

**CITY OF THIBODAUX
 COMPARISON OF 2026 - 2027 INLAND MARINE
 INSURANCE RENEWAL TO 2025- 2026 POLICY
 POLICY YEAR FROM 06/01/26 THRU 06/01/27**

2026 Budget Amount \$ 36,436
 2026 - 2027 Premium \$ 33,241
 Balance \$ (3,195) 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%
 A.M. Best Rating: A+
 Financial Size: XV

<u>COVERAGE</u>	<u>RENEWAL 2026 - 2027 PREMIUM</u>	<u>EXPIRING 2025 - 2026 PREMIUM</u>	<u>PERCENTAGE INCREASE / DECREASE</u>	<u>AMOUNT INCREASE / DECREASE</u>
Inland Marine	\$ 33,241	\$ 30,363	9.5%	\$ 2,878
TIV (Total Insured Value)	\$ 5,164,615	\$ 4,759,645	8.51%	\$ 404,970
	0.00643630	0.00637926	0.89%	0.00005704

Inland Marine covers physical damage to our equipment.

p9-11 of proposal

Property & Casualty Insurance Proposal

City of Thibodaux



Brandon Rutley
Senior Vice President | Partner

Account Manager: Jenna Oubre

Date Prepared: April 20, 2026



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Proposal date: 04/20/2026 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 **Cole Martin**

Direct Number: (985) 274-0019

E-Mail: Cole.martin@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 Guide

Certificates
Add a holder

Links

Club

Tracelink

Collaborate

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: 06/01/2026 to 06/01/2027

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 \$13,769.00

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: 06/01/2026 to 06/01/2027

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: \$3,162,835 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"

Coinsurance: 90%

Conditions: Flood and Earthquake are excluded.

Additional Coverages	
Description	Limit
Newly Acquired or Upgraded Contractors Equipment	\$250,000 and any one item
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 10% 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
Debris Removal	\$75,000
Expediting Expense	\$25,000
Fire Department Service Charge	\$25,000
Inflation Protection	3%

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Loss Data Preparation Costs	\$10,000
Pollutant Clean Up & Removal	\$25,000
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
Equipment Pro 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

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
Coinsurance:	80%

Additional Coverages	
Description	Limit
Newly Acquired or Upgraded Contractors Equipment	Lesser of 10% of any one loss limit of insurance or \$25,000 30 Days to report after you acquire the property
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
Special Floater Declarations Page	CM7730
Special Floater Coverage Form	CM7731
Louisiana Changes	CM8153
Property in the Open	CM8802

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Contractors Equipment	\$19,417.00
Special Floater	\$13,374.00
Broker Fee	<u>\$ 450.00</u>
Total Annual Premium:	\$33,241.00

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Premium Summary

Coverage	Coverage	Expiring Term Premium	Proposed Term Premium
Boiler & Machinery	Liberty Mutual Insurance Company	\$13,547.00	\$13,769.00
Inland Marine	Great American Insurance Company	\$30,363.00	\$33,241.00
TOTAL ESTIMATED ANNUAL PREMIUM		\$43,910.00	\$47,010.00

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.

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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.

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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-2 Insufficient Size and/or Operating Experience
NR-3 Rating Procedure Inapplicable	NR-4 Company Request
NR-5 Not Formally Followed	

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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 310 W. 2nd Street	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		<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

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

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

GENERAL INFORMATION

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				IMP95935613100
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				06/01/2025
	EXPIRATION DATE				06/01/2026

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: CITYTHI

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
	CARRIER				Great American Insurance
	POLICY NUMBER				IMP95935612900
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				07/18/2023
	EXPIRATION DATE				07/18/2024

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: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 Ruttley	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
03/04/2026

AGENCY USI Southwest	CARRIER NAMED INSURED(S) City of Thibodaux	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 06/01/2026	

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 <input checked="" type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					Reeco Rental & Supply, Inc. and its affiliates 1762 Canal Blvd. Thibodaux LA 70301	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST:						E-MAIL ADDRESS:	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
REASON FOR INTEREST:						E-MAIL ADDRESS:	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
REASON FOR INTEREST:						E-MAIL ADDRESS:	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						
REASON FOR INTEREST:						E-MAIL ADDRESS:	

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

SCHEDULED ITEMS

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
	SEE SOV		\$						%
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #		CAPACITY	AMOUNT OF INSURANCE		
1							\$		
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		
							\$		
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		
							\$		

SIGNATURE

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.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

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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: 06/01/2026	

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 *****

- Description: All Risk form-Direct risks of physical loss excluding flood & earthquake
- Description: Rented/Leased Equipment - \$250,000 any one item/ \$500,000 any occurrence
- Description: Land Motor Vehicles and Trailers
- Description: Waterborn Coverge - \$200,000 Any one item/any one loss
- Description: Special Floater covering signs, and water meters