Proposal Prepared For

Key Largo Volunteer Ambulance Corps Key Largo Volunteer Fire Department, Inc.

Presented By

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Risk Management Team

We are pleased to introduce your Bouchard Risk Management Team. We are dedicated to providing you with the highest level of quality service. Feel free to contact any member of your Risk Management Team.

**Client Service Team**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Phone Number** | **Email Address** |
| **Richard Caligiuri, CIC** | Vice President | 239-985-4501 | [richardcaligiuri@bouchardinsurance.com](mailto:richardcaligiuri@bouchardinsurance.com) |
| **Robert Swetland** | Account Manager – Commercial | 239-985-4536 | [robertswetland@bouchardinsurance.com](mailto:robertswetland@bouchardinsurance.com) |
| **Jennifer Oakley** | Client Service Representative | 941-556-1205 | [jenniferoakley@bouchardinsurance.com](mailto:jenniferoakley@bouchardinsurance.com) |
| **Angela Ridgway** | Benefits Consultant – Benefits | 941-556-1228 | [angelaridgway@bouchardinsurance.com](mailto:angelaridgway@bouchardinsurance.com) |
| **Yvonne Davis** | Account Manager – Benefits | 941-556-1220 | [yvonnedavis@bouchardinsurance.com](mailto:yvonnedavis@bouchardinsurance.com) |
| **Brittany Fahy** | Account Manager – Benefits | 941-556-1225 | [brittanyfahy@bouchardinsurance.com](mailto:brittanyfahy@bouchardinsurance.com) |
| **Tami Dale** | Account Manager – Benefits | 941-556-1234 | [tamidale@bouchardinsurance.com](mailto:tamidale@bouchardinsurance.com) |
| **Certificates** | Certificate Specialists | Fax:239-985-4527 | [clcerts@bouchardinsurance.com](mailto:clcerts@bouchardinsurance.com) |
| **Bonnie Grant-Berry, AAI**  **Lori Evans**  **Matt Mooney, CLCS** | Commercial Claims Consultants | 800-966-6481 | [PCClaims@bouchardinsurance.com](mailto:PCClaims@bouchardinsurance.com) |
| **Mark Pichowski, CPA** | Surety Specialist | 727-373-2710 | [markpichowski@bouchardinsurance.com](mailto:markpichowski@bouchardinsurance.com) |
| **Kristen Moore** | Surety Account Manager | 727-451-3120 | [kristenmoore@bouchardinsurance.com](mailto:kristenmoore@bouchardinsurance.com) |

**Value Added Service Team**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Phone Number** | **Email Address** |
| **Mayra Hernandez Sainz** | Workers’ Compensation Claims Consultant | 727-451-3157 | mayrahernandezsainz@bouchardinsurance.com |
| **Brandy Conklin** | Workers’ Compensation Statistical Coordinator | 727-451-3154 | [brandyconklin@bouchardinsurance.com](mailto:brandyconklin@bouchardinsurance.com) |
| **Karen Yount, ARM** | Loss Control Consultant | 727-373-2914 | [karenyount@bouchardinsurance.com](mailto:karenyount@bouchardinsurance.com) |
| **Dan Posada, SPHR** | HR Consultant | 727-373-2711 | [danposada@bouchardinsurance.com](mailto:danposada@bouchardinsurance.com) |

Marketing Summary

|  |  |
| --- | --- |
| **Company** | **Status** |
| Benchmark Insurance Company | Please see attached quotation. |

Named Insured Schedule

|  |  |
| --- | --- |
| **Named Insured** | **FEIN** |
| Key Largo Volunteer Fire Department, Inc. | 46-2821808 |
| Key Largo Volunteer Ambulance Corps. | 59-1682537 |

Locations

| **Loc #** | **Address** | **City** | **State** |
| --- | --- | --- | --- |
| 1 | 1 East Drive | Key Largo | FL |
| 2 | 220 Reef Drive | Key Largo | FL |
| 3 | 98600 Overseas Highway | Key Largo | FL |

Workers Compensation

|  |  |
| --- | --- |
| Named Insured: | Key Largo Volunteer Fire Department, Inc. & Key Largo Volunteer Ambulance Corps. |
| Company: | Benchmark Insurance Company  AM Best Rating: A- VII |
| Policy Term: | 10/1/2018 to 10/1/2019 |

|  |
| --- |
| **Coverages** |

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **Compensation Benefits** | Statutory |  |
| **B** | **Employers Liability** | $1,000,000 | Each Accident | |
|  |  | $1,000,000 | Disease - Policy Limit | |
|  |  | $1,000,000 | Disease - Each Employee | |
| **C** | **Other States** |  |  | |

Coverage Detail

**STATE: FL**

| Loc | Code | Classification | Expiring  Payroll | Expiring Rates | Renewal Payroll | Renewal Rates | Premium |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 7705 | Firefighters & Drivers | $656,324 | 6.22 | $680,215 | 5.50 | **$37,412** |
| 1 | 8810 | Ambulance Service | $417,633 | 6.11 | $332,488 | 5.62 | **$18,686** |
| 1 | 8810 | Clerical Office NOC | $46,995 | 0.26 | $50,340 | 0.23 | **$166** |

|  |  |  |
| --- | --- | --- |
| **Manual Premium** |  | **$56,214** |
| Increase Limits |  | $787 |
| Safety Credit | 2% | ($1,140) |
| Drug Free Workplace Credit | 5% | ($2,793) |
| Experience Modification | 1.00 | $0 |
| **Standard Premium** |  | **$53,068** |
| Premium Discount |  | ($3,927) |
| Expense Constant |  | $160 |
| Terrorism Charge |  | $106 |
| **Total Estimated Premium** |  | **$49,407** |

The premium above is based on estimates provided by the insurance company and NCCI. Credits are subject to compliance with programs. FCCPAP and Experience Modification are determined by the NCCI and can be revised based on changes in data submitted.

**Coverage Terms**

|  |  |
| --- | --- |
| * USL&H: | Yes  (Policy includes coverage for incidental USL&H exposure) |
| * Voluntary Compensation: | No |
| * Dividend Plan: | No  (Ineligible due to minimum premium requirement) |
| * Monopolistic States | North Dakota, Ohio, Washington, and Wyoming  *Coverage for Monopolistic States and Puerto Rico must be obtained through the State Insurance Funds and cannot be included under the Multi-State work comp policy.* |

Premium Summary

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| Coverage Type | | Expiring | Proposal | |
| Workers Compensation | | $44,092 | $49,407 | |
| **Grand Total** | | **$44,092** | **$49,407** | |

Payment Options

|  |  |  |  |
| --- | --- | --- | --- |
| Line of Coverage | Company | Direct/Agency Bill | Payment Options |
| Workers Compensation | Benchmark Insurance Company | Direct Bill | Monthly Installments  (Carrier will bill you directly)  \*Full-Pay option is available. |

**IMPORTANT NOTICE:**

A short rate earned premium penalty may be charged by the Company if YOU elect to cancel a policy prior to its normal expiration date.

Policies may also be subject to a non-refundable minimum earned premium. Please refer to your policy for the specific amount; or call us prior to canceling your policy to determine if a minimum charge applies

Appendices

|  |  |
| --- | --- |
| Appendix # | Subject |
| 1 | Binding Instructions |
| 2 | Disclosure & Disclaimers |
| 3 | AM Best Financial Ratings |

Appendix #1 – Binding Instructions

|  |  |  |
| --- | --- | --- |
| **Line of**  **Coverage** | **Company** | **Items Needed To Bind Coverage** |
| Workers Compensation | Benchmark Insurance Company | * Signed ACORD 130 Application * Signed Drug Free Workplace App * Signed Safety Credit Application * Copy of Updated Acceptable Loss Runs * Copy of Deposit Check payable to Benchmark Insurance Company |

Appendix #2 – Disclosure & Disclaimer

1. This proposal is based upon exposures to loss identified by information that you provided regarding your business and operations. If there are other business exposures that need to be evaluated prior to binding coverage, please bring these to our attention.
2. Should any of your exposures change after coverage is bound, such as new operations, property purchases, hiring employees in additional states, etc., please let us know so proper coverage(s) can be discussed.
3. The coverage valuation and limits provided were determined by you. We recommend a professional appraisal to ensure that such values and limits are adequate to protect your assets. Higher limits of liability may be available.
4. Estimated exposure basis (i.e. vehicles, sales, payroll, and area) were established by information you provided. If actual exposures for the policy term(s) are different than estimated, the final premium may be adjusted.
5. The entity(ies) designated as named insured is/are the only entity(ies) covered under this proposal. Please notify our office immediately if you should acquire or form any new organizations so we provide appropriate coverage.
6. The abbreviated outlines used throughout this proposal are not intended to express any legal opinion as to the nature of coverage. They are only intended as a brief summary of coverage. The insuring agreement, terms, and conditions of the actual policy form(s) purchased will govern the coverage being provided. Please read your policy for specific details.
7. As an independent insurance agency, we are compensated by insurance companies for marketing their products. Our agency’s compensation might also include incentives in addition to standard commissions. This compensation is known as “Profit Sharing” and is paid year-end, based on a combination of business written, profitability and retention throughout the year. We do not know if this additional compensation will be received at the time an individual policy is written. Insurance companies are required to file these compensation arrangements with the appropriate insurance regulatory agency within each state of operation.
8. This form is for illustration purposes only. Please read your policy for specific details.

Appendix #3 – AM Best Financial Rating

Insurance carriers are rated based on their financial stability and their ability to pay claims. The two most recognized rating firms are A.M. Best and Standard & Poor’s.

A.M. Best rates a carrier based on its financial stability. Best’s categories are A++ to C-. A rating of A++ is given to companies considered the most financially stable.

Standard & Poor’s (S&P) rates carriers based on their ability to pay claims. S&P’s ratings for companies considered secure are AAA, AA, A, and BBB, with AAA equating to “superior” and BBB equating to “adequate.” S&P’s ratings for vulnerable companies include BB, B, CCC, and R.

**Carrier Ratings By Size**

In order to help you evaluate and select appropriate insurance carriers, we have provided below the carrier ratings assigned by A.M. Best.

|  |  |
| --- | --- |
| Best’s Overall Company Size Ratings | |
| **Class** | **Policyholder Surplus** |
| Class V | $10,000,000 - $25,000,000 |
| Class VI | $25,000,000 - $50,000,000 |
| Class VII | $50,000,000 - $100,000,000 |
| Class VIII | $100,000,000 - $250,000,000 |
| Class IX | $250,000,000 - $500,000,000 |
| Class X | $500,000,000 - $750,000,000 |
| Class XI | $750,000,000 - $1,000,000,000 |
| Class XII | $1,000,000,000 - $1,250,000,000 |
| Class XIII | $1,250,000,000 - $1,500,000,000 |
| Class XIV | $1,500,000,000 - $2,000,000,000 |
| Class XV | $2,000,000,000 or more |