

# STIEL INSURANCE SERVICES

# CITY OF HAMMOND MAYOR PETE PANEPINTO HAMMOND CITY COUNCIL May 1, 2017

Presented by Donelson P Stiel





#### **COMMERCIAL PACKAGE POLICY**

Insuring Company
One Beacon America Insurance Company (A Rated)

#### **GENERAL LIABILITY**

Aggregate Limit	\$ 3,000,000
Products/Completed Operations	3,000,000
Personal & Advertising Injury	1,000,000
Limit of Insurance for Each Occurrence	1,000,000
Damage to Premises Rented to You	1,000,000
Sexual Abuse	500,000
Failure to Supply	1,000,000
Self-Insured Retention	100,000
Occurrence Form	

#### **AUTOMOBILE COVERAGE**

Limit of Insurance for Each Occurrence	\$ 1,000,000
Includes Hired & Non-Owned Liability	
Self-Insured Retention	100,000
Uninsured Motorist	Not Covered
Medical Payments	Not Covered

Auto Physical Damage Deductible - \$1,000

**Excludes Coverage for Fire Units (Covered Separately through VFIS)** 

#### **PUBLIC OFFICIALS ERRORS AND OMISSIONS**

Aggregate Limit	\$3,000,000
Limit of Insurance for Each Wrongful Act	1,000,000

**Includes Sexual Harassment** 

Self-Insured Retention 100,000

Claims Made Form

Retroactive Date: 7/1/93

**Employment Practices Liability** 

Aggregate Limit \$3,000,000 Limit Each Offense 1,000,000 Self-Insured Retention 100,000

Claims Made Form

Retroactive Date: 7/1/93

**Employee Benefits Liability** 

Aggregate Limit \$3,000,000 Limit Each Offense 1,000,000 Self-Insured Retention 100,000

Claims Made Form

Retroactive Date: 7/1/98

#### LAW ENFORCEMENT LIABILITY

Aggregate Limit	\$3,000,000
Limit Each Wrongful Act	1,000,000
Self-Insured Retention	100,000

Occurrence Form

#### **AUTOMOBILE COVERAGE FOR FIRE UNITS ONLY**

Insuring Company: American Alternative

Limit of Insurance for Each Occurrence \$ 1,000,000

Includes Hired & Non-Owned Liability

Uninsured Motorist Not Covered Medical Payments Not Covered

Auto Physical Damage Deductible - \$1,000

Includes Blanket Portable Equipment Coverage with \$5,000 Deductible

#### **WORKERS' COMPENSATION**

Insuring Company: Safety National Casualty Corporation (A Rated)

**Statutory Limit** 

Employers Liability Limit per Occurrence \$1,000,000
Aggregate Excess Limit 1,000,000
Self-Insured Retention Police/Fire 600,000
Self-Insured Retention All Others 500,000

#### **AIRPORT LIABILITY**

Insuring Company – Berkley Aviation (A Rated)
Bodily Injury and Property Damage Liability

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Each Occurrence Limit	\$10,000,000
Products-Completed Operations Aggregate	10,000,000
Malpractice Aggregate Limit	10,000,000
Personal/Advertising Injury Aggregate	10,000,000
Fire Damage Limit Any One Fire	100,000
Medical Expense Limit Any One Person	5,000
Hangar keepers Limit Any One Aircraft	5,000,000
Hangar keepers Limit Any One Occurrence	5,000,000
Independent Contractors Liability	10,000,000
Contractual Liability	10,000,000
Host Liquor Liability	10,000,000
Non-owned Aircraft Liability	Not Covered
Terrorism Coverage	Excluded

#### **BLANKET BOND**

Insuring Company: Western Surety Company (A Rated)

Public Employee Faithful Performance

Blanket Position \$ 100,000

Mayor, Director of Administration, Financial Information, Accounting Supervisor, President of Council

All Others 25,000

#### REVENUE SUPERVISOR BOND

Insuring Company: Western Surety Company (A Rated)

Revenue Supervisor & Collector \$ 100,000

Jinnie Wilson

#### COMMERCIAL PROPERTY

Insuring Company: American Casualty Company (A Rated)

Total Property Value \$25,890,996

Deductible Per Location 50,000

Schedule Attached

Replacement Cost

90% Coinsurance

**Special Form** 

**Terrorism Coverage Included** 

#### **COMMERCIAL EQUIPMENT**

Insuring Company: American Casualty Company (A Rated)

Total Equipment Limit \$ 433,789

Deductible 2,500

Schedule Attached

Terrorism Coverage Included

#### **BOILER & MACHINERY COVERAGE**

Insuring Company: Continental Casualty Insurance Company (A Rated)

Limit per Breakdown \$25,890,996

Property Damage Deductible 25,000

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# 2017 INSURANCE RENEWAL FOR CITY OF HAMMOND

#### **ANNUAL PREMIUMS**

Commercial Package	\$384,426.00	
York Claims Administration Fee *	3,824.54	
Automobile Coverage for Fire Units	35,846.77	
Workers' Compensation	91,468.00	
Airport Liability	7,500.00	
Blanket Bond	1,347.64	(Direct Bill)
Revenue Supervisor Bond	350.00	
Property and Equipment	122,920.47	
Boiler & Machinery	14,244.00	
Workers' Compensation Bond	7,500.00	
TOTAL ANNUAL PREMIUM	\$669,427.42	
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<sup>\*</sup>Third Party Claims Administration to be handled by York

### PREMIUM COMPARISON FOR 2015, 2016 AND 2017 POLICY TERMS

	2015	2016	2017
Commercial Package	\$456,759.00	\$372,796.00	\$384,426.00
York Administration Fee	3,605.00	3,713.15	3,824.54
Automobile Coverage for Fire Units		35,808.68	35,846.77
Workers' Compensation	92,324.00	91,473.00	91,468.00
Airport Liability	8,253.00	7,500.00	7,500.00
Blanket Bond	1,347.64	1,347.64	1,347.64
Revenue Supervisor Bond	350.00	350.00	350.00
Commercial Property	127,304.85	123,725.46	122,920.47
Boiler & Machinery	14,103.00	14,103.00	14,244.00
Workers' Compensation Bond	7,500.00	7,500.00	7,500.00
Total Premium	\$711,546.49	\$658,316.93	\$669,427.42

## **CLIENT AUTHORIZATION TO BIND COVERAGE**

#### **City of Hammond**

After careful consideration of your proposal presented by Stiel Insurance Services, subject to the following exceptions/changes, we accept your insurance program for the named coverages:

Proposed Coverages / Coverage Term:	
Commercial Package	05/01/2017 to 05/01/2018
Automobile (Fire Units)	05/01/2017 to 05/01/2018
Workers' Compensation	05/01/2017 to 05/01/2018
Airport Liability	05/01/2017 to 05/01/2018
Blanket Bond	05/01/2017 to 05/01/2018
Revenue Supervisor Bond	05/01/2017 to 05/01/2018
Property and Equipment	05/01/2017 to 05/01/2018
Boiler & Machinery	05/01/2017 to 05/01/2018
Workers' Compensation Bond	05/01/2017 to 05/01/2018
Bind All Coverages as quot	ed,
Except as listed below:	
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IMPORTANT: The proposal is an outline	of the coverages proposed by the insurers, based on the
	. It does not include all terms, coverages, exclusions, limitations,
	ige. The insurance policies themselves must be read for those
details. Policy forms for your reference	
	other data contained in the proposal are from our records and
acknowledge it is our responsibility to s	ee that they are maintained accurately.
**Please note that signing this docume	nt does not immediately bind coverage. You will receive
notification from us in the form of a bin	der or confirmation of insurance that will show when coverage is
effective.	
Client Signature	Date
-	2.432