

**A RESOLUTION APPROVING AND ACCEPTING VARIOUS INSURANCE
COVERAGE PROPOSALS FOR COMMERCIAL INSURANCE PACKAGE
INCLUDING UMBRELLA INSURANCE COVERAGE, AUTOMOBILE INSURANCE
COVERAGE, EXECUTIVE PACKAGE INSURANCE COVERAGE AND CYBER
LIABILITY INSURANCE COVERAGE FOR THE PERIOD
MAY 1, 2026 TO MAY 1, 2027**

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

WHEREAS, the Gallagher Insurance Company, through its representatives, made a presentation to the Commission for the following insurance coverages:

1. Commercial Insurance Package insurance covering Property, Inland Marine, Crime, General Liability and Umbrella;
2. Automobile coverage;
3. Executive Insurance Coverage Package; and
4. Cyber Liability Insurance Coverage.

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

SECTION 1: That South Sangamon Water Commission hereby approves and accepts the following commercial insurance coverage proposals:

1. The Cincinnati Insurance Company - Commercial insurance package including umbrella for the total amount not to exceed \$61,728.00.
2. The Cincinnati Insurance Company - Automobile insurance coverage for the total amount not to exceed \$1,542.00.
3. The Cincinnati Insurance Company - Executive Package insurance coverage for the total amount not to exceed \$2,231.00.
4. BCS Insurance Company - Cyber Liability insurance coverage for the total amount not to exceed \$2,974.00.

Pursuant to the terms of the Gallagher Proposal of Insurance attached hereto and incorporated herein as Exhibit "1"

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 20th day of April, 2026.



CHAIRMAN

ATTEST:



Clerk

AYES: Johnson, Roth

NAYS: None

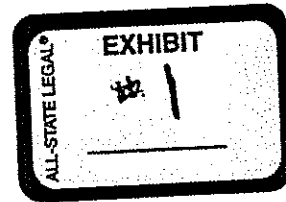
PASSED: 04-20-2026

APPROVED: 04-20-2026

ABSENT: Morris

368936

South Sangamon Water Commission



Proposal Summary

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

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

This proposal provides coverage highlights along with the attached carrier quotations for the following coverages:

- Package
 - Property
 - Inland Marine
 - Crime
 - General Liability
 - Umbrella
- Automobile
- Executive Package
- Cyber Liability

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.

The values and schedules are per the expiring policy or the information you have previously provided. It is your responsibility to notify us of all necessary changes to your schedules.

Information contained in this proposal is intended to provide a brief overview of coverages. It should be used for reference purposes only. It is not intended to provide a full list of policy exclusions, limitations, and conditions. The provided quotes should be reviewed for further details. Coverage afforded to you is subject to all terms, conditions, and exclusions of the bound and issued policies.

To Bind Coverage:

Please refer to the attachment document titled, "*Client Authorization to Bind Coverage*":

- Note any changes you desire to be made
- Place a check mark next to the coverage(s) you wish to accept
- Date and Sign
- Return prior to the effective date of coverage

Thank you for allowing Gallagher to service your insurance needs. 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
Senior Client Service Supervisor

South Sangamon Water Commission

Your Gallagher Team

Your Gallagher team is a true partner. We have the expertise to understand your business and we're here to service and stay alongside you, every step of the way.

Employee Name	Role	Email	Phone
Jacob Shasteen Producer	Producer	Jacob_Shasteen@aig.com	217-233-3365 (p)
Beth Piester Senior Client Service Supervisor	Client Service Manager	Beth_Piester@aig.com	217-547-2033 (p)

Program Summary

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

Type of Coverage		Estimated Cost	Renewal Option
			The Original Insurance Company
Package Including Umbrella	Premium	\$58,441.00	\$60,830.00
	Estimated Cost*		\$61,728.00
	Change (\$)		
	Change (%)		
			The Original Insurance Company
Automobile	Premium	\$1,542.00	\$1,542.00
	Estimated Cost*		\$1,542.00
	Change (\$)		
	Change (%)		
			The Original Insurance Company
Executive Package	Premium	\$2,167.00	\$2,231.00
	Estimated Cost*		\$2,231.00
	Change (\$)		
	Change (%)		
			BGS Insurance Company
Cyber Liability	Premium	\$3,048.00	\$2,747.00
	Estimated Cost*		\$2,974.00
	Change (\$)		
	Change (%)		
Agency Bill Administration Fee			\$100.00
Total Cost		\$65,198.00	\$68,575.00

*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.

South Sangamon Water Commission

Gallagher is responsible for the placement of the following lines of coverage: Package(Property, Inland Marine, Crime, General Liability, Umbrella, Cyber Liability, Electronic Data Processing), Automobile, Bond – Public Officials, Executive Package, 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.

Where permitted by law, Gallagher may assess a \$100 Agency Bill Administration Fee on all new and renewal policy placements where Gallagher is responsible for collecting client premium and remitting payment to insurance carriers and other third parties. In connection with such billing obligations, Gallagher assumes additional administrative, financial and compliance obligations that introduce significant risks to Gallagher's business. Should you change to direct bill, where available, or premium finance the transaction, you will not incur the Agency Bill Administration Fee.

Named Insured

Named Insured	Package	Automobile	Executive Package	Cyber Liability
South Sangamon Water Commission	X	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 ***
Package	The Cincinnati Insurance Company (A+ XV)	Quoted	Admitted
Automobile	The Cincinnati Insurance Company (A+ XV)	Quoted	Admitted
Executive Package	The Cincinnati Insurance Company (A+ XV)	Quoted	Admitted
Cyber Liability	BCS Insurance Company (A VIII)	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.

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

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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>.

South Sangamon Water Commission

***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

Package – Renewal

Recommended Quote	
Policy Term	05/01/2026 – 05/01/2027
Carrier Information	The Cincinnati Insurance Company
Payment Plan	Annual
Payment Method	Direct Bill
Package – Property	
Premium & Exposures	
Property Premium	\$36,276.00
Terrorism – TRIA (Additional)	\$898.00
Estimated Cost	\$37,174.00
Valuation	Replacement Cost
Coinsurance	100% - Building, BPP - Insured & Others 90% - Business Income
Perils Covered	CIC Special
Core Property Coverage	
Blanket Coverage Limit	\$150,000
Building	\$28,140,000 Loc.#/Bldg.# 1/ 1
	\$6,510,000 Loc.#/Bldg.# 1/ 2
	\$1,942,500 Loc.#/Bldg.# 1/ 3
	\$687,750 Loc.#/Bldg.# 1/ 4
	\$236,250 Loc.#/Bldg.# 1/ 5
	\$144,900 Loc.#/Bldg.# 1/ 6
	\$131,250 Loc.#/Bldg.# 1/ 7
• Earthquake	\$28,140,000 Loc.#/Bldg.# 1/ 1
	\$6,510,000 Loc.#/Bldg.# 1/ 2
	\$1,942,500 Loc.#/Bldg.# 1/ 3
	\$687,750 Loc.#/Bldg.# 1/ 4
	\$236,250 Loc.#/Bldg.# 1/ 5
	\$144,900 Loc.#/Bldg.# 1/ 6
	\$131,250 Loc.#/Bldg.# 1/ 7
• Flood - Limit	\$195,300 Loc.#/Bldg.# 2/ 1
	\$1,160,000 Loc.#/Bldg.# 1/1, 2, 3 each
• Flood - Annual Aggregate	\$60,000 Loc.#/Bldg.# 1/ 4
	\$20,000 Loc.#/Bldg.# 1/ 5, 6, 7 each
• Flood - Annual Aggregate	\$20,000 Loc.#/Bldg.# 2/ 1
	\$2,000,000 Loc.#/Bldg.# 1/ 1, 2, 3, 4, 5, 6, 7 each
Business Income	\$2,000,000 Loc.#/Bldg.# 2/ 1
• Earthquake	\$2,484,000 Loc.#/Bldg.# 1/1
• Flood - Limit	\$2,484,000 Loc.#/Bldg.# 1/1
• Flood - Annual Aggregate	\$360,000 Loc.#/Bldg.# 1/1
BPP - Insured & Others	\$2,000,000 Loc.#/Bldg.# 1/1
• Earthquake	\$299,943 Loc.#/Bldg.# 1/1
• Flood - Limit	\$299,943 Loc.#/Bldg.# 1/1
• Flood - Annual Aggregate	\$20,000 Loc.#/Bldg.# 1/1
Equipment Breakdown	\$2,000,000 Loc.#/Bldg.# 1/1
Equipment Breakdown	Included
Endorsements included but not limited to:	

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Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Property/Deductibles	
Building	\$5,000 Loc.#/Bldg.# 1/ 1-7 and 2/ 1 each
BPP - Insured & Others	\$5,000 Loc.#/Bldg.# 1/ 1-7 and 2/ 1 each
Business Income - Waiting Period Deductible	24 Hour Loc.#/Bldg.# 1/ 1-7 and 2/ 1 each
Earthquake	5.0% Loc.#/Bldg.# 1/ 1-7 and 2/ 1 each
Flood	\$10,000 Loc.#/Bldg.# 1/ 1-7 and 2/ 1 each
Other Significant Terms and Conditions / Restrictions	
Equipment Breakdown Premium \$2,953.00	
Binding Requirements	
Subject to acceptable loss experience, favorable inspection	

Package - Inland Marine	
Premium Summary	
Inland Marine Premium	\$1,345.00
Terrorism - TRIA (Additional)	Shown Under Property
Estimated Cost	\$1,345.00
Core Inland Marine Coverages	
Contractors Equipment	
Scheduled Equipment	\$99,200
Coverage A Blanket - Total Coverage A Limit	\$150,000
Electronic Data Processing	
Individual Coverage A	\$150,000
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Inland Marine Deductible	
Electronic Data Processing	
Individual Coverage A	\$500/\$1,000
Binding Requirements	
Subject to acceptable loss experience, favorable inspection	

Package - Crime	
Premium Summary	
Crime Premium	\$642.00
Terrorism - TRIA (Additional)	Shown Under Property
Estimated Cost	\$642.00
Core Crime Coverages	
Form Type	Discovery
Employee Theft	\$250,000
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Crime Deductible	
Employee Theft	\$1,000

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Definition of Discovery:
Refer to policy form
Incident and Claim Reporting Provisions:
Refer to policy form
Other Significant Terms and Conditions/Restrictions:
Total Ratable Employees: 2
Binding Requirements:
Subject to acceptable loss experience, favorable inspection

Package - General Liability:			
Premium Summary:			
General Liability Premium		\$14,454.00	
Terrorism - TRIA (Additional)		Shown Under Property	
Estimated Cost		\$14,454.00	
Exposure		Refer to below table	
Exposure:			
Class Code	Description	Rate (\$)	Exposure
91591	Contractors-Sub Work-Of Construction Related	Premises rate - 1.249 Products rate - 6.353	Total Cost - \$978,013
99943	Water Companies	Premises rate - 32.012 Products rate - 0.000	Payroll - \$171,001
	Employee Benefits Liability		Number of Employees - 5
Core General Liability/Coverages:			
Occurrence Limit:		\$1,000,000	
General Aggregate Limit:		\$3,000,000	
Products Aggregate Limit:		\$3,000,000	
Medical Payments:		\$10,000	
Form Type		Occurrence	
Core Employee Benefits Liability/Coverages:			
Each Employee		\$1,000,000	
Aggregate		\$3,000,000	
Form Type		Occurrence	
Endorsements including but not limited to:			
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.			
Exclusions including but not limited to:			
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.			
Binding Requirements:			
Subject to acceptable loss experience, favorable inspection			

Package - Umbrella:	
Premium Summary:	
Umbrella Premium	\$8,113.00
Terrorism - TRIA (Additional)	Shown Under Property
Estimated Cost	\$8,113.00
Core Umbrella Coverages:	
Policy Layer	Lead
Commercial Umbrella Limit	\$5,000,000
Form Type	Occurrence
Endorsements including but not limited to:	

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Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.
Exclusions including but not limited to:
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.
Binding Requirements:
Subject to acceptable loss experience, favorable inspection

Automobile Liability

	Recommended Quote
Policy/Term	05/01/2026 - 05/01/2027
Carrier Information	The Cincinnati Insurance Company
Payment Plan	Annual
Payment Method	Direct Bill
Premium & Exposures	
Automobile Premium	\$1,542.00
Terrorism - TRIA (Additional)	Shown Under Property
Estimated Cost	\$1,542.00
Valuation	If physical damage is listed.
Core Automobile Liability Coverage	
Liability: CSL	\$1,000,000
Underinsured Motorist	\$1,000,000
Uninsured Motorist	\$1,000,000
Medical Payments	\$5,000
Physical Damage	
• Comprehensive	Included
• Collision	Included
Hired and Non Owned Liability	Included
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Automobile Deductibles	
Physical Damage	
• Comprehensive	\$250
• Collision	\$1,000
Other Significant Terms and Conditions/Restrictions	
Hired and Non Owned Liability - # of Employees: 5	
Binding Requirements	
Subject to acceptable loss experience, favorable inspection and acceptable motor vehicle report	

Executive Package

	Recommended Quote
Carrier Information	05/01/2026 - 05/01/2027
Carrier Information	The Cincinnati Insurance Company
Payment Plan	Annual Pay
Payment Method	Direct Bill
Premium & Exposures	
Directors & Officers Liability Premium	\$1,931.00
Employment Practices Liability Premium	\$300.00
Total Executive Package Premium	\$2,231.00
Terrorism - TRIA	Included
Estimated Cost	\$2,231.00

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Core Management Liability - Claims Made Form Coverages	
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 a Claim	
Refer to Policy form	
Incident and Claim Reporting Provisions	
Refer to Policy form	
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 (60) days of the expiration date. The cost of this extended reporting period is [calculated upon request]% 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 (information included with ERP request) 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
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Executive Package Deductible	
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
Defense Cost	
Refer to policy forms	
Permitted Damages	
Refer to policy forms	
Binding Requirements	
Subject to Certified Acts And Other Acts Of Terrorism Insurance Rejection Form - Illinois	
Subject to acceptable loss experience, favorable inspection	

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Cyber Liability

Recommended Quote	
Policy Term	05/01/2026 - 06/01/2027
Carrier Information	BCS Insurance Company
Payment Plan	Annual
Payment Method	Agency Bill
Premium & Exposures	
Cyber Liability	\$2,616.00
Cyber Deception @ \$100,000	\$131.00
Terrorism - TRIA (Additional)	\$27.00
RPS Service Fee	\$200.00
Total Cyber Premium	\$2,974.00
Core Cyber Coverages	
Policy Aggregate Limit	\$1,000,000 - Aggregate for Each and Every Claim or Event Including Claims Expenses
Sublimit of Liability for Individual Coverage(s) Purchased	\$1,000,000
Privacy Liability (Including Employee Privacy)	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses \$1,000,000 - Aggregate Sublimit Of Liability
Privacy Regulatory Claims Coverage	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses \$1,000,000 - Aggregate Sublimit Of Liability
Security Breach Response Coverage	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
Security Liability	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses \$1,000,000 - Aggregate Sublimit Of Liability
Multimedia Liability	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses \$1,000,000 - Aggregate Sublimit Of Liability
Cyber Extortion	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
Business Income and Digital Asset Restoration	
• Business Income Loss	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Restoration Costs	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Reputation Business Income Loss	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Systems Integrity Restoration Loss	\$250,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
PCI DSS Assessment	\$1,000,000 - Per Claim Sublimit Of Liability Includes Claim Expenses \$1,000,000 - Aggregate Sublimit Of Liability
Electronic Fraud	
• Phishing Loss	\$50,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Services Fraud Loss	\$100,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Reward Fund Loss	\$50,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Personal Financial Loss	\$250,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Corporate Identity Theft Loss	\$250,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Telephone Hacking Loss	\$100,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Direct Financial Loss (Funds Transfer Fraud)	\$100,000 - Per Claim Sublimit Of Liability Includes Claim Expenses
• Cyber Deception	\$100,000 - Per Claim Sublimit Of Liability Includes Claim Expenses \$100,000 - Aggregate Sublimit Of Liability
Court Attendance Costs	\$100,000
Bodily Injury / Property Damage Liability	\$250,000
TCPA	\$100,000

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HIPAA Corrective Action Plan Costs	\$50,000
Post Breach Response	\$25,000
Independent Consultant	\$25,000
Outsourced Provider	\$250,000
Computer System	\$250,000
Form Type	Claims Made
Retroactive Date	Full Prior Acts
Prior & Pending Litigation Date	Refer to policy form
Continuity Date	Refer to policy form
Definition of a Claim	
Refer to Policy form	
Incident and Claim Reporting Provisions	
Refer to Policy form	
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 ([60]) days of the expiration date. The cost of this extended reporting period is [100]% 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 ([12]) months 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
Endorsements including but not limited to:	
Significant policy endorsements include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Exclusions including but not limited to:	
Significant policy exclusions include, but are not limited to, those listed on the attached quote/policy form/endorsements.	
Revised Liability Deductible/Retention	
Privacy Liability (Including Employee Privacy)	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Privacy Regulatory Claims Coverage	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Security Breach Response Coverage	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Security Liability	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Multimedia Liability	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Cyber Extortion	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Business Income and Digital Asset Restoration	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
PCI DSS Assessment	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
Electronic Fraud	
• Phishing Loss	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
• Services Fraud Loss	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
• Reward Fund Loss	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
• Personal Financial Loss	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
• Corporate Identity Theft loss	\$2,500 - Each Claim Or Event \$2,500 - Aggregate

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• Telephone Hacking Loss	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
• Direct Financial Loss (Funds Transfer Fraud)	\$2,500 - Each Claim Or Event \$2,500 - Aggregate
• Cyber Deception	\$5,000 - Each Claim Or Event
Waiting Period	10 Hours - waiting period
Defense Cost	
Claims Expenses Shall Reduce The Applicable Limits Of Liability And Are Subject To The Applicable Retention.	
Other Significant Terms and Conditions/Restrictions	
Cyber Deception Premium: \$131.00 Included in Pure Premium	
Punitive Damages	
Punitive Damages included where insurable by law	

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

Coverage(s): Package, Automobile, Executive Package	Immediately report claims directly to:
Insurer: The Cincinnati Insurance Company	Insurer/TPA Name: The Cincinnati Insurance Company Phone: 877-242-2544 or 513-870-2000 Fax: Email: claimsmaindesk@cinfin.com Web: https://www.cinfin.com/claims
Policy Term: 05/01/2026 – 05/01/2027	

Coverage(s): Cyber Liability	Immediately report claims directly to:
Insurer: BCS Insurance Company	Insurer/TPA Name: BCS Insurance Company Phone: 1-866-288-170, 1-855-217-5204 Fax: Email: RPSCyberClaims@bakerlaw.com Web:
Policy Term: 05/01/2026 – 05/01/2027	

Reporting to Gallagher or Assistance in Reporting

Coverage(s): Package, Automobile, Executive Package, Cyber Liability	Immediately report claims directly to:
Gallagher Claim Center	Phone: 855-497-0578 Fax: 225-663-3224 Email: ggb.gccrclaimscenter@ajg.com
Policy Term: 05/01/2026 – 05/01/2027	

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.

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. 26-02 adopted by the Commission on the 20th day of April, 2026, said Resolution being entitled:

**A RESOLUTION APPROVING AND ACCEPTING VARIOUS INSURANCE
COVERAGE PROPOSALS FOR COMMERCIAL INSURANCE PACKAGE
INCLUDING UMBRELLA INSURANCE COVERAGE, AUTOMOBILE INSURANCE
COVERAGE, EXECUTIVE PACKAGE INSURANCE COVERAGE AND CYBER
LIABILITY INSURANCE COVERAGE FOR THE PERIOD
MAY 1, 2026 TO MAY 1, 2027**

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 20th day of April, 2026.



Clerk

368936

