

Ordinance No. 20-03

**AN ORDINANCE APPROVING THE PURCHASE OF
COMMERCIAL INSURANCE COVERAGE FROM ARTHUR J. GALLAGHER & CO.**

*NOW, THEREFORE, BE IT ORDAINED BY THE SOUTH SANGAMON WATER
COMMISSION, AS FOLLOWS:*

SECTION 1: That certain Commercial Insurance Proposal from the Arthur J. Gallagher & Co. to the South Sangamon Water Commission with effective date of May 1, 2020, a copy of which is attached, is hereby approved.

SECTION 2: The Chairman shall execute appropriate contracts of insurance in accordance with said Proposal, the proper officers of the Commission shall carry out such contracts of insurance according to their terms.

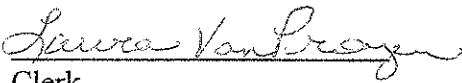
SECTION 3: This Ordinance is effective immediately.

PASSED this 20th day of April, 2020.



CHAIRMAN

ATTEST:



Clerk

AYES: Bloome, Morris, Johnson

NAYES: none

PASSED: April 20, 2020

APPROVED: April 20, 2020

ABSENT: none



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April 16, 2020

South Sangamon Water Commission
Laura VanProyen
9199 Buckhart Rd
Rochester, IL 62563-8090

Re: Commercial Package
The Cincinnati Insurance Company - Policy #ETD 048 74 74
Policy Effective: 05/01/2020 to 05/01/2021

Business Auto
The Cincinnati Insurance Company - Policy #EBA 048 74 74
Policy Effective: 05/01/2020 to 05/01/2021

Dear Laura:

Your Commercial Package, Business Auto policies will be renewing shortly. Attached is our quotation for Commercial Package, Business Auto coverages.

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

We are not aware of any changes in your exposures to loss, nor are we aware of any changes in your business operations that would necessitate additional coverage options. Please notify us immediately if you are planning any new business operations.

We would like to outline the following notable points for your consideration:

- Any entity not named in this proposal, may not be an insured entity. This may include affiliates, subsidiaries, LLC's, partnerships and joint ventures.
 - The insurance carrier is The Cincinnati Insurance Company.
 - The renewal premiums are:
 - Commercial Package: \$29,136.00, plus
 - Business Auto: \$1,704.00, plus
 - TRIA Premium: \$401.00
- Total renewal policies premium: \$31,241.00. Premium will be billed direct to you by the carrier.
- Commercial Package Premium Breakdown:
 - Package - Property: \$14,638.00
 - Package - General Liability: \$7,716.00
 - Package - Crime: \$525.00
 - Package - Cyber Liability: \$329.00
 - Package - Inland Marine: \$958.00
 - Package - Umbrella: \$4,970.00
- The Package - General Liability premium is based upon total cost, payroll & Package - Employee Benefits Liability premium is based upon number of employees and is subject to audit.
 - Defense costs are limited and included within the policy limits.
 - Significant policy exclusions include but are not limited to the following: see attached quotes.
 - The Crime coverage is written on Discovery basis.
 - The renewal policy includes the following renewal restrictions, coverage reductions or deductible

www.ajg.com

09\890\20098-form Non-CA



Gallagher

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- increases: see attached quote.
- Schedule of locations and statement of values are attached.
 - The values and schedules are per the expiring policy. It is your responsibility to notify us of all necessary changes to your schedules.
 - The valuation of covered property is based on replacement cost basis.
 - Immediately report all claims to: Cincinnati Insurance Companies: 877-242-2544
 - Gallagher is responsible for the placement of the following lines of coverage: Property, General Liability, Crime, Inland Marine, Cyber Liability, Umbrella, Business Auto, Electronic Data Processing, Directors & Officers Liability, Employment Practices Liability, Workers' Compensation, Loss of License Insurance.
 - It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.
 - It is recommended that you consider purchasing coverage for the following coverages, which are not included in your insurance program:
 - Pollution Liability
 - Professional Liability
 - Foreign Liability
 - Earthquake
 - Flood
 - Mechanical Breakdown
 - Increased building reconstruction costs due to enforcement of local building laws.

To renew this policy, please refer to the "Client Authorization to Bind Coverage" page attached.

1. Note any changes you desire to be made.
2. Date and sign.
3. Return prior to the effective date of coverage.

We appreciate your business and look forward to working with you in the coming year. Please contact me if you have any questions.

Sincerely,

Beth Piester

Beth Piester
Client Service Manager

Enclosure



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Compensation Disclosure Schedule

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm % or Fee 3	Gallagher U.S. owned Wholesaler, MGA or Intermediary % 4
Package - Property	The Cincinnati Insurance Company	N/A	\$14,638.00	20%	N/A
Package - General Liability	The Cincinnati Insurance Company	N/A	\$7,716.00	20%	N/A
Package - Crime	The Cincinnati Insurance Company	N/A	\$525.00	20%	N/A
Package - Cyber Liability	The Cincinnati Insurance Company	N/A	\$329.00	15%	N/A
Package - Inland Marine	The Cincinnati Insurance Company	N/A	\$958.00	20%	N/A
Package - Umbrella	The Cincinnati Insurance Company	N/A	\$4,970.00	15%	N/A
Business Auto	The Cincinnati Insurance Company	N/A	\$1,704.00	20%	N/A

1. We 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 acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.
* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.
3. The commission rate is a percentage of annual premium excluding taxes & fees. * Gallagher is receiving ___% commission on this policy. The fee due Gallagher will be reduced by the amount of the commissions received.



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Important Disclosures

IMPORTANT: The proposal and/or any executive summaries outline certain terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. The insurance policies themselves must be read to fully understand the terms, coverages, exclusions, limitations and/or conditions of the actual policy contract of insurance. Policy forms will be made available upon request. We make no warranties with respect to policy limits or coverage considerations of the carrier.

TRIA/TRIPRA Disclaimer – If this proposal contains options to purchase TRIA/TRIPRA coverage, the proposed TRIA/TRIPRA program may not cover all terrorism losses. While the amendments to TRIA eliminated the distinction between foreign and domestic acts of terrorism, a number of lines of coverage excluded under the amendments passed in 2005 remain excluded including commercial automobile, burglary and theft insurance; surety insurance, farm owners multiple perils and professional liability (although directors and officers liability is specifically included). If such excluded coverages are required, we recommend that you consider purchasing a separate terrorism policy. Please note that a separate terrorism policy for these excluded coverages may be necessary to satisfy loan covenants or other contractual obligations. TRIPRA includes a \$100 billion cap on insurers' aggregate liability.

The TRIPRA program increases the amount needed in total losses by \$20 million each calendar year before the TRIPRA program responds from the 2015 trigger of \$100 million to \$200 million by the year 2020.

TRIPRA is set to expire on December 31, 2020. There is no certainty of extension, thus the coverage provided by your insurers may or may not extend beyond December 31, 2020. In the event you have loan covenants or other contractual obligations requiring that TRIA/TRIPRA be maintained throughout the duration of your policy period, we recommend that a separate "Stand Alone" terrorism policy be purchased to satisfy those obligations.



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Compensation Disclosure

1. Gallagher Companies are primarily compensated from the usual and customary commissions, fees or, where permitted, a combination of both, for brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary based on market conditions and the insurance product placed for the client.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies that provide for additional compensation if certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the insurance company, not on an individual policy basis. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. If you do not wish to have your commercial insurance placement included in consideration for additional compensation, contact your producer or service team for an Opt-out form.
3. Gallagher Companies may receive investment income on fiduciary funds temporarily held by them, or from obtaining or generating premium finance quotes, unless prohibited by law.
4. Gallagher Companies may also access or have an ownership interest in other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace some of which may earn and retain customary brokerage commission and fees for their work.

If you have specific questions about any compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third-parties, please contact Gallagher via e-mail at Compensation_Complaints@ajg.com or by regular mail at:

Chief Compliance Officer
Gallagher Global Brokerage
Arthur J. Gallagher & Co.
2850 Golf Rd.
Rolling Meadows, IL 60008



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CARRIER RATINGS AND ADMITTED STATUS

Proposed Insurance Companies	A.M. Best's Rating & Financial Size Category *	Admitted/Non-Admitted **
The Cincinnati Insurance Company	A+ XV	Admitted

*Gallagher companies use A.M. Best rated insurers and the rating listed above was verified on the date the proposal document was created.

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**If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines or non-admitted carrier, and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund.

Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.



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SOUTH SANGAMON WATER COMMISSION

CLIENT AUTHORIZATION TO BIND COVERAGE

After careful consideration of Gallagher's proposal dated **April 16, 2020**, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

POLICY OPTIONS:

YES	NO	OPTION DESCRIPTION
		Bind All Policies As Shown Herein:
		Commercial Package (The Cincinnati Insurance Company) Premium: \$29,136.00
		Business Auto (The Cincinnati Insurance Company) Premium: \$1,704.00
		Bind TRIA Terrorism Coverage As Quoted
		TRIA Premium (Additional): \$401.00
		Provide Quotations or Additional Information on the following Coverage Considerations

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

EXPOSURES AND VALUES

We confirm the payroll, values, schedules, and other data contained in the proposal, and submitted to the underwriters, are compiled from our records and we acknowledge it is our responsibility to see that they are maintained accurately. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.ajg.com/privacy-policy/>

I have read, understand and agree that the above-information is correct and has been disclosed to us prior to authorizing Gallagher to bind coverage and/or provide services to us.

Client Signature

Dated

Target Markets Policy - Renewal Premium Summary
The Cincinnati Insurance Company

Named Insured: SOUTH SANGAMON WATER COMMISSION
Address: 9199 BUCKHART RD
ROCHESTER, IL 62563-8090
Agency: Arthur J. Gallagher Risk Management Services, Inc. 12-117

Premium Summary

Commercial Auto	
Total Commercial Auto Premium	1,704
Commercial Fire	
Total Commercial Fire Premium	14,638
Crime	
Total Crime Premium	525
General Liability	
Total General Liability Premium	7,716
Inland Marine	
Total Inland Marine Premium	958
Umbrella	
Total Umbrella Premium	4,970
Cyber Risk	
Total Cyber Risk Premium	329
Terrorism Coverage - Tier 3 / High Hazard	401
Total Annual Premium	<u>31,241</u>

DISCLAIMER: This quote is based on rating information supplied by you and is valid for 30 days from the date quoted, subject to any pending rules and rate filings. It is also subject to normal underwriting consideration including but not limited to acceptable loss experience, favorable inspection and acceptable motor vehicle reports. This is not a policy. For a complete statement of the coverages and exclusions, please see the policy contract. Acceptability of this risk and use of scheduled credits or debits is subject to approval by the company.

This information is proprietary to The Cincinnati Insurance Companies, its subsidiaries and affiliates.

Cyber Risk

4/15/2020 1:19 PM

Primary Rating State: IL

Policy Level

DATA DEFENDERDefense and Liability Annual
Aggregate Limit: 50,000

Forensic IT Review Sublimit: 25,000

Identity Recovery
Deductible: 250Lost Wages Child Elder
Care Sublimit: 5,000Miscellaneous Unnamed
Costs Sublimit: 1,000

PR Services Sublimit: 25,000

Response Expenses Annual
Aggregate Limit: 50,000Defense and Liability
Deductible: 1,000Identity Recovery Annual
Aggregate Limit: 25,000

Legal Review Sublimit: 25,000

Mental Health Counseling
Sublimit: 1,000PCI Fines and Penalties
Sublimit: 25,000Regulatory Fines and
Penalties Sublimit: 25,000Response Expenses
Deductible: 1,000

Coverage Premium

87

NETWORK DEFENDERComputer Attack Annual
Aggregate Limit: 100,000Computer Attack Cyber
Extortion Limit: 10,000Computer Attack Loss of
Business Income Sublimit: 50,000Network Security Liability
Annual Aggregate Limit: 100,000Computer Attack Cyber
Extortion Deductible: 1,000Computer Attack Deductible
Other Than Cyber Extortion: 1,000Computer Attack Public
Relations Sublimit: 50,000Network Security Liability
Deductible: 1,000

Coverage Premium

242

AUTOMOBILE SCHEDULE - WORKSHEET

Attached to and forming a part of Policy No. EBA 048 74 74, effective 05/01/2020

POLICY LIMITS

State: IL

Liability: CSL 1,000,000

UM/UIM: 1,000,000

UMPD: N/A

Medical Payments: 5,000

Veh. No.	Vehicle Information						
1	2018 FORD F150		VIN: 1FTEW1E5XJKE96090 Class: 03199 Territory: 134				
	Tax Code: 005257		Zip Code: 62563				
	OTC Comprehensive Ded: 250		Coll Ded: 1,000		Cost New: 41,725		S/A:
	BI	PD	MP	COMP	COLL	UM	Total
	881	INCL	6	201	418	70	1,576

	Hired and Non Owned Liability		Class: 1024				
	Tax Code: 005257						
	# of Employees: 5						
	BI	PD	MP	COMP	COLL	UM	TOTAL
	95	INCL				33	128

Quote: 1474540

Quote: 1474540

Version: 2

Policy: ETD 048 74 74

Effective Date: 05/01/2020

Property

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Policy Level Address:

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Primary Rating State: IL

Policy Level

Cause of Loss: CIC Special

WATER UTILITIES COMMERCIAL PROPERTY ENDORSEMENT

Blanket Coverage Limit: 150,000

Number Of Customer
Hookups: 6,000

Water Utilities Commercial 375
Property Endorsement
Premium

Coverage Premium
375

Quote: 1474540

Version: 2

Policy: ETD 048 74 74

Effective Date: 05/01/2020

Location: 1

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Territory Description: Remainder of State Special Form Territory: Remainder of State

Group II Territory: Remainder of State EQ Terr: 26

Protection Class: 5Y

EQUIPMENT BREAKDOWN LOCATION

Premium

1,172

Coverage Premium

1,172

Building Level:	Bldg 1	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B

EQ Sprinklered: No

EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 7,560,000 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	7,560,000	=	832
GROUP II	0.025	x	7,560,000	=	1,890
SPECIAL	0.008	x	7,560,000	=	605

EARTHQUAKE

Type: Full Limit Limit: 7,560,000 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	7,560,000	=	76

FLOOD

Type: Sub Limit Limit: 1,160,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 6,737

Coverage Premium
 10,140

BUSINESS INCOME - COINSURANCE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 2,300,000 Coinsurance: 90% Waiting Period Deductible: Zero
 Type: Mercantile/Non-Manufacturing - Business Income only With Extra Expense: Yes
 Manufacturing: N/A Mercantile: N/A Rental: N/A
 Numeric Prefix: 1 Exclusions: N/A
 Agreed Value: No Power, Heat and Refrigeration Deduction: No
 Ordinance or Law-Increased Period of Restoration: No
 Civil Authority Increased Coverage Period: N/A
 Radio or Television Antennas Type: N/A
 Extended Period of Indemnity: 180 Ordinary Payroll Exclusion and Limitation: N/A
 Mining Properties: N/A

	Modified Rate		Limit		Premium
GROUP I	0.010	x	2,300,000	=	230
GROUP II	0.022	x	2,300,000	=	506
SPECIAL/BROAD	0.009	x	2,300,000	=	207

EARTHQUAKE

Type: Full Limit Limit: 2,300,000
 EQ Number of Stories: 1

Modified Rate		Limit		Premium
0.001	x	2,300,000	=	23

FLOOD

Type: Sub Limit Limit: 360,000
 Annual Aggregate: 2,000,000

Premium
 237

Coverage Premium
 1,203

BPP - INSURED & OTHERS

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS

Limit: 105,200

Valuation: Replacement Cost

Coinsurance: 80%

Contents Type: N/A

Rate Group: 02

Class Limit: 5,000

Deductible: 2,500

Agreed Value: No

Vacant: No

Numeric Prefix: 1

Exclusions: N/A

Inflation Guard: No

Inflation Guard Percentage: N/A

	Modified Base Rate		Limit		Premium
GROUP I	0.014	x	105,200	=	15
GROUP II	0.024	x	105,200	=	25
SPECIAL	0.005	x	105,200	=	5

THEFT

Premium

14

EARTHQUAKE

Type: Full Limit Limit: 105,200 EQ Ded: 5.0%

EQ Number of Stories: 1 EQ Rate Grade: 2

Modified Base Rate Limit Premium

0.003 x 105,200 = 3

FLOOD

Type: Sub Limit Limit: 20,000

Deductible: 10,000 Annual Aggregate: 2,000,000

Premium

13

Coverage Premium

75

Building Level:	Bldg 2	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B

EQ Sprinklered: No

EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 1,100,000 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	1,100,000	=	121
GROUP II	0.025	x	1,100,000	=	275
SPECIAL	0.008	x	1,100,000	=	88

EARTHQUAKE

Type: Full Limit Limit: 1,100,000 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	1,100,000	=	11

FLOOD

Type: Sub Limit Limit: 160,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 106

Coverage Premium
 601

Building Level:	Bldg 3	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B EQ Sprinklered: No
 EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 1,000,000 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	1,000,000	=	110
GROUP II	0.025	x	1,000,000	=	250
SPECIAL	0.008	x	1,000,000	=	80

EARTHQUAKE

Type: Full Limit Limit: 1,000,000 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	1,000,000	=	10

FLOOD

Type: Sub Limit Limit: 160,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 106

Coverage Premium
 556

Building Level:	Bldg 4	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B EQ Sprinklered: No
 EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 441,840 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	441,840	=	49
GROUP II	0.025	x	441,840	=	110
SPECIAL	0.008	x	441,840	=	35

EARTHQUAKE

Type: Full Limit Limit: 441,840 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	441,840	=	4

FLOOD

Type: Sub Limit Limit: 60,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 40

Coverage Premium
 238

Building Level:	Bldg 5	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B EQ Sprinklered: No
 EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 126,240 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	126,240	=	14
GROUP II	0.025	x	126,240	=	32
SPECIAL	0.008	x	126,240	=	10

EARTHQUAKE

Type: Full Limit Limit: 126,240 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	126,240	=	1

FLOOD

Type: Sub Limit Limit: 20,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 13

Coverage Premium
 70

Building Level:	Bldg 6	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B EQ Sprinklered: No
 EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 105,200 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	105,200	=	12
GROUP II	0.025	x	105,200	=	26
SPECIAL	0.008	x	105,200	=	8

EARTHQUAKE

Type: Full Limit Limit: 105,200 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	105,200	=	1

FLOOD

Type: Sub Limit Limit: 20,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 13

Coverage Premium
 60

Building Level:	Bldg 7	Loc 1
RCP Code: N/A	Construction: Non Combustible	
BCEG Year Built: N/A	BCEG Grade: Ungraded	BCEG Desc: N/A
Steel Type: Light Steel	Masonry Type: N/A	Rise: Low Rise
Construction Symbol: B	Rate Type: Class	
Windstorm or Hail Deductible: N/A	Windstorm or Hail Deductible Type: N/A	

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B EQ Sprinklered: No
 EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 157,800 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.011	x	157,800	=	17
GROUP II	0.025	x	157,800	=	39
SPECIAL	0.008	x	157,800	=	13

EARTHQUAKE

Type: Full Limit Limit: 157,800 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	157,800	=	2

FLOOD

Type: Sub Limit Limit: 20,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium
 13

Coverage Premium

84

Quote: 1474540

Version: 2

Policy: ETD 048 74 74

Effective Date: 05/01/2020

Location: 2

MANSION ROAD TO NEW BERLIN

(PUMP STATION)

ROCHESTER, IL 62563

Tax Code: 006971

Territory Description: Remainder of State Special Form Territory: Remainder of State

Group II Territory: Remainder of State EQ Terr: 26

Protection Class: 5

EQUIPMENT BREAKDOWN LOCATION

Premium

5

Coverage Premium

5

Building Level:	Bldg 1	Loc2
RCP Code: N/A		Construction: Non Combustible
BCEG Year Built: N/A		BCEG Grade: Ungraded BCEG Desc: N/A
Steel Type: Light Steel		Masonry Type: N/A Rise: Low Rise
Construction Symbol: B		Rate Type: Class
Windstorm or Hail Deductible: N/A		Windstorm or Hail Deductible Type: N/A

Windstorm or Hail Aggregate Deductible: N/A

EQ Bldg Class: 4B

EQ Sprinklered: No

EQ Roof Tank: No

BUILDING COVERAGE

Class Code: 1070 Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS
 Limit: 105,200 Valuation: Replacement Cost Coinsurance: 80% Deductible: 2,500
 Agreed Value: No Vacant: No
 Numeric Prefix: 1 Exclusions: N/A
 Inflation Guard: No Inflation Guard Percentage: N/A
 ACV Provision: No Cosmetic Exclusion: No

	Modified Base Rate		Limit		Premium
GROUP I	0.010	x	105,200	=	11
GROUP II	0.025	x	105,200	=	26
SPECIAL	0.008	x	105,200	=	8

EARTHQUAKE

Type: Full Limit Limit: 105,200 EQ Ded: 5.0%
 EQ Mas Veneer: N/A EQ Number of Stories: 1

Modified Base Rate		Limit		Premium
0.001	x	105,200	=	1

FLOOD

Type: Sub Limit Limit: 20,000
 Deductible: 10,000 Annual Aggregate: 2,000,000

Premium

13

Coverage Premium

59

Quote: 1474540

Version: 2

Policy: ETD 048 74 74

Effective Date: 05/01/2020

Crime

Policy Level Address:

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Primary Rating State: IL

Policy Level

FORM TYPE: Commercial Crime - Discovery

CRIME EXPANDED COVERAGE (XC®) PLUS

Coverage Premium

200

EMPLOYEE THEFT

Class Code: 2210

Class Description: WATER TREATMENT PLANTS

Limit: 250,000

Deductible: 1,000

Total Ratable Employees: 2

Number of Premises: 2

Coverage Premium

325

Quote: 1474540

Version: 2

Policy: ETD 048 74 74

Effective Date: 05/01/2020

General Liability

Policy Level Address:

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Primary Rating State: IL

Policy Level

PREMISES/OPERATIONS AND PRODUCTS/COMPLETED OPERATIONS

Occurrence Limit: 1,000,000

General Aggregate Limit: 3,000,000

Products Aggregate Limit: 3,000,000

Exclusion Damage to Premises Rented to You: No

Exclusion Personal and Advertising Injury: No

Exclusion Employees and Volunteer Workers as Insured: No

Medical Payments: 10,000

Excess Med Pay: No

IL

Class Code: 91591

Class Code Description: CONTRACTORS-SUB WORK-OT
CONSTRUCTION RELATED

Zip Code: 62563

Territory Code: 514

Premium Basis: Total Cost

Premises/Operations Exposure: 931,441

Products/Completed Operations Exposure: 931,441

Premises Premium

Modified Base Rate	Exposure	Premium
0.359	x 931,441	= 334

Products Premium

Modified Base Rate	Exposure	Premium
1.724	x 931,441	= 1,606

Coverage Premium
1,940

IL

Class Code: 99943

Class Code Description: WATER COMPANIES

Zip Code: 62563

Territory Code: 514

Premium Basis: Payroll

Premises/Operations Exposure: 162,858

Products/Completed Operations Exposure: Included

Premises Premium

Modified Base Rate	Exposure	Premium
29.821	x 162,858	= 4,857

Products Premium

Modified Base Rate	Exposure	Premium
	x	= Included

Coverage Premium

4,857

EMPLOYEE BENEFITS LIABILITY

Each Employee: 1,000,000

Aggregate: 3,000,000

Number of Employees: 5

Coverage Premium

222

WATER UTILITIES COMMERCIAL GENERAL LIABILITY BROADENED ENDORSEMENT

29923 Automatic Additional 527

Insured - Contractors

Operations Premium

29975 All Other Coverages 170

Premium

Coverage Premium

697

Inland Marine

Policy Level Address:

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Primary Rating State: IL

Policy Level

CONTRACTORS EQUIPMENTSCHEDULED EQUIPMENT

Description	Net Rate		Limit	Premium
57,200 CATERPILLAR 289C2 COMPACT TRACK LOADER #RTD01068	1.000	x	57,200	= 572
6,000 2013 EXMARK 58" RIDING MOWER	1.000	x	6,000	= 60

Coverage Premium
632ELECTRONIC DATA PROCESSING

Hazard: Low

Exclude Earth Movement or Volcanic Eruption: No

Exclude Off Premises Power Interruption: No

Exclude Off Premises Power Interruption - Including Dependent Operations: No

Exclude Sprinkler Discharge: No

Exclude Water Peril: No

COVERAGE A BLANKET

Total Coverage A Limit: 150,000

Modified Base Rate		Limit	Premium
0.217	x	150,000	= 326

Coverage Premium
326

Location: 1

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Protection Class: 5Y

Territory Description: Remainder of State

EQ Terr: 26

Group II Territory: Remainder of State

Building Level: Bldg 1 Loc 1

RCP Code: N/A

Construction: Non Combustible

Steel Type: Light Steel

Masonry Type: N/A

Rise: Low Rise

Construction Symbol: B

Rate Type: Class

ELECTRONIC DATA PROCESSINGINDIVIDUAL COVERAGE A

Total Limit: 150,000

Deductible: 500/1,000

Class Code: 1070

Class Description: WATER TREATMNT PLANTS-PUMPING & AUX.BUILDINGS

Receptacle Type: N/A

Sprinklered: No

Contents Type: N/A

Modified Base Rate

Limit

Premium

0.217

x

150,000

=

Incl

Coverage Premium

326

Quote: 1474540

Version: 2

Policy: ETD 048 74 74

Effective Date: 05/01/2020

Umbrella

Policy Level Address:

9199 BUCKHART RD

ROCHESTER, IL 62563-8090

Tax Code: 005257

Policy Level

COMMERCIAL UMBRELLA

Limit: 5,000,000

4,970

Excess UM: N/A

Coverage Premium

4,970

Commercial Policy Commission Schedule

Named Insured

SOUTH SANGAMON WATER COMMISSION

Package Commission: 20%

Umbrella Commission: 15%

Contractor's E&O Commission: N/A

EPLI Commission: N/A

Manufacturer's E&O Commission: N/A

Septic System's E&O Commission: N/A

MCCA Surcharge Commission: N/A

Prior Acts Commission: N/A

Cyber Risk Commission: 15%

NC CA Loss Recoupment Commission: N/A

ORDINANCE CERTIFICATE

STATE OF ILLINOIS)
) SS
COUNTY OF SANGAMON)

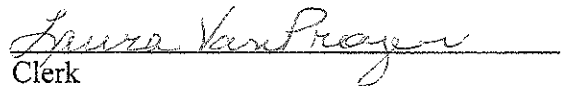
I, the undersigned, do hereby certify that I am the duly qualified and acting Clerk of the South Sangamon Water Commission.

I do further certify that the ordinance attached hereto is a full, true, and exact copy of Ordinance No. 20-03 adopted by the Commission on the 20th day of April, 2020, said Ordinance being entitled:

AN ORDINANCE APPROVING THE PURCHASE OF
COMMERCIAL INSURANCE COVERAGE FROM ARTHUR J. GALLAGHER & CO.

I do further certify that prior to the making of this certificate, the said Ordinance was spread at length upon the permanent records of said Commission, where it now appears and remains.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of said Commission this 20th day of April, 2020.


Clerk