

**VILLAGE OF PALMETTO BAY, FLORIDA**  
**2020/21 Property, Casualty and Workers' Compensation Program**  
**Competitive Bids**

**PROPOSAL FORMS**

GENERAL INFORMATION

Use of the proposals forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete this general proposal form in addition to a separate proposal for each coverage proposed. Additional information can be attached to the forms.

Agent/Agency submitting proposal: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone & Fax Number: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Does agent have binding authority? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, state procedure to bind. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Agent/Broker licensed in the State of Florida for the type of coverage proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Insurer admitted in Florida? Yes \_\_\_\_\_ No \_\_\_\_\_

Are coverages different from requested program? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state differences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date(s) of coverage(s)?

\_\_\_\_\_

Describe payment plan, including down payment terms, interest or service charges.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposal valid until (date)?

\_\_\_\_\_

Rate Change/Policy Modification wording included as requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, state wording

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Termination Notice wording included as requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, state wording

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Named Insured wording included as requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, include actual wording to be used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claim reporting location included?

Yes \_\_\_\_\_ No \_\_\_\_\_

Claim reporting wording as requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, include actual wording to be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim reports to be provided as requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, state details.

\_\_\_\_\_  
\_\_\_\_\_

Provide details on specialized loss control services to be provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sample forms and policies included?

Yes \_\_\_\_\_ No \_\_\_\_\_

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\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**VILLAGE OF PALMETTO BAY, FLORIDA**  
**2020/21 Property, Casualty and Workers' Compensation Program**  
**Competitive Bids**

**PROPOSAL FORMS**

**REAL AND PERSONAL PROPERTY**

Insuring Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Current A. M. Best Co. rating \_\_\_\_\_

Is requested policy form proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, list form(s) used \_\_\_\_\_

\_\_\_\_\_

Settlement basis used \_\_\_\_\_

Will Agreed Amount Endorsement be included? Yes \_\_\_\_\_ No \_\_\_\_\_

Will coverage be provided on a Blanket Basis?

Buildings Yes \_\_\_\_\_ No \_\_\_\_\_

Personal Property Yes \_\_\_\_\_ No \_\_\_\_\_

Perils insured \_\_\_\_\_

\_\_\_\_\_

Wind Sublimit? \_\_\_\_\_

Flood Sublimit? \_\_\_\_\_

Wind Deductible? \_\_\_\_\_

Flood Deductible? \_\_\_\_\_

Rates guaranteed for one year? Yes \_\_\_\_\_ No \_\_\_\_\_

Can replacement structures be built on alternative sites? Yes \_\_\_\_\_ No \_\_\_\_\_

Are rating worksheets attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Will newly acquired structures be included at the same rate? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease Exclusion or limitation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

LIMITS/DEDUCTIBLES/PREMIUMS

Coverage	Limits	Rate	Premium	Deductible
Building				
Personal Property				
Contractors Equipment				
Valuable Papers and Records				
Outdoor Signs				
Accounts Receivables				
Extra Expense				
Law or Ordinance				

Coverage	Limits	Rate	Premium	Deductible
Wind				
Flood				
Business Income				
Terrorism				
Equipment Breakdown				
Suspension due to Civil/Military Authority				
Inland Marine – Unscheduled Property				
Inland Marine – Scheduled Property	\$29,675			
<b>Total</b>				

Please provide any deviation from requested coverages. \_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

**VILLAGE OF PALMETTO BAY, FLORIDA**  
**2020/21 Property, Casualty and Workers' Compensation Program**  
**Competitive Bids**

**PROPOSAL FORMS**

**CRIME**

Insuring Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Current A. M. Best Co. rating \_\_\_\_\_

Will the following coverages be provided?

Forgery or Alterations Yes \_\_\_\_\_ No \_\_\_\_\_

Computer and Funds Transfer Fraud Yes \_\_\_\_\_ No \_\_\_\_\_

Faithful Performance Blanket Bond Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Theft Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease  
Exclusion or limitation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

LIMITS/DEDUCTIBLES/PREMIUMS

Coverage	Limits	Rate	Premium	Deductible
Forgery or Alterations				
Computer and Funds Transfer Fraud				
Faithful Performance Blanket Bond				
Employee Theft				
<b>Total</b>				

Please provide any deviation from requested coverages. \_\_\_\_\_  
 \_\_\_\_\_

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\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date



**VILLAGE OF PALMETTO BAY, FLORIDA**  
**2020/21 Property, Casualty and Workers' Compensation Program**  
**Competitive Bids**

**PROPOSAL FORMS**

**ACTIVE ASSAILANT COVERAGE**

If any of the requested coverages are being proposed utilizing a "stand alone" policy, please complete a separate proposal sheet for each coverage being offered.

Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Current A. M. Best Co. rating \_\_\_\_\_

Is requested policy form proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

if not, list form(s) used \_\_\_\_\_

Are the following coverages included?

Property Damage Yes \_\_\_\_\_ No \_\_\_\_\_

Business Income/Extra Expense Yes \_\_\_\_\_ No \_\_\_\_\_

Third Party Liability Yes \_\_\_\_\_ No \_\_\_\_\_

Medical and Dental Expenses Yes \_\_\_\_\_ No \_\_\_\_\_

Counselling Services Yes \_\_\_\_\_ No \_\_\_\_\_

Funeral Costs Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Retraining Costs Yes \_\_\_\_\_ No \_\_\_\_\_

Replacement Employee Recruitment Costs Yes \_\_\_\_\_ No \_\_\_\_\_

Other costs to mitigate the adverse effects of the Active Assailant event

Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage Form

Occurrence or Claims Made?

General Liability

\_\_\_\_\_

Employee Benefits

\_\_\_\_\_

List all Retroactive Dates that will apply

\_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease Exclusion or limitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

LIMITS/PREMIUMS

	Limits	Retention/Deductible	Premium
Active Assailant			
Total			

Please provide any deviation from requested coverages

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature of Authorized Representative

---

Date

**VILLAGE OF PALMETTO BAY, FLORIDA**  
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**PROPOSAL FORMS**

**PREMISES AND OPERATIONS LIABILITY**

If any of the requested coverages are being proposed utilizing a "stand alone" policy, please complete a separate proposal sheet for each coverage being offered.

Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Current A. M. Best Co. rating \_\_\_\_\_

Is requested policy form proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

if not, list form(s) used \_\_\_\_\_

Are the following coverages included?

Premises and Operations Yes \_\_\_\_\_ No \_\_\_\_\_

Independent Contractors Yes \_\_\_\_\_ No \_\_\_\_\_

Prod/Compl Operations Yes \_\_\_\_\_ No \_\_\_\_\_

Blanket Contractual Yes \_\_\_\_\_ No \_\_\_\_\_

Personal Injury Liability Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Benefit Liability Yes \_\_\_\_\_ No \_\_\_\_\_

Independent Contractors Yes \_\_\_\_\_ No \_\_\_\_\_

Is Information Security and Privacy Liability coverage being offered?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, does it include coverage for the following items?

- 3<sup>rd</sup> Party Liability Yes \_\_\_\_\_ No \_\_\_\_\_
- Regulatory Defense and Penalties Yes \_\_\_\_\_ No \_\_\_\_\_
- Website Media Content Liability Yes \_\_\_\_\_ No \_\_\_\_\_
- PCI Fines, Expenses and Costs Yes \_\_\_\_\_ No \_\_\_\_\_
- Privacy Notification Costs Yes \_\_\_\_\_ No \_\_\_\_\_
- Cyber Extortion Loss Yes \_\_\_\_\_ No \_\_\_\_\_
- First Party Data Protection Yes \_\_\_\_\_ No \_\_\_\_\_
- Business Interruption Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage Form

Occurrence or Claims Made?

General Liability \_\_\_\_\_

Employee Benefits \_\_\_\_\_

List all Retroactive Dates that will apply

General Liability \_\_\_\_\_

Employee Benefits \_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease Exclusion or limitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

LIMITS/PREMIUMS

	Limits	Retention/Deductible	Premium
Premises Operations			
Products and Completed Operations			

	Limits	Retention/Deductible	Premium
Blanket Contractual Liability			
Personal Injury			
Employee Benefit Liability			
Premises Medical			
Independent Contractors			
Information Security and Privacy Liability			
Total			

Stop Loss Deductible being proposed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, amount of Stop Loss Deductible

\_\_\_\_\_

Please provide any deviation from requested coverages

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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**PROPOSAL FORMS**

**PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY**

**Note:** If separate Public Officials Liability and Employment Practices Liability proposals are offered, please complete separate forms for each coverage.

Insuring Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Current A.M. Best Co. rating? \_\_\_\_\_

Is policy form and all endorsements included for review? Yes \_\_\_\_\_ No \_\_\_\_\_

Does coverage extend to:

Board Members? Yes \_\_\_\_\_ No \_\_\_\_\_

Appointed Officers? Yes \_\_\_\_\_ No \_\_\_\_\_

Employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Coverage provided on an Occurrence Basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not:

What retrospective date is being offered? \_\_\_\_\_

Is an extended reporting date being offered? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, provide details and cost

\_\_\_\_\_

Are defense costs included in the aggregate limit of liability?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is requested Named Insured wording used?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, stated wording to be used

\_\_\_\_\_

Is Employment Practices Liability coverage being offered

Yes \_\_\_\_\_ No \_\_\_\_\_

Is coverage for Sexual Molestation being offered

Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease Exclusion or limitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

**LIMITS/PREMIUMS**

	Limits	Deductible	Annual Premium
Public Officials Liability			
Employment Practices Liability			

Stop Loss Deductible being proposed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, amount of Stop Loss Deductible

\_\_\_\_\_

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\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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**PROPOSAL FORMS**

**VEHICLE LIABILITY AND PHYSICAL DAMAGE**

Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Current A. M. Best Co. rating \_\_\_\_\_

Is requested policy form proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

if not, list form(s) used \_\_\_\_\_

Please provide ISO symbols that will apply.

Liability \_\_\_\_\_

PIP \_\_\_\_\_

Uninsured/Underinsured Motorists \_\_\_\_\_

Physical Damage \_\_\_\_\_

Is Non-Owned and Hired Auto coverage being proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Employer Provided Vehicle coverage being proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease Exclusion or limitation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

LIMITS/PREMIUMS

	Limits	Retention/Deductible	Premium
Liability			
Medical Expenses			
PIP			
Uninsured/Underinsured Motorists			
Comprehensive			
Collision			
Non-Owned and Hired Auto			
Employer Provided Vehicle Coverage			
Total			

Stop Loss Deductible being proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, amount of Stop Loss Deductible \_\_\_\_\_

Please provide any deviation from requested coverages  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Signature of Authorized Representative

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Date

**VILLAGE OF PALMETTO BAY, FLORIDA**  
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**PROPOSAL FORMS**

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY**

Company \_\_\_\_\_

Underwriting office used \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Current A. M. Best Co. rating \_\_\_\_\_

Is coverage being proposed consistent  
With Florida Statute § 440 Yes \_\_\_\_\_ No \_\_\_\_\_

Experience Modification being used \_\_\_\_\_

Will there be any form of COVID 19 or Infectious Disease  
Exclusion or limitation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a synopsis of the exclusion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposals must include a copy of the actual endorsement that will be used.**

LIMITS/PREMIUMS

	Limits	Retention/Deductible	Premium
Workers' Compensation			
Employers Liability			
Total			

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\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date