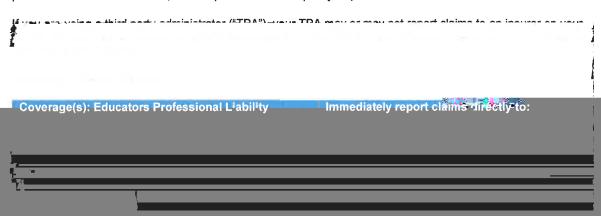
\$15,725.00

At policy expiration

Agency Bill - Annual

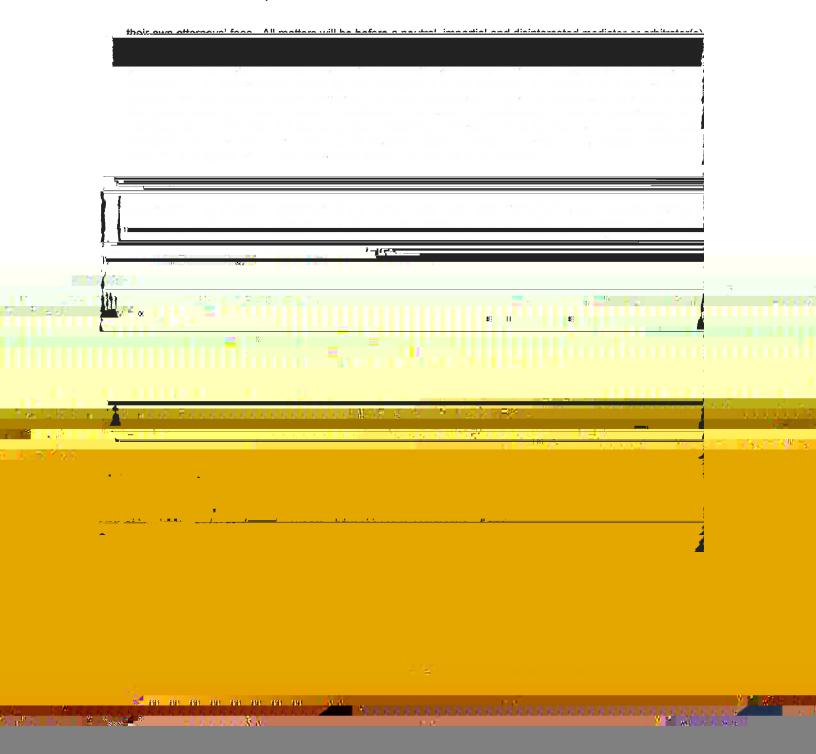
## Claims Reporting By Policy

**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.



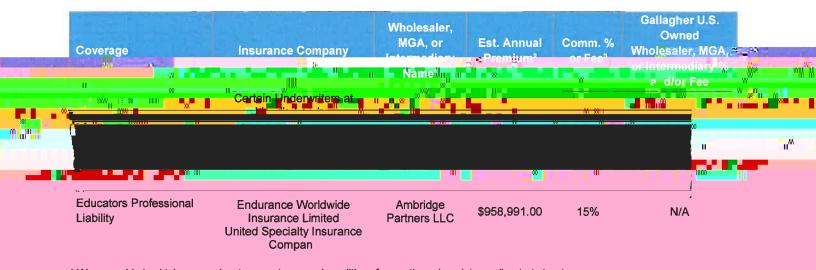
# Proposal Disclosures

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posed by the insurers, based on the	e information provid	ed by your compar	ny. The insurance	policies themselve



### Bindable Quotations & Compensation Disclosure Schedule

Client Name: State of Florida - Department of Education

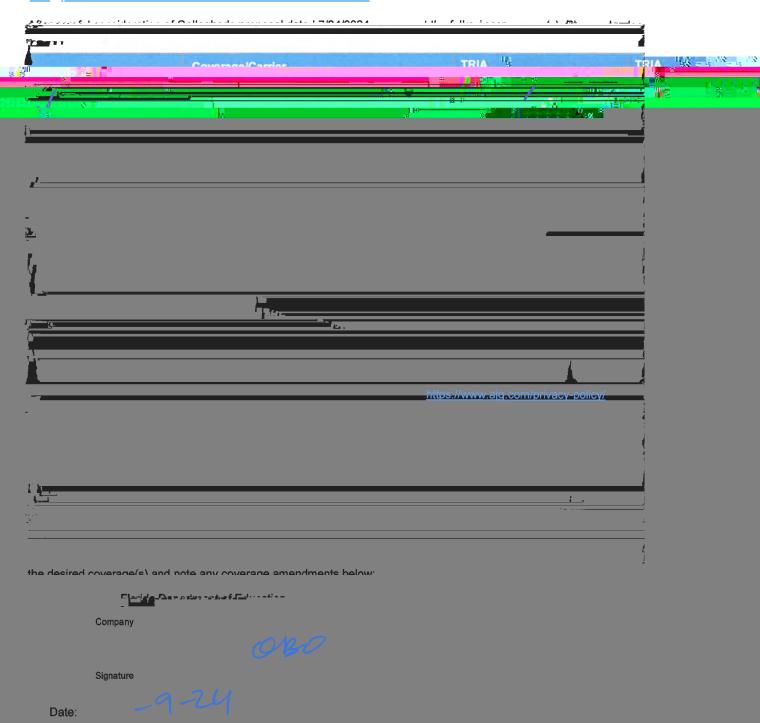


<sup>14</sup>We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.

<sup>2</sup> If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and

# State of Department of Education

### Cliant Authorization to Dind Coverage





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

#### Broker:

Please direct all Enquiries / Correspondence to:	Arthur J Galla her & Co Miami
Account Handler	Ton Abella Jr. Miami
Contact Details:	305,639,3108_Ton _Ahella Ir_a' com .



#### **SCHEDULE OF LIMITS AND DEDUCTIBLES**

**Limits of Insurance** 

\$2,000,000 per INSURED per WRONGFUL ACT Coverage A & B

\$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

SCHEDULE OF FORMS AND ENDORSEMENTS attaching to the Policy:



Chief Executive Officer:

Ambridge Partners LLC

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#### **TERMS & CONDITIONS**

Certain	<b>Underwriters</b>	at Lloy	ďs.	London:
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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



#### TIME INSTRUCTIONAL PERSONNEL.

Producer must file Surplus Lines Taxes. Surplus Lines Broker Name, Agency, full address and Broker License

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