

**A RESOLUTION APPROVING AND ACCEPTING THE PROPOSAL OF THE CINCINNATI INSURANCE COMPANY FOR A PUBLIC OFFICIALS LIABILITY INSURANCE POLICY INCLUDING EMPLOYMENT PRACTICES LIABILITY**

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

**SECTION 1:** That South Sangamon Water Commission hereby approves and accepts The Cincinnati Insurance Company for a Public Officials Liability Insurance Policy Including Employment Practices Liability.

**SECTION 2:** That Chairman and appropriate officer are authorized and directed to execute said Agreement on behalf of the Commission, and the proper officers of the Commission are directed to carry out the proposal by its terms.

**SECTION 3:** This Resolution is effective immediately.

PASSED this 18th day of August, 2025.

  
\_\_\_\_\_  
CHAIRMAN

ATTEST:

  
\_\_\_\_\_  
Clerk

AYES: Morris, Johnson, Roth

NAYS: -0-

PASSED: 08/18/2025

APPROVED: 08/18/2025

ABSENT: -0-

# South Sangamon Water Commission

## Premium Summary

Exhibit #1

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

Line of Coverage		Expiring	Renewal Option
			The Cincinnati Insurance Company
Executive Package	Premium	\$3,397.00	\$1,867.00
	Estimated Cost*		\$2,167.00
	Change (\$) Change (%)		
<b>Total Cost</b>		<b>\$3,397.00</b>	<b>\$2,167.00</b>

\*Estimated 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.

Gallagher is responsible for the placement of the following lines of coverage: Executive Package, Automobile, Public Officials Bond, Commercial Package (Cyber Liability, Crime, Electronic Data Processing, Equipment Floater-Inland Marine, General Liability, Property, Umbrella), Cyber Liability, Workers' Compensation

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.

## Named Insured

Named Insured	Executive Package	Executive Package	Executive Package
South Sangamon Water Commission	X	X	X

**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

We approached the following carriers in an effort to provide the most comprehensive and cost effective insurance program.

Line of Coverage	Insurance Company ** (AM Best Rate/Financial Strength)	Market Response *	Admitted ***
Executive Package	United States Liability Insurance Company (A++ XIV)	Quoted	Admitted
Executive Package	Greenwich Insurance Company (A+ XV)	Quoted	Admitted
Executive Package	The Cincinnati Insurance Company (A+ XV)	Quoted	Admitted

\*If shown as an indication, the actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

# South Sangamon Water Commission

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

Best's Credit Ratings™ reproduced herein appear under license from AM Best and do not constitute, either expressly or impliedly, an endorsement of Gallagher's service or its recommendations. AM Best is not responsible for transcription errors made in presenting Best's Credit Ratings™. Best's Credit Ratings™ are proprietary and may not be reproduced or distributed without the express written permission of AM Best.

A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. Best's Credit Ratings™ are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings™ and Guide to Best's Credit Ratings, visit the AM Best website at <http://www.ambest.com/ratings>.

\*\*\*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.

## Coverage Highlights

### Executive Package

Recommended Quote	
08/03/2025 - 08/03/2026	
Carrier Information	The Cincinnati Insurance Company
Payment Plan	Annual
Payment Method	Direct Bill
Premiums & Expenses	
Directors & Officers Liability Premium	\$1,867.00
Employment Practices Liability Premium	\$300.00
Total D&O, EPL & Fiduciary Premium	\$2,167.00
Terrorism - TRIA	Included
<b>Estimated Cost</b>	<b>\$2,167.00</b>
Core Management Liability - Claims Made Form Coverages	
Specify if Shared or Separate Limits	
Nonprofit Organization D&O - Policy Level Shared Annual Aggregate Limit Applies - No	\$2,000,000
Investigative Costs Sublimit	\$100,000
Excess Benefit Transaction Tax Sublimit (per organizational manager)	\$20,000
Excess Side A	\$1,000,000
Employment Practices Liability - Policy Level Shared Annual Aggregate Limit Applies - No	\$1,000,000
Wage and Hour Defense Sublimit	\$100,000
Immigration Defense Sublimit	\$100,000
Optional Third Party Liability Sublimit	\$1,000,000
Workplace Violence Expense Limit	\$100,000
Form Type	Claims-Made
Retroactive Date	N/A
Prior & Pending Litigation Date	08/03/2025
Continuity Date	08/03/2025
Definition of Claim	
Refer to the policy form	
Incident and Claim Reporting Provisions	
Refer to the policy form	

# South Sangamon Water Commission

Claims Made Disclaimer	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. You must request the extended reporting period in writing to the carrier within (refer to policy form) days of the expiration date. The cost of this extended reporting period is (refer to policy form)% of the annual premium and is fully earned. The extended reporting period extends only to those claims made during the extended reporting period for wrongful acts that occurred prior to the expiration date and would have been covered by the policy. Claims must be reported to the carrier within (refer to policy form) days of the end of the policy period. The extended reporting period does not increase the limits of liability and is subject to all policy terms, conditions and exclusions
<b>Endorsements Including But Not Limited to:</b>	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
<b>Exclusions Including But Not Limited to:</b>	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
<b>Executive Package Details:</b>	
Nonprofit Organization D&O - Deductible does not apply to non-indemnifiable loss.	\$1,000
Employment Practices Liability	\$1,000
Optional Third Party Liability	\$1,000
<b>Binding Requirements:</b>	
Subject to acceptable loss experiences, favorable inspections	
Subject to Signed TRIA form	

## 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. Although we will assist you where requested, it is important that you understand whether your TPA will be completing this notification.

### Reporting Direct to Carrier

<b>Coverage(s): Executive Package</b>	<b>Immediately report claims directly to:</b>
<b>Insurer:</b> United States Liability Insurance Company	<b>Insurer/TPA Name:</b> United States Liability Insurance Company
	Phone: 888-875-5231
	Fax: 610-687-9398
	Email: <a href="mailto:newlosses@usli.com">newlosses@usli.com</a>
	Web:
	<a href="https://ezpay.usli.com/Policy/FraudWarning/?a=Logon&amp;c=Account">https://ezpay.usli.com/Policy/FraudWarning/?a=Logon&amp;c=Account</a>
<b>Policy Term:</b> 08/03/2025 – 08/03/2026	

<b>Coverage(s): Executive Package</b>	<b>Immediately report claims directly to:</b>
<b>Insurer:</b> Greenwich Insurance Company	<b>Insurer/TPA Name:</b> Greenwich Insurance Company
	Phone: 1-877-720-8844
	Fax:
	Email: <a href="mailto:webfnol.NA@axaxl.com">webfnol.NA@axaxl.com</a>
<b>Policy Term:</b> 08/03/2025 – 08/03/2026	

RESOLUTION 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 resolution attached hereto is a full, true, and exact copy of Resolution No. 25-05 adopted by the Commission on the 18<sup>th</sup> day of August, 2025, said Resolution being entitled:

**A RESOLUTION APPROVING AND ACCEPTING THE PROPOSAL OF THE  
CINCINNATI INSURANCE COMPANY FOR A PUBLIC OFFICIALS LIABILITY  
INSURANCE POLICY INCLUDING EMPLOYMENT PRACTICES LIABILITY**

I do further certify that prior to the making of this certificate, the said Resolution 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 18<sup>th</sup> day of August, 2025.

  
\_\_\_\_\_  
Clerk

362910

