

CITY OF THIBODAUX
COMPARISON OF 2025 - 2026 INLAND MARINE
INSURANCE RENEWAL TO 2024- 2025 POLICY
POLICY YEAR FROM 06/01/25 THRU 06/01/26

| | | |
|---------------------|----|---------|
| 2025 Budget Amount | \$ | 34,723 |
| 2025 - 2026 Premium | \$ | 30,363 |
| Balance | \$ | (4,360) |

decrease in budget

Insurance Agency: USI Insurance Services, LLC
Insurance Carrier: Great American Insurance Company of NY (Admitted)
Deductible: \$2,500 (All Perils / Occurrence)
Coinsurance: 90% up 10% from previous year
A.M. Best Rating: A+
Financial Size: XV

| COVERAGE | RENEWAL | | EXPIRING | | PERCENTAGE | | AMOUNT | |
|---------------------------|-------------|------------|-------------|------------|------------|--------|------------|------------|
| | 2025 - 2026 | | 2024 - 2025 | | INCREASE / | | INCREASE / | |
| | PREMIUM | | PREMIUM | | DECREASE | | DECREASE | |
| Inland Marine | \$ | 30,363 | \$ | 28,936 | | 4.9% | \$ | 1,427 |
| TIV (Total Insured Value) | \$ | 4,759,645 | \$ | 4,829,929 | | -1.46% | \$ | (70,284) |
| | | 0.00637926 | | 0.00599098 | | 6.48% | | 0.00038828 |

Inland Marine covers physical damage to our equipment.

Changing renewal term to be in line with Boiler & Machinery Insurance

Jessica Hebert

From: Brandon Ruttley <Brandon.Ruttley@usi.com>
Sent: Monday, April 21, 2025 4:21 PM
To: Jessica Hebert; Brenda Pearson; Kevin Clement; Joycelyn Gros
Cc: Jenna Oubre
Subject: RE: City of Thibodaux 2025-2026 Renewal
Attachments: City of Thibodaux 2025-2026 Renewal Updated 4-21-25.pdf

Warning: Unusual link

This message contains an unusual link, which may lead to a malicious site. Confirm the message is safe before clicking any links.

Jessica,

Please let me know if this works for you. The expiring annual premium below doesn't factor in any increases or decreases in values. It does describe as you requested as what actually was paid or would have been paid if we didn't short term the inland marine policy.

Premium Summary

| Coverage | Coverage | Expiring Annual Term Premium | Expiring Short Term Premium (IM 7-18 to 6-1) | Proposed Annual Term Premium |
|-----------------------------------|----------------------------------|------------------------------------|---|------------------------------------|
| Boiler & Machinery | Liberty Mutual Insurance Company | \$13,020.00 | \$13,020.00 | \$13,547.00 |
| Inland Marine | Great American Insurance Company | \$32,762.00 | \$28,936.00 | \$30,363.00 |
| TOTAL ESTIMATED ANNUAL PREMIUM | | \$45,782.00 | \$41,956.00 | \$43,910.00 |
| Alternative Options: | | | | |
| Terrorism/Active Assailant (\$1M) | Lloyds of London | | | \$30,435.86 |

*Last year your Boiler & Machinery (B&M) policy renewed on 6-1-2024. Your Inland Marine (IM) policy has historically been written from 7-18 to 7-18 however we requested it to be short termed from 7-18-24 to 6-1-25 to have both policies renew at the same time this policy term. This request was granted. The yellow (left) column reflects the expiring annual term premium if you would have purchased full annual terms for the IM. The pink (middle) column reflects the short-term premium amount of what you actually paid for both of these lines by short terming the IM. The Green (right) column reflects your renewal for this year with both the B&M and IM renewing on 6-1-25 for an annual term.

Thanks!

BRANDON RUTTLEY

Partner | Senior Vice President | Property & Casualty

USI Insurance Services - Louisiana

Direct 985.274.0054 | Cell 985.232.2107 | Fax 985.868.2465

Property & Casualty Insurance Proposal

City of Thibodaux



Brandon Ruttle
Senior Vice President | Partner

Account Manager: Jenna Oubre
Date Prepared: April 21, 2025



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Proposal date: 03/12/2025 Prepared for City of Thibodaux
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About USI Insurance Services

USI is one of the largest insurance brokerage and consulting firms in the world, delivering property and casualty, employee benefits, personal risk, program and retirement solutions to large risk management clients, middle market companies, smaller firms and individuals. Headquartered in Valhalla, New York, USI connects together over 10,000 industry leading professionals across ~200 offices to serve clients' local, national and international needs.

The USI ONE Advantage

What truly distinguishes USI as a leading insurance brokerage and consulting firm is the USI ONE Advantage, a game-changing value proposition that delivers clients a robust set of risk management and benefit solutions and exclusive resources with financial impact. USI ONE® represents **Omni, Network, Enterprise**—the three key elements that create the USI ONE Advantage and set us apart from the competition.

Omni – USI's Proprietary Analytics

Omni, which means “all,” is USI's one-of-a-kind solutions platform—real time, interactive, dynamic and evolving, and customized for each client. Built in-house by USI subject matter experts, Omni captures the experience of more than 500,000 clients, thousands of professionals and over 150 years of business activity through our acquired agencies into targeted, actionable solutions across property & casualty, employee benefits, personal risk and retirement. Omni features over a thousand solutions, case studies, work products and detailed analysis across industry verticals in a single dashboard. USI consultants input the client's personalized data into Omni – highlighting their business, employees, and risks. The results feature client specific recommendations with quantified financial impact and the ability to analyze alternative scenarios with the touch of a button.



Network – USI's Local and National Resources

USI has made a very large investment in local resources and technical expertise, with more than 10,000 professionals networked nationally to build strong vertical capabilities and integrated account teams. Our local and regional experts ensure account team availability, hands-on service, and ongoing diligent follow-through so we can deliver on the solutions we customize for our clients.

Enterprise – USI's Team Based Strategic Planning

USI's enterprise planning is a disciplined, focused, analysis centered on our client's issues and challenges. Highly consultative meetings integrate USI's Omni analytics with our broad resource network to build a risk management strategy aligned with client business needs. Our enterprise process is a proven method for identifying, quantifying and minimizing client risk exposures.

The USI ONE Advantage—our Omni knowledge engine, with our Network of local and national resources, delivered to our clients through our Enterprise planning process gives USI fundamentally different solutions, the resources to deliver, and a process to bring superior results to our clients.

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Service Team

USI Southwest

P.O. Box 2868, Houma, LA 70361
(985) 868-2436 www.usi.com

Producers

Your **CL Producer** is **Brandon Ruttley**

Direct Number: (985) 274-0054

E-Mail: Brandon.Ruttley@usi.com

Account Management Team

Your **CL Sr Account Manager** is **Jenna Oubre**

Direct Number: (985) 274-0029

E-Mail: jenna.oubre@usi.com

Your **CL Sr Associate Acct Rep** is **Peyton Amedee**

Direct Number: (985) 274-0039

E-Mail: peyton.amedee@usi.com

Additional USI Contacts

Your **Claims Manager** contact is **Karen Baca**

Direct Number: (504) 355-5018

E-Mail: Karen.baca@usi.com

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InsurLink Client Portal

InsurLink, USI's secure, interactive portal for client collaboration and self-service resources, helps streamline the administration of your insurance program with efficient, environmentally friendly, paperless transactions.

InsurLink enables you to manage your program online in seamless collaboration with your USI service team 24 hours a day, 7 days a week.

With our user-friendly, intuitive software you can:



View and reprint Certificates of Insurance.



View policies, endorsements and other key documents.



Generate and issue Certificates of Insurance quickly and accurately.



Share documents with your USI service team



Reprint and replace Auto ID cards.*

For more information about InsurLink, contact your USI service representative.



My Account

Hello Client User

My Quick Links

Auto Insurance
Download Insurance Links

Certificates
Auto ID Cards

Links

News
Support
About Us

Get our mobile app for Android or Apple and access your InsurLink client portal on the go!

*Limitations in NY and NJ

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CertVaultSM for Certificate Delivery

USI utilizes CertVaultSM, a cloud-based system for storage and secure delivery of certificates of insurance to your certificate holders.

Benefits of CertVaultSM

- ✓ Supports USI's go-green initiative by eliminating printed and mailed certificates.
- ✓ Provides faster delivery than standard printing and mailing.
- ✓ Reduces your contact with Holders by providing them with self-service access to obtain issued certificates.
- ✓ Provides USI with a reliable reporting mechanism to identify Holders that have taken delivery of certificates, as well as Holders that have not retrieved their issued certificates. *(This data can be used to facilitate a review of the Holder list prior to renewal).*
- ✓ Protects your information by delivering your certificates securely with Blockchain Technology to ensure authenticity.



Certificate Delivery Process for Holders

When USI issues a certificate for one of your Holders, they are sent a CertVaultSM registration letter via email or regular mail.

After registration is completed, the Holder representative can view only their certificate on the CertVaultSM platform.

Client Copies of Certificates

You will continue to receive copies of certificates issued on your behalf via the method requested (email or regular mail).

For More Information

If you have any questions, please contact your USI Account Management Team.

For more information about CertVaultSM, contact your USI service representative.

"CertvaultSM" is a service mark of Patra Corporation

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Equipment Breakdown

Insurance Company: Liberty Mutual Insurance Company
AM Best Rating A XV, Admitted Carrier
Policy Term: 06/01/2025 to 06/01/2026

Boiler & Machinery

| Boiler & Machinery Coverage Description | Limit/Sublimit |
|---|-------------------------------|
| Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown, then the limit for that coverage is part of the Limit Per Breakdown. | |
| Limit per Breakdown | \$65,000,000 |
| Property Damage | Included |
| Expediting Expense | \$250,000 |
| Business Income | Included |
| Extra Expense | Combined with Business Income |
| Extended Period of Restoration | 30 Days |
| Data or Media | \$250,000 |
| Spoilage Damage | \$250,000 |
| Utility Interruption | Included |
| Coverage applies only if the interruption of service lasts at least | 24 Hours |
| Newly Acquired Premises | Included |
| Number of Days of Coverage | 90 Days |
| Ordinance or Law | \$10,000,000 |
| Errors and Omissions | Included |
| Brands and Labels | Included |
| Unless a higher limit or INCLUDED is shown, the most we will pay for direct damage to covered property is \$25,000 for each of the following. These limits are part of, not in addition to, the Property Damage or Limit Per Breakdown. | |
| Coverage Limitations | |
| Ammonia Contamination | \$250,000 |
| Consequential Loss | \$250,000 |
| Data and Media | \$250,000 |
| Hazardous Substance | \$250,000 |
| Water Damage | \$250,000 |
| Limited Coverage for Fungus, Wet Rot & Dry Rot | |
| Limit | \$15,000 |
| Business Income and/or Extra Expense – Number of Days | 30 Days |
| Increased Cost of Loss and Related Expenses or “Green” Upgrades | |
| Property Damage Limit | \$100,000 |
| Business Income and/or Extra Expense – Number of Days | 30 Days |
| Conditions & Optional Coverages | |

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| Boiler & Machinery Coverage Description | Limit/Sublimit |
|---|----------------|
| Business Income Coinsurance Percentage | Waived |
| Diagnostic Equipment | Included |
| Equipment Breakdown Enhancement Endorsement – Key Enhancements Include: - Civil Authority extension within 100 miles/4 weeks - Ingress/Egress - \$250,000 sublimit - Claim Preparation Fees - \$250,000 sublimit - Dependent Location extension for Contingent BI/EE - 150% replacement cost for Safety Improvements | Included |
| Deductible – Combined, All Coverages | \$10,000 |

Other Conditions/Additional Coverage Extensions/Restrictions:

- 90 days Notice of Cancellation, other than non-payment.
- Exclusion Amendatory Endorsement
- Limit of Insurance Off Premises Equipment Coverage: \$5,000,000
- Electronic Circuitry Impairment endorsement

Total Premium \$13,547.00

Excluded coverage or other coverages sought may be available: please discuss with USI

Other exclusions and policy limitations may apply. Please refer to the actual policies for specific terms, conditions, limitations, exclusions, and sub-limits that will govern in the event of a loss.

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Inland Marine

Insurance Company: Great American Insurance Company
Admitted Carrier A.M. Best Rating A+ XV

Policy Term: 06/01/2025 to 06/01/2026

Coverage: Inland Marine provides coverage to mobile or specialized types of property such as construction equipment, medical diagnostic equipment, fine arts and a wide variety of other types of property.

Contractors Equipment

Limits of Insurance: \$2,757,830 Any One Direct Physical Loss with Respects to Contractors Equipment

Valuation: Actual Cash Value

Deductible: \$2,500 contractors equipment
\$1,000 employee tools and work clothing
\$1,000 office furniture, office fixtures, office equipment
2 working days Rental expenses of substitute "contractors equipment"

Coinurance: 90% (was NIL)

Conditions: Flood and Earthquake are excluded.

Subject to: Serial Number for all scheduled items

| Additional Coverages | |
|---|---|
| Description | Limit |
| Newly Acquired or Upgraded Contractors Equipment | \$250,000 and any one item (was 10% of any one loss limit up to \$25,000) |
| Rented, Leased or Borrowed Equipment from Others Cranes are NOT included as property covered by this extension | \$250,000 any one item/ \$500,000 any one occurrence |
| Continuing Rental Expense | \$5,000 any one month/\$10,000 any one policy year |
| Equipment Leased, Rented, or Loaned to Others Cranes are NOT included as property covered by this extension | \$50,000 and one item/ \$100,000 all such equipment |
| Employee Tools and Work Clothing | \$2,500 any one employee/\$5,000 all such equipment |
| Office Furniture, Office Fixtures, Office Equipment | \$5,000 any one item/ \$10,000 all such items |
| Consequential Loss to Undamaged Attachments | \$10,000 and one direct physical loss but no more than 1-% of the amount paid for your direct physical loss |
| Rental Expense of Substitute "Contractors Equipment" | \$500 and one working day/\$5,000 any one policy year |
| Spare Parts | \$10,000 |
| Crime Reward | \$5,000 |

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| | |
|--|--|
| Debris Removal | \$75,000 (was 25% of item limit up to \$25,000) |
| Expediting Expense | \$25,000 |
| Fire Department Service Charge | \$25,000 |
| Inflation Protection | 3% |
| Loss Data Preparation Costs | \$10,000 |
| Pollutant Clean Up & Removal | \$25,000 (was 10% up to \$5,000 per policy year) |
| Protection and Preservation of Property | \$50,000 |
| Recharge of Fire Extinguishing Equipment | \$50,000 |
| Warranty or Service Contract | \$10,000 |
| Waterborne Coverage | \$200,000 any one item/ any one loss |

| Forms and Endorsements | |
|---|-------------|
| Description | Form Number |
| EquipmentPro Declarations Page | CM9024 |
| Equipment Pro Coverage Form Table Of Contents | CM9041 |
| Equipment Pro Coverage Form | CM7645 |
| Equipment Pro Schedule Of Covered Property | CM9025 |
| Additional Exclusions Endorsement | CM9030 |
| Earth Movement Exclusion Endorsement | CM9037 |
| Water Exclusion Endorsement | CM9039 |
| Louisiana Changes- Pollutants | CM9047 |
| Change in Covered Property Endorsement – Physical Damage on scheduled autos with permanently attached equipment | CM8184 |

Special Floater

| | | |
|-----------------------------|--|-----------|
| Limits of Insurance: | \$2,001,783 for the following items: | |
| | 2008 Marquee Sign, 16x80, Electronic, Tag 7856 | \$73,955 |
| | 2016 Water Meters | \$963,914 |
| | 2016 Gas Meters | \$963,914 |

| | |
|--------------------|-------------------|
| Valuation: | Actual Cash Value |
| Deductible: | \$2,500 |
| Coinurance: | 80% (was NIL) |

| Additional Coverages | |
|--|--|
| Description | Limit |
| Newly Acquired or Upgraded Contractors Equipment | 10% of any one loss limit up to \$25,000 |
| Debris Removal | 25% of item limit up to \$25,000 |
| Pollutant Clean Up | 10% up to \$5,000 per policy year |

| Forms and Endorsements | |
|------------------------|-------------|
| Description | Form Number |

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| | |
|-----------------------------------|--------|
| Special Floater Declarations Page | CM7730 |
| Special Floater Coverage Form | CM7731 |
| Louisiana Changes | CM8153 |
| Property in the Open | CM8802 |

| | |
|------------------------------|--------------------|
| Contractors Equipment | \$16,841.00 |
| Special Floater | <u>\$13,122.00</u> |
| Total Annual Premium: | \$30,363.00 |

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Terrorism & Active Assailant

Insurance Company: Lloyds of London
Policy Term: 06/01/2025 to 06/01/2026

Terrorism

| Coverage Description | Deductible/Retention |
|---|----------------------|
| Limit – Property Damage & Business Income | \$62,278,037 |
| BI Deductible Any One Occurrence | 3 Days |
| PD Deductible Any One Occurrence | \$10,000 |

Active Assailant

| Coverage Description | Limit/Sublimit |
|--|---|
| Crisis Expenses (sublimits apply) Legal Liability Property Damage Business Interruption Overall Maximum Limit of Liability | \$1,000,000 |
| Crisis Response and Mitigation Services | Limit/Sublimit |
| In respect of Stalking | \$25,000 occurrence & in the aggregate |
| In respect of Threat | \$25,000 any on occurrence |
| In respect of Attack | \$1,000,000 any one occurrence & in the aggregate |
| Crisis Expenses | Limit/Sublimit |
| Additional Security Measures | \$1,000,000 any one occurrence & in the aggregate |
| Counseling Costs | \$1,000,000 any one occurrence & in the aggregate |
| Public Relations and Crisis Communications | \$1,000,000 any one occurrence & in the aggregate |
| Medical Expenses | \$10,000 per insured person |
| Job Retraining | \$25,000 per insured person |
| Burial Costs | \$10,000 per insured person |
| Travel & Accommodation | \$25,000 per insured person |
| Childcare Costs | \$10,000 per insured person |
| Temporary Premises | \$10,000 per occurrence and within 90 days of an attack |
| Recruitment Costs | \$10,000 per occurrence and within 90 days of an attack |
| Forensic Clean Up | \$10,000 per occurrence and within 30 days of an attack |
| Repatriation Costs | \$10,000 per insured person |
| Evacuation Costs | \$10,000 any one occurrence |
| Any other reasonable expenses | \$25,000 any one occurrence |
| Personal Accident Benefit | Limit/Sublimit |
| Death | \$100,000 per insured person |

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| Coverage Description | Limit/Sublimit |
|-----------------------------|-----------------------------|
| Permanent Total Disablement | \$50,000 per insured person |
| Loss of Limb(s) | \$25,000 per insured person |
| Loss of Sight | \$25,000 per insured person |
| Loss of Hearing | \$25,000 per insured person |

Terrorism \$ 6,228.00
 Active Assailant \$22,800.00
 Surplus Lines Tax \$ 1,407.86
Total Annual Premium \$30,435.86

Optional Active Assailant Limits:

Active Assailant \$3M Limit \$38,750 + tax
 Active Assailant \$5M Limit \$54,100 + tax

Excluded coverage or other coverages sought may be available: please discuss with USI

Other exclusions and policy limitations may apply. Please refer to the actual policies for specific terms, conditions, limitations, exclusions and sublimits that will govern in the event of a loss.

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Binding Requirements:

- "Client Authorization To Bind" signed by the insured

Payment Terms:

- Agency Bill - annual

Note:

In evaluating your exposure to loss, we have been dependent upon information provided by you. If there are other areas that need to be evaluated prior to binding of coverage, please bring these areas to our attention. Should any of your exposures change after coverage is bound, such as your beginning new operation, hiring employees in new states, buying additional property, etc., please let us know so proper coverage(s) can be discussed.

Higher limits may be available. Please contact us if you would like a quote for higher limits.

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Agency Bill Payment Options

We sincerely appreciate the opportunity to service your insurance needs. We believe good credit relationships are established by making our clients aware in advance of the terms of our payment procedures.

OUR BASIC PAYMENT PLAN IS THAT ALL PAYMENTS ARE DUE ON OR BEFORE THE EFFECTIVE DATE OF COVERAGE. THERE ARE THREE METHODS OF PAYMENT AVAILABLE:

-CASH ON EFFECTIVE DATE
-PREMIUM FINANCING BY A PREMIUM FINANCE COMPANY
-INSURANCE COMPANY PAYMENT PLAN, IF AVAILABLE

Please note that USI Insurance Services LLC and its subsidiaries and affiliates do not provide customer financing.

In some instances, you will receive invoices covering additions or changes to your coverage, endorsements. These invoices are payable upon receipt. You will receive a monthly statement of your account as a reminder as we realize that it is occasionally possible to miss a payment through oversight. Accounts with payments past due are subject to cancellation for non-payment. This is a serious situation as your insurer may refuse to reinstate coverage even if payment is made later. Accounts are subject, but not limited to, reasonable attorney fees, interest, collection fees and/or court costs incurred in connection with collection of past due balances.

PAYMENTS: Please remember to return the remittance copy of the invoice with your payment in the provided envelope. Otherwise, all payments will be applied to your oldest balance or left as unapplied if we cannot identify the applicable invoice being paid.

CREDITS: Credit invoices may be applied against other invoices due us. Please indicate in your remittance or contact us as to where to apply credit invoices on your account.

These payment procedures will apply for any and all policy renewals or future business written.

If you have any questions concerning our payment procedures or any other matters pertaining to account payments, please contact your insurance representative.

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USI Disclosures

Information Concerning Our Fees: As a licensed insurance producer, USI is authorized to confer with or advise our clients and prospective clients concerning substantive benefits, terms or conditions of insurance contracts, to sell insurance and to obtain insurance coverages for our clients. Our compensation for placement of insurance coverage, unless otherwise specifically negotiated and agreed to with our client, is customarily based on commission calculated as a percentage of the premium collected by the insurer and is paid to us by the insurer. We may also receive from insurers and insurance intermediaries (which may include USI affiliated companies) additional compensation (monetary and non-monetary) based in whole or in part on the insurance contract we sell, which is contingent on volume of business and/or profitability of insurance contracts we supply to them and/or other factors pursuant to agreements we may have with them relating to all or part of the business we place with those insurers or through those intermediaries. Some of these agreements with insurers and/or intermediaries include financial incentives for USI to grow its business or otherwise strengthen the distribution relationship with the insurer or intermediary. Such agreements may be in effect with one or more of the insurers with whom your insurance is placed, or with the insurance intermediary we use to place your insurance. You may obtain information about the nature and source of such compensation expected to be received by us, and, if applicable, compensation expected to be received on any alternative quotes pertinent to your placement upon your request.

Document Delivery DISCLOSURE: USI strives to make your interactions with us easy and efficient. Therefore, we intend to deliver your policy and all policy-related documents electronically through our InsurLink client portal or through email. If you do not wish to receive these documents electronically or if you would like a paper copy of any or all documents at no cost to you, please notify your client service representative in writing. If your email or electronic contact information changes, please notify your client service representative in writing.

Reviewing Client Contracts DISCLOSURE: As a service to our clients, upon their request, USI will review those portions of your contract regarding the insurance and indemnity requirements as they relate to your insurance program and provide comments and/or recommendations based upon such review. This service should not be taken as legal advice and it does not replace the need for review by the insured's own legal counsel.

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only; it is not a binder and does not amend or alter the insurance contract. Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.

Proposal date: 03/12/2025 Prepared for City of Thibodaux
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USI Privacy Notice

Our Privacy Promise to You

USI provides this notice to you, our customer, so that you will know what we will do with the personal information, personal financial and health information (collectively referred to as the “protected information”) that we may receive from you directly or receive from your health care provider or receive from another source that you have authorized to send us your protected information. We at USI are concerned about your privacy and assure you that we will do what is required of us to safeguard your protected information.

What types of information will we be collecting?

USI collects information from you required both for our business and pursuant to regulatory requirements. Without it, we cannot provide our products and services for you. We will be collected protected information about you from:

- Applications or other forms, such as name, address, Social Security number, assets and income, employment status and dependent information;
- Your transactions with us or your transactions with others, such as account activity, payment history, and products and services purchased;
- Consumer reporting agencies, such as credit relationships and credit history. These agencies may retain their reports and share them with others who use their services;
- Other individuals, businesses and agencies, such as medical and demographic information; and
- Visitors to our websites, such as information from on-line forms, site visitorship data and on-line information collection devices, commonly called “cookies.”

What will we do with your protected information?

The information USI gathers is shared within our company to help us maximize the services we can provide to our customers. We will only disclose your protected information as is necessary for us to provide the insurance products and services you expect from us. USI does not sell your protected information to third parties, nor does it sell or share customer lists.

We may also disclose all of the information described above to third parties with which we contract for services. In addition, we may disclose your protected information to medical care institutions or medical professionals, insurance regulatory authorities, law enforcement or other government authorities, or to affiliated or nonaffiliated third parties as is reasonably necessary to conduct our business or as otherwise permitted by law.

Our Security Procedures

At USI, we have put in place the highest measures to ensure the security and confidentiality of customer information. We will handle the protected information we receive by restricting access to the protected information about you to those employees and agents of ours who need to know that information to provide you with our products or services or to otherwise conduct our business, including actuarial or research studies. Our computer database has multiple levels of security to protect against threats or hazards to the integrity of customer records, and to protect against unauthorized access to records that may harm or inconvenience our customers. We

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maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to safeguard all of your protected information.

Our Legal Use of Information

We retain the right to use ideas, concepts, know-how, or techniques contained in any nonpublic personal information you provide to us for our own purposes, including developing and marketing products and services.

Your Right to Review Your Records

You have the right to review the protected information about you relating to any insurance or annuity product issued by us that we could reasonably locate and retrieve. You may also request that we correct, amend or delete any inaccurate information by writing to us at the above address.

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only; it is not a binder and does not amend or alter the insurance contract. Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.

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Insurance Carrier Ratings

As a service to our clients, USI is furnishing an assessment by a financial rating service of the insurance companies included in our proposal. We are including the legends used by this service.

All ratings are subject to periodic review, therefore, it is important to obtain updated ratings from each service. Should you desire further information concerning the financial statements of any of the insurance companies being proposed, so that you can make your own assessment of the financial strength of the companies being offered, it is available from USI at your request.

USI has made no attempt to determine independently the financial capacity of the insurance companies that we are including in our proposal as we believe the nationally recognized services are better equipped to comment.

A. M. BEST RATINGS

| | | | |
|---------------------|-----------|-----------|------------------------------|
| A++ & A+ | Superior | D | Poor |
| A & A- | Excellent | E | Under Regulatory Supervision |
| B++ & B+ | Good | F | In Liquidation |
| B & B- | Fair | S | Rating Suspended |
| C++ & C+ | Marginal | NR | Not Rated |

FINANCIAL SIZE CATEGORY

(In \$ Thousands)

| | | | |
|------------|-----------|----|------------|
| Class I | Less than | | 1,000 |
| Class II | 1,000 | to | 2,000 |
| Class III | 2,000 | to | 5,000 |
| Class IV | 5,000 | to | 10,000 |
| Class V | 10,000 | to | 25,000 |
| Class VI | 25,000 | to | 50,000 |
| Class VII | 50,000 | to | 100,000 |
| Class VIII | 100,000 | to | 250,000 |
| Class IX | 250,000 | to | 500,000 |
| Class X | 500,000 | to | 750,000 |
| Class XI | 750,000 | to | 1,000,000 |
| Class XII | 1,000,000 | to | 1,250,000 |
| Class XIII | 1,250,000 | to | 1,500,000 |
| Class XIV | 1,500,000 | to | 2,000,000 |
| Class XV | 2,000,000 | to | or greater |

RATING "NOT ASSIGNED" CLASSIFICATIONS

NR-1 Insufficient Data

NR-3 Rating Procedure Inapplicable

NR-5 Not Formally Followed

NR-2 Insufficient Size and/or Operating Experience

NR-4 Company Request

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only; it is not a binder and does not amend or alter the insurance contract. Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.

Proposal date: 03/12/2025 Prepared for City of Thibodaux
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Client Authorization to Bind

Important Information - Coverage cannot be bound when severe weather is threatening regardless of the expiration date.

After careful consideration of your proposal dated March 12, 2025, we accept your insurance program as presented with the following exceptions, changes, and/or recommendations:

Client Signature

Date Signed

City of Thibodaux

This proposal is merely a descriptive summary of coverage provided by the insurance companies being proposed and should be used for reference purposes only; it is not a binder and does not amend or alter the insurance contract. Please refer to the policy contract for specific terms, conditions, limitations, and exclusions.

Proposal date: 03/12/2025 Prepared for City of Thibodaux
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COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/05/2025

| | | |
|--|--------------------------------|---|
| AGENCY USI Southwest P.O. Box 2868 Houma LA 70361 | CARRIER | NAIC CODE |
| | COMPANY POLICY OR PROGRAM NAME | PROGRAM CODE |
| | POLICY NUMBER | |
| CONTACT NAME: Brandon Ruttlely | UNDERWRITER | UNDERWRITER OFFICE |
| PHONE (A/C, No, Ext): 985 274-0059 | STATUS OF TRANSACTION | <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW |
| FAX (A/C, No): 985-868-2465 | | BOUND (Give Date and/or Attach Copy): |
| E-MAIL ADDRESS: brandon.ruttlely@usi.com | | CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| CANCEL | | |
| CODE: | SUBCODE: | |
| AGENCY CUSTOMER ID: CITYTHI | | |

LINE OF BUSINESS

| INDICATE LINE OF BUSINESS | PREMIUM | | PREMIUM | | PREMIUM |
|------------------------------|---------|--|---------------------|----|--|
| BOILER & MACHINERY | \$ | | CYBER AND PRIVACY | \$ | |
| BUSINESS AUTO | \$ | | FIDUCIARY LIABILITY | \$ | <input checked="" type="checkbox"/> Equipment Floater |
| BUSINESS OWNERS | \$ | | GARAGE AND DEALERS | \$ | <input checked="" type="checkbox"/> Coverage Description |
| COMMERCIAL GENERAL LIABILITY | \$ | | LIQUOR LIABILITY | \$ | |
| COMMERCIAL INLAND MARINE | \$ | | MOTOR CARRIER | \$ | |
| COMMERCIAL PROPERTY | \$ | | TRUCKERS | \$ | |
| CRIME | \$ | | UMBRELLA | \$ | |

ATTACHMENTS

| | | |
|---|---|----------------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS | GLASS AND SIGN SECTION | STATEMENT / SCHEDULE OF VALUES |
| ADDITIONAL INTEREST SCHEDULE | HOTEL / MOTEL SUPPLEMENT | STATE SUPPLEMENT (If applicable) |
| ADDITIONAL PREMISES INFORMATION SCHEDULE | INSTALLATION / BUILDERS RISK SECTION | VACANT BUILDING SUPPLEMENT |
| APARTMENT BUILDING SUPPLEMENT | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | VEHICLE SCHEDULE |
| CONDO ASSN BYLAWS (for D&O Coverage only) | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | |
| CONTRACTORS SUPPLEMENT | LOSS SUMMARY | |
| COVERAGES SCHEDULE | OPEN CARGO SECTION | |
| DEALERS SECTION | PREMIUM PAYMENT SUPPLEMENT | |
| DRIVER INFORMATION SCHEDULE | PROFESSIONAL LIABILITY SUPPLEMENT | |
| ELECTRONIC DATA PROCESSING SECTION | RESTAURANT / TAVERN SUPPLEMENT | |

POLICY INFORMATION

| | | | | | | | | |
|-------------------|-------------------|--|--------------|-------------------|-------|---------|-----------------|----------------|
| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
| 06/01/2025 | 06/01/2026 | <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | | |
|--|---|---|---|-------|--------------------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) City of Thibodaux P.O. Box 1184 Thibodaux LA 70302 | | GL CODE | SIC 9121 | NAICS | FEIN OR SOC SEC # 726001396 |
| | | BUSINESS PHONE #: (985) 446-7218 | | | |
| | | WEBSITE ADDRESS www.ci.thibodaux.la.us | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION <input checked="" type="checkbox"/> GA | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | |

CONTACT INFORMATION

AGENCY CUSTOMER ID: CITYTHI

| | | | |
|--|--|--|--|
| CONTACT TYPE: Inspection Contact | | CONTACT TYPE: Accounting Contact | |
| CONTACT NAME: | | CONTACT NAME: Brenda Pearson | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: | | PRIMARY E-MAIL ADDRESS: bpearson@ci.thibodaux.la.us | |
| SECONDARY E-MAIL ADDRESS: | | SECONDARY E-MAIL ADDRESS: | |

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| | | | | | |
|----------------------------|-------------------|---------------------------------|---------------------------------|------------------|----------------------------------|
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| 1 | 310 W. 2nd Street | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Thibodaux | STATE: LA | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: Lafourche | ZIP: 70301 | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | ZIP: | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | ZIP: | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | ZIP: | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | ANY AREA LEASED TO OTHERS? Y / N |

NATURE OF BUSINESS

| | | | | | |
|---------------------------------------|--|--|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | |

DESCRIPTION OF PRIMARY OPERATIONS

City of Thibodaux, Louisiana

| | | |
|---|--|---|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|--|---|

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

| | | | | | | | | |
|---|--|-----------------------|-----------|----------------|--------|-----------|-------------------------|-----------|
| INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED | TCF National Bank, its successors and assigns 11100 Wayzata Blvd., Suite 801 Minnetonka MN 55305 | | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY | | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> CO-OWNER | | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: | INTEREST END DATE: | | | | | | |
| <input checked="" type="checkbox"/> Loss Payee and Add... | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | | | |
| REASON FOR INTEREST: | | E-MAIL ADDRESS: | | | | | | |

GENERAL INFORMATION

AGENCY CUSTOMER ID: CITYTHI

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N | | | | | |
|---|---------------|--------------------------|------------------------------------|--------------------------|---------------------------------|--------------------------|------|--------------------------|--|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | | | | | | |
| PARENT COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | | | | | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | | | | | | |
| SUBSIDIARY COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | | | | | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | | | | | | |
| <input type="checkbox"/> | SAFETY MANUAL | <input type="checkbox"/> | SAFETY POSITION | <input type="checkbox"/> | MONTHLY MEETINGS | <input type="checkbox"/> | OSHA | <input type="checkbox"/> | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | | | | | | |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | | | | | | |
| LINE OF BUSINESS | | POLICY NUMBER | LINE OF BUSINESS | | POLICY NUMBER | | | | |
| | | | | | | | | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | | | | | | |
| <input type="checkbox"/> | NON-PAYMENT | <input type="checkbox"/> | AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> | NON-RENEWAL | <input type="checkbox"/> | UNDERWRITING | <input type="checkbox"/> | CONDITION CORRECTED (Describe): | | | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | | | | | | |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | | | | | | |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | | | | | | |
| OCCUR DATE | EXPLANATION | | RESOLUTION | RESOLVE DATE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | | | | | | |
| OCCUR DATE | EXPLANATION | | RESOLUTION | RESOLVE DATE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | | | | | | |
| OCCUR DATE | EXPLANATION | | RESOLUTION | RESOLVE DATE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: | | | | | | | | | |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | | | | | | |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | | | | | | |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | | | | | | |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | | | | | | |

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*****SEE ACORD 101 - ADDITIONAL REMARKS SCHEDULE*****

PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: CPKGE |
|------|-----------------|-------------------|------------|----------|--------------------------|
| | CARRIER | | | | Great American Insurance |
| | POLICY NUMBER | | | | IMP95935613001 |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | 07/18/2024 |
| | EXPIRATION DATE | | | | 06/01/2025 |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: CITYTHI

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: CPKGE |
|------|-----------------|-------------------|------------|----------|--------------------------|
| | CARRIER | | | | Great American Insurance |
| | POLICY NUMBER | | | | IMP95935612900 |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | 07/18/2023 |
| | EXPIRATION DATE | | | | 07/18/2024 |
| | CARRIER | | | | Great American Insurance |
| | POLICY NUMBER | | | | IMP959356128 |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | 07/18/2022 |
| | EXPIRATION DATE | | | | 07/18/2023 |

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$ 0.00

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|--------------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|-----------------------|--|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) Brandon Ruttle | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: CITYTHI

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

03/05/2025

| | | | | |
|-------------------------|------------------------------|---------------------------------------|--|-----------|
| AGENCY USI Southwest | | CARRIER | | NAIC CODE |
| POLICY NUMBER | EFFECTIVE DATE 06/01/2025 | NAMED INSURED(S) City of Thibodaux | | |

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

| | | | | | | | | | |
|--|--|--|--|------------------|-----------------------|---------------|------------------|--------------------------------|-----------|
| INTEREST | | NAME AND ADDRESS RANK: | | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY | <input checked="" type="checkbox"/> LOSS PAYEE | Reeco Rental & Supply, Inc. and its affiliates 1762 Canal Blvd. Thibodaux LA 70301 | | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> CO-OWNER | <input type="checkbox"/> MORTGAGEE | | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER | <input type="checkbox"/> OWNER | | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> REGISTRANT | | | | | | | SCHED #: | ITEM: |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> TRUSTEE | REFERENCE / LOAN #: | | | INTEREST END DATE: | | | ITEM CLASS: | |
| | | LIEN AMOUNT: | | | PHONE (A/C, No, Ext): | | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |

| | | | | | | | | | |
|--|-------------------------------------|-------------------------------|--|------------------|-----------------------|---------------|------------------|--------------------------------|-----------|
| INTEREST | | NAME AND ADDRESS RANK: | | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY | <input type="checkbox"/> LOSS PAYEE | | | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> CO-OWNER | <input type="checkbox"/> MORTGAGEE | | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER | <input type="checkbox"/> OWNER | | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> REGISTRANT | | | | | | | SCHED #: | ITEM: |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> TRUSTEE | REFERENCE / LOAN #: | | | INTEREST END DATE: | | | ITEM CLASS: | |
| | | LIEN AMOUNT: | | | PHONE (A/C, No, Ext): | | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |

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|--|-------------------------------------|-------------------------------|--|------------------|-----------------------|---------------|------------------|--------------------------------|-----------|
| INTEREST | | NAME AND ADDRESS RANK: | | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY | <input type="checkbox"/> LOSS PAYEE | | | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> CO-OWNER | <input type="checkbox"/> MORTGAGEE | | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER | <input type="checkbox"/> OWNER | | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> REGISTRANT | | | | | | | SCHED #: | ITEM: |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> TRUSTEE | REFERENCE / LOAN #: | | | INTEREST END DATE: | | | ITEM CLASS: | |
| | | LIEN AMOUNT: | | | PHONE (A/C, No, Ext): | | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |

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|--|-------------------------------------|-------------------------------|--|------------------|-----------------------|---------------|------------------|--------------------------------|-----------|
| INTEREST | | NAME AND ADDRESS RANK: | | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED BREACH OF WARRANTY | <input type="checkbox"/> LOSS PAYEE | | | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> CO-OWNER | <input type="checkbox"/> MORTGAGEE | | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR LEASEBACK OWNER | <input type="checkbox"/> OWNER | | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> REGISTRANT | | | | | | | SCHED #: | ITEM: |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> TRUSTEE | REFERENCE / LOAN #: | | | INTEREST END DATE: | | | ITEM CLASS: | |
| | | LIEN AMOUNT: | | | PHONE (A/C, No, Ext): | | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |

| PRIOR CARRIER INFORMATION | |
|---------------------------|--|
|---------------------------|--|

[illegible]

DATE (MM/DD/YYYY)

03/05/2025

| | | | |
|-------------------------|------------------------------|--|-----------|
| AGENCY USI Southwest | | CARRIER | NAIC CODE |
| POLICY NUMBER | EFFECTIVE DATE 06/01/2025 | APPLICANT / FIRST NAMED INSURED City of Thibodaux | |

SUMMARY INFORMATION

[illegible]

COVERAGES / CAUSES OF LOSS

[illegible]

EQUIPMENT STORAGE

[illegible]

GENERAL INFORMATION - EQUIPMENT

AGENCY CUSTOMER ID: CITYTHI

| EXPLAIN ALL "YES" RESPONSES | | Y / N |
|---|--|-------|
| 1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS? | | |
| 2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS? | | |
| 3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE? | | N |
| 4. PROPERTY USED UNDERGROUND? | | N |
| 5. ANY WORK DONE AFLOAT? | | N |

| ADDITIONAL INTEREST | | ACORD 45 Attached | | | | | | | |
|--|------------------|-------------------|-------------|-----------------------|-------------------|--------------|-----------------|-------------------------|-----------------|
| INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE | NAME AND ADDRESS | | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER | |
| | | | | | | | | LOCATION: _____ | BUILDING: _____ |
| | | | | | | | | SCHEDULE NUMBER: _____ | |
| | | | | | | | | ITEM NUMBER: _____ | |
| | | | | | | | | ITEM DESCRIPTION: _____ | |
| REFERENCE / LOAN #: | | | | INTEREST END DATE: | | | | | |
| LIEN AMOUNT: | | | | PHONE (A/C, No, Ext): | | | | | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |
| INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE | NAME AND ADDRESS | | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER | |
| | | | | | | | | LOCATION: _____ | BUILDING: _____ |
| | | | | | | | | SCHEDULE NUMBER: _____ | |
| | | | | | | | | ITEM NUMBER: _____ | |
| | | | | | | | | ITEM DESCRIPTION: _____ | |
| REFERENCE / LOAN #: | | | | INTEREST END DATE: | | | | | |
| LIEN AMOUNT: | | | | PHONE (A/C, No, Ext): | | | | | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |
| INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE | NAME AND ADDRESS | | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER | |
| | | | | | | | | LOCATION: _____ | BUILDING: _____ |
| | | | | | | | | SCHEDULE NUMBER: _____ | |
| | | | | | | | | ITEM NUMBER: _____ | |
| | | | | | | | | ITEM DESCRIPTION: _____ | |
| REFERENCE / LOAN #: | | | | INTEREST END DATE: | | | | | |
| LIEN AMOUNT: | | | | PHONE (A/C, No, Ext): | | | | | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | | |

REMARKS

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SCHEDULED ITEMS

AGENCY CUSTOMER ID: CITYTHI

| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
|--------|--------------|--------------|------------------|-----------------|-------------------|---------------------------|----------------|---------------|--------------|
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
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| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |
| SCH # | DESCRIPTION | EXCL BLKT | ITEM VALUE \$ | VALU- ATION | VALUATION DATE | PURCHASE DATE | OWN / LEASE | NEW / USED | % COINS % |
| ITEM # | MANUFACTURER | MODEL | YEAR | ID # / SERIAL # | CAPACITY | AMOUNT OF INSURANCE \$ | | | |

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| | | |
|-----------------------|--|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) Brandon Ruttle | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



ADDITIONAL REMARKS SCHEDULE

| | | | |
|-------------------------|-----------|------------------------------------|--|
| AGENCY USI Southwest | | NAMED INSURED City of Thibodaux | |
| POLICY NUMBER | | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: 06/01/2025 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 152 FORM TITLE: Commercial Inland Marine Section

***** COVERAGES / CAUSES OF LOSS *****

All Risk form-Direct risks of physical loss excluding flood & earthquake

Rented/Leased Equipment - \$250,000 any one item/ \$500,000 any occurrence
 Deductible: \$2,500

Land Motor Vehicles and Trailers

Waterborn Coverage - \$200,000 Any one item/any one loss
 Deductible: \$2,500

Blanket Loss Payee