### Woodbury County

# **Premium Summary**

Line of Coverage		EXPIRING	RENEWAL
		lowa Communities Assurance Pool	lowa Communities Assurance Pool
Property & Inland Marine	Estimated Cost*	\$224,211.72	\$344,938.00
	TRIA	Included	
		lowa Communities Assurance Pool	lowa Communities Assurance Pool
Auto Physical Damage	Estimated Cost*	\$49,355.00 Included	\$74,484.00 Included
		lowa Communities Assurance Pool	lowa Communities Assurance Pool
Crime (included additional coverage)	Estimated Cost*	\$480.00	\$480.00
		ICAP	ICAP
Fees	CRMS Fees	\$744.00 \$2,500.00	\$1,123.00 \$2,500.00
	Total Cost	\$277,290.72	\$423,525.00

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

#### SUMMARY OF POLICY CHANGES

- > Property Values Increased 10%, see Statement of Values Attached
- Property Deductible Structure: \$50,000 All Other Perils

#### 2% Wind/Hail Deductible

- Cosmetic Roof Exclusion
- > Marketing Responses/Declinations, See Attached

<sup>\*</sup>Estimated Cost includes all taxes, fees, surcharges and TRIA premium (if applicable)



**Woodbury County** 

Anniversary Date: 02/01/2024

Coverage	Contribution	Limit of Coverage	Deductible	Retroactive Date	Coverage Effective
Vehicles Property Equipment Breakdown Crime	\$74,484 \$344,938 Included \$480	\$9,465,316 \$172,545,887 Included \$100,000	See Schedule See Schedule \$50,000	02/01/2024 02/01/2024 02/01/2024	2/1/2024 2/1/2024 Included 2/1/2024
TOTAL CONTRIBUTION	\$419,902				
Agency Fee CRMS	\$2,500 \$1,123				
FINAL CONTRIBUTION	\$423,525				

Payment for this invoice can be submitted electronically via the ICAP website. Please visit <a href="https://www.icapiowa.com">www.icapiowa.com</a> and click "Member Pay" at the top right of the page to pay via ACH transfer. There is no fee for utilizing this service. If you require assistance or prefer to pay via check, please contact the ICAP office via 1-(800) 383-0116.



## **Anniversary Information Acknowledgement**

The undersigned representative of the Woodbury County acknowledges that he/she: Reviewed the information provided on all lowa Communities Assurance Pool applications and all applicable supplemental applications. Reviewed all applicable property and vehicle schedules. Confirms, to the best of his/her knowledge, that all information provided is complete and accurate. Reviewed the optional coverage(s) offered by the Iowa Communities Assurance Pool for increased limits. After consideration of the coverage(s) offered and the contribution for same, Woodbury County has elected to: Waive any and all coverage(s) and any applicable contribution charges. Woodbury County understands that to add increased limits coverage in the future, it will be subject to Iowa Communities Assurance Pool's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, Woodbury County will not hold the lowa Communities Assurance Pool responsible for this decision to waive optional coverage(s). Melissa Jumas
(Limit of Liability Accepted) Accept the increased limits: Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, in the year \_\_\_\_\_\_\_\_, by the undersigned duly authorized officer of the Governmental Subdivision Woodbury County indicated below:

Woodbury County

Member:

Member Number: 1226

Anniversary Date: 02/01/2024



# REVISED Commitment to Continue Membership

I, Woodbury County, do hereby affix my signature to this form and promise to submit the contribution of \$423,525.00 (less attached vouchers if applicable) by  $\frac{\omega \sqrt{20.24}}{1}$ . In order to fulfill this commitment, our payment will be received by the Iowa Communities Assurance Pool, at the address on this form, no later than  $\frac{\omega \sqrt{20.24}}{1}$ .

Printed Nam	e Melissa Thomas	
Signature _	Melissa Thomas	
Date	01/16/2024	

Iowa Communities Assurance Pool 12951 University Ave, Ste 120 Clive, IA 50325

# **Woodbury County**

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <a href="https://www.aig.com/privacy-policy/">https://www.aig.com/privacy-policy/</a>.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

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Print Name (Specify Title)	<i>V</i> /
Woodson	Country
Company	
Signature	
1-10	6-24