

City of Coral Gables

2801 Salzedo Street
Coral Gables, FL 33134

**London Package, Umbrella, Excess Workers Compensation, Bonds,
Storage Tank, Accident Death and Dismemberment, Sports medical
and liability**

Proposal of Insurance

Presented: March 20 , 2008

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MIAMI, FLORIDA 33166
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WWW.AJG.COM

IMPORTANT: The proposal is an outline of certain of the terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, conditions of the actual policy contract language. The insurance policies themselves must be read for those details. Policy forms for your reference will be made available upon request.



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City of Coral Gables

2008 EXECUTIVE SUMMARY

ABOUT YOUR BROKER – ARTHUR J. GALLAGHER & CO.

- Arthur J. Gallagher & Co. and the City of Coral Gables have a 27 year relationship which has provided the City with a comprehensive and cost effective solution to their Risk Management Program. During this time we have consistently won your business through the City's competitive bid process.
- 3rd largest broker in the United States and the 4th largest in the World
- A public company traded on the New York Stock Exchange
- Over 200 offices throughout the United States and in all major insurance market centers
- Over \$2 billion worth of premiums placed Worldwide
- 8,500 employees worldwide linked together by Gallagher On-line for immediate access to market information and client solutions
- Known nationally as the Public Entity and Scholastic experts
- Number One Florida Surplus Lines Commercial Property Broker.
- Number One Scholastic Broker
- Number One Higher Education Broker
- Number One Public Entity Broker
- Number One Airport Aviation Broker (Almost every major airport in Florida)
- Number One Religious Broker
- Number One Restaurant Broker
- Number One Real Estate and Shopping Center Broker

City of Coral Gables

OUR FLORIDA PUBLIC ENTITY AND SCHOLASTIC POSITION

- Largest broker for Individual/Pooled Self Insured Programs for Public Entities and Schools in the Country
- AJG is known for its commitment to public entity clients from a time in the past when no one was interested in serving the public entity marketplace
- *AJG handles more Florida Public Entity and Scholastic Major Property Schedules than any other broker*
- A long list of well known satisfied clients serve as our best credentials
 - 51 Florida Cities
 - 20 Florida County Governments
 - 62 Florida County School Systems
 - 27 Florida Community Colleges

ISSUES WE'VE WORKED THROUGH TOGETHER IN THE PAST YEAR

- Attended Quarterly claims review meetings with our in-house claims advocate and your Third Party Administrator.
- Provided hands-on consultation alongside the City's attorney and the City Manager on several highly sensitive claims , and worked with City's excess carriers to help them gain an understanding of the City's position on this claim
- Initiated Loss Control Oversight programs having Jim Smith coordinate with Michael Sparber on various top down initiatives – This is an ongoing Process
- Continue working with Risk Management and Legal Staff in the establishment of Best Practices insurance requirements for a wide array of City Contracts

City of Coral Gables

London/Public Entity Package & Excess Liability

MRA (Munich AmRe/Peslic) have proven their commitment to the City of Coral Gables with consecutive renewals where the increases in City exposures exceed the increase in the renewal rate. .

Specific Excess Workers' Compensation:

Your incumbent carrier has again demonstrated its loyalty to the City by offering a renewal rate decrease from .8024 in 2007 to .7057 in 2008 reduction in the policy rate.

The Goal for 2008-2009

- Bring meaningful options to the table for your consideration
- Keep the strength of the insurance program intact
- Continue to provide Gallagher's hands on, proactive suite of brokerage and risk management services

How Does the Market View Your Program?

- The City's Expiring Program is extremely comprehensive & competitive.
- Client loyalty and professionalism result in market trust and commitment.

We are very pleased with the results of this year's market negotiations. Insurers are committed to the City and have confidence in its Risk Management Team. This is clearly demonstrated in the renewal offerings we have secured on your behalf. The City's Risk Management program is effective resulting in control over premium and retention increases despite the City's rapid growth in recent years.

Even in the area of Worker's Compensation where the Presumption Clause, the litigious nature of Florida's Legal Environment and state-wide claims development trends continue to create challenges in the marketplace the City's renewal shows stability.



City of Coral Gables

SERVICE TEAM/SERVICE COMMITMENT

Service Team

- The primary servicing responsibility for your company will be by Maria Vergho. We operate on a team approach. Your team consists of:
 - Maria Vergho – SR. ASSISTANT VICE PRESIDENT
 - Ampy Jimenez – Account Manager
 - Virginia Gomez –Assistant Customer Service Representative
- Our office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m. During other times, your calls will be received by our voice mail system. Your recorded calls will then be returned during business hours.
- The home phone number of your account executive and manager are shown in case of an emergency:

	Asst. V. President	Account Manager	Technical Assistant
Office:	305-592-6080	305-592-6080	305-592-6080
Direct Line:	305-639-3136	786-331-1269	305-639-3125
Fax:	305-716-3293	305-716-3293	305-716-3293
e-mail:	Maria_Vergho@ajg.com	Ampy_Jimenez@ajg.com	Virginia_Gomez@ajg.com



SERVICE COMMITMENT

Account Service

At Arthur J. Gallagher & Co., we strive for long-term relationships. Insurance relationships begin with solid, cost-effective insurance programs, but endure because of excellent service.

We will address the day-to-day needs of your type of organization in a timely manner, and by being proactive regarding your insurance program throughout each insurance term and market cycle. In these ways, we can address your changing insurance needs.

Renewals

At each renewal, we will meet with you to establish a renewal game plan, determining how many markets should be approached, how pricing is in the insurance marketplace, and what specific needs must be addressed. We will then approach markets we feel will present the best alternatives, and present each alternative at renewal as an option, even if we still feel the incumbent program is strongest. We will demonstrate how **we have created competition** within the marketplace to ensure that you receive the best renewal terms.

We make ourselves accountable by working with you to develop a written service schedule that meets your needs. You can track our service by referring to our written service commitment. Service becomes especially important as your **Community** continues to change and prosper.

As a top national broker, we have access to over 150 insurance companies and wholesalers. This maximizes your insurance options in any given policy year or situation. In addition, the relationships we have cultivated with our markets are excellent. Our integrity and influence in the marketplace gives us an edge over other brokers.

These factors are especially important to consider as the insurance needs of your organization become more complex, requiring more sophisticated solutions.

During the policy year, Arthur J. Gallagher & Co. will strive to provide the following service standards.



SERVICE COMMITMENT

Acquisitions

- On request, we will perform an insurance due-diligence review on all prospects and acquisitions.

Profit Center Premium Allocations

- We will provide premium breakdown by entities and/or location schedule.

Automobile Identification Cards

- ID cards will be issued upon binding of coverage.

Phone Calls

- Phone calls will be returned within one working day of receipt.

Certificates of Insurance

- Certificates of Insurance will be issued within 48 hours of working day of receipt.

Quarterly Account Review

- Quarterly account reviews will include review of claims, exposures, audits, and service.

Claims

- Claims will be reported to the company within one working day of receipt, and immediate acknowledgment of receipt will be sent to you.
- We will follow up with the carrier within ten working days after receipt of a claim.
- All claims exceeding incurred reserves of \$10,000 will be discussed in detail at the quarterly account review.
- Monthly claim reports will be provided if requested.



Loss Control

- We will coordinate all loss control activities between you and the carrier. We recommend that service be provided on a quarterly basis.
- We will arrange loss control seminars on topics chosen by you upon request.



City of Coral Gables

NAMED INSURED

City of Coral Gables

Named Insured Any entity not named in this proposal, may not be an insured entity. This may include partnerships and joint ventures.

City of Coral Gables

PROPOSED CARRIER RATINGS AND ADMITTED STATUS

Proposed Carriers	A.M. Best's Ratings	Admitted / Non-Admitted
Hartford Life and Accident Ins. Co.	A+ XV (06/25/07)	Admitted
Lexington Ins. Co.	A+ XV (02/14/08)	Non-Admitted
AIG- National Union Fire Ins. Co.	A+ XV (02/14/08)	Admitted
Hartford Fire Ins. Co.	A+ XV(06/25/07)	Admitted
Commerce and Industry Ins. Co.	A+ XV (02/14/08)	Admitted
Princeton Excess and Surplus	A+ XV(01/30/08)	Non-Admitted
Lloyds of Lo	A+ XV (06/19/07)	Non- Admitted
Arch Ins. Co.	A XV (08/02/07)	Admitted

If the above indicates coverage is placed with a non-admitted carrier, the carrier is doing business in the state as a surplus lines or non-admitted carrier. As such, this carrier is not subject to the same regulations which apply to an admitted carrier nor do they participate in any insurance guarantee fund applicable in that state.

Guide to Best Ratings Rating Levels and Categories

Level	Category	Level	Category	Level	Category
A++, A+	Superior	B, B-	Fair	D	Poor
A, A-	Excellent	C++, C+	Marginal	E	Under Regulatory Supervision
B++, B+	Very Good	C, C-	Weak	F	In Liquidation
				S	Rating Suspended

Financial Size Categories

(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)

FSC I		Up to	1,000	FSC IX	250,000	to	500,000
FSC II	1,000	to	2,000	FSC X	500,000	to	750,000
FSC III	2,000	to	5,000	FSC XI	750,000	to	1,000,000
FSC IV	5,000	to	10,000	FSC XII	1,000,000	to	1,250,000
FSC V	10,000	to	25,000	FSC XIII	1,250,000	to	1,500,000
FSC VI	25,000	to	50,000	FSC XIV	1,500,000	to	2,000,000
FSC VII	50,000	to	100,000	FSC XV	2,000,000	or more	
FSC VIII	100,000	to	250,000				

Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history, and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.

Copies of the Best's Insurance Reports on the insurance companies are available upon your request.

Gallagher companies use A.M. Best & Co.'s rating services to evaluate the financial condition of insurers whose policies we propose to deliver. The rating of the carrier and the year of publication of that rating are indicated. Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.



Important Disclosures

The proposal is an outline of the coverages proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, or conditions of the actual contract language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

The information contained in this proposal is based on the historical loss experience and exposures provided to **ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES, INC.** This proposal is not an actuarial study. Should you wish to have this proposal reviewed by an independent actuary, we will be pleased to provide you with a listing of actuaries for your use.

Compensation Disclosure

One of the core values highlighted in The Gallagher Way states, "We are an Open Society," and our open society extends to the compensation Gallagher receives. For more information on Gallagher's compensation arrangements, please visit www.ajg.com/compensation. In general, Gallagher may be compensated as follows:

1. Gallagher Companies are primarily compensated from the usual and customary commissions or fees received from the brokerage and servicing of policies handled for a client's account. As permitted by law, Gallagher companies occasionally receive both commissions and fees.
2. Gallagher Companies may also receive investment income on fiduciary funds temporarily held by them, such as premiums or return premiums.
3. Gallagher Companies may access other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace. Gallagher Companies may own some of these facilities, in whole or in part. If such a facility was utilized in the placement of a client's account, the facility may have earned and retained customary brokerage commission or fees for its work.
4. In placing, renewing, consulting on or servicing any retail insurance policy, entities acquired by Gallagher companies may continue for three years after the acquisition date to participate in contingent commission agreements in place at the time of acquisition with insurance companies that provide for additional retail contingent compensation if underwriting, profitability, volume and retention goals are achieved.
5. Gallagher assists its customers in procuring premium finance quotes and unless prohibited by law may earn compensation for this value added service.

If you have specific questions about the compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third parties, please send an e-mail to Compensation_Complaints@ajg.com or send a letter to:



City of Coral Gables

AVC Compliance Officer
Arthur J. Gallagher & Co.
Two Pierce Place, Suite 1820
Itasca, IL 60143



CLAIMS REPORTING

REPORT ALL LOSSES IMMEDIATELY for all lines.

JOHNS EASTERN COMPANY, INC. /

JECO EXCESS AGENCY, INC.

877-287-4852 / FAX: 941-527-4034

Terrorism Act Disclaimer

Terrorism Act Proposal Disclaimer

The current TRIA/ TRIPRA program may not cover all terrorism losses. While the most recent legislation eliminated the distinction between foreign and domestic acts of terrorism, a number of lines of coverage excluded under the TRIEA legislation passed in 2005 remain excluded, including commercial automobile, burglary and theft insurance; surety insurance, farmowners multiple perils and professional liability (although directors and officers liability is specifically included) . If such excluded coverages are required, we recommend that you consider purchasing a separate terrorism policy. Please note that a separate terrorism policy for these excluded coverages may be necessary to satisfy loan covenants or other contractual obligations.

Premium Finance Disclaimer:

Premiums for the above policies are due and payable as billed, in full or as insurance company installments. Premiums may be financed, subject to acceptance by an approved finance company. Note: Following acceptance, completion (and signature) of a premium finance agreement with the specified down payment is required.

Coverage Recommendations

Since Gallagher does not handle your complete insurance program, these recommendations only reflect items within our scope of responsibility.



COMMERCIAL ACCOUNTS SUPPLEMENTAL COMMISSION DISCLOSURE

Effective January 1, 2005, Arthur J. Gallagher & Co., and its subsidiaries operating as insurance agents/brokers under the corporate holding company known as Arthur J. Gallagher Brokerage & Risk Management Services, LLC, **voluntarily discontinued** participating in "Contingent Income Agreements" which are routinely offered by insurance companies to agents and brokers.

Because Gallagher's retail operations have chosen to no longer accept contingent commissions, some insurance markets have modified their commission schedule with Gallagher, resulting in an increase in some commission rates. The additional commissions are known at the effective date of the policy, but some insurance companies are paying the commission increase apart and later from when the commission is normally paid at policy issuance.

Any such supplemental commission payments are determined **without** regard to any performance factors which are contingent on future growth, retention, profitability, etc.

The additional commission ranges from less than 1% up to 5% of written or earned premium on eligible lines of business, not all lines of business qualify, and supplemental commission is not paid on policies written net of commission (zero commission.) The following markets may pay Gallagher additional commission in the manner described above:

- CNA Companies
- Chubb Companies
- Hartford Companies
- Safeco Companies
- Travelers Companies

NOTE: Upon request, your Gallagher representative can provide more specific information as it relates to this proposal.

Enhanced Commissions – Unintentional Error Disclaimer

Some carriers pay Gallagher additional commissions in addition to the policy commission and additional commissions are not contingent upon performance factors such as growth or profit. For new acquisitions and Gallagher wholesale placements, Gallagher may receive contingent commissions in lieu of additional commissions. These additional or contingent commissions may range from less than 1% up to 5% of the policy premium. Gallagher has made every attempt to correctly disclose the actual commission or dollars we will receive as compensation. Any errors are unintentional, and we will notify you of any material corrections within a reasonable time following discovery.



CHANGES AND DEVELOPMENTS

It is important that we be advised of any changes in your operations that may have a bearing on the validity and/or adequacy of your insurance. The types of changes that concern us include, but are not limited to, those listed below:

1. Changes in any operation such as expansion to another state, new products.
2. Mergers and/or acquisition of new companies.
3. Any newly assumed contractual liability, granting of indemnities, or hold harmless agreements.
4. Circumstances which may require an increased liability insurance limits.
5. Any changes in fire or theft protection, such as the installation of or disconnection of sprinkler systems, burglar alarms, etc. This includes any alterations to same.
6. Immediate advice of any changes to scheduled equipment such as contractors' equipment, electronic data processing, etc.
7. Property, of yours that is in transit, unless we have previously arranged for the insurance.
8. Any changes in existing premises including vacancy, whether temporary or permanent, alterations, demolition, etc. Also, any new premises either purchased, constructed, or occupied.

Your insurance program will only be as good as the communications maintained between you and your insurance broker.

List any Changes & Developments in your Operations _____

☐ No Changes and/or Developments

Signature: _____

Title: _____

Date: _____



FEE AGREEMENT

The Fee agreement has been EXTENDED to include policy term effective 5/1/08 – 5/1/09

The following policies fall under our fee agreement:

- Public Entity Package
- Umbrella
- Excess Workers Compensation

The following coverage's are on COMMISSION:

- Storage Tank
- Student Accident
- Sports Liability
- Sports Medical
- Crime
- Public Employee Bond

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

City of Coral Gables

Premium Summary

Coverages	2003	2004	2005	2006	2007	2008
Public Entity Package	\$850,160	\$771,507	\$653,500	\$694,800	\$732,122	\$732,250 \$725,000 BRIT
Umbrella/Excess Liability	Included	\$42,490	\$92,000	\$98,610	\$101,750	\$105,890 \$110,000 BRIT
Excess Workers Compensation	\$235,000	\$303,771	\$377,500	\$377,500	\$475,173	\$386,775
Storage Tank	\$0	\$877	\$1,416	\$675	\$1,240	\$1,533
Sports Medical	\$12,375	\$5,215	\$5,759	\$5,110	\$6,216	\$10,761
Sports Liability	\$10,097	\$5,033	\$6,193	\$6,358	\$4,707	\$8,889
Bond- Finance Directors	\$1,500	\$1,500	\$1,500	\$1,500	\$2,068	\$1,768
Bond- AD & D- 530	\$512	\$512	\$512	\$512	\$596 (4/1/07-5/1/08)	\$523 (3yr Annual install.)
Bond – AD&D Police and Fireman- 504	\$7,796	\$11,960	\$11,960	\$11,960	\$5,477 (11/1/07-5/1/08)	\$13,996 (3yr Annual install.)
Subtotal	\$1,228,440	\$1,142,865	\$1,150,340	\$1,197,025	\$1,329,349	\$1,262,385 Using MRA
Risk Management Service Fee	\$135,000	\$135,000	\$135,000	\$135,000	\$135,000	\$135,000
Grand Total	\$1,363,440	\$1,277,865	\$1,285,340	\$1,332,025	\$1,464,349	\$1,397,385 Using MRA

Total using BRIT \$1,394,245

Gallagher is responsible for the placement of the following above listed coverage ONLY.

It is understood that any other type of exposure/coverage is either self-insured or placed by another brokerage firm other than Gallagher. If you need help in placing other lines of coverage or covering other types of exposures, please contact your Gallagher representative.

Notes and Highlights:

1. Premiums for the above policies are due and payable as billed, in full or as insurance company installments. Premiums may be financed, subject to acceptance by an approved finance company.

Note: Following acceptance, completion (and signature) of a premium finance agreement with the specified down payment is required.

2. Quote is valid until 5/1/08

Arthur J. Gallagher Risk Management Services Inc. has made every attempt to identify and bill all State of Florida taxes and assessments. Given the recent market events, we are not able to warranty the complete accuracy of these billings until the policies are issued. Additional billings to comply with recent legislature may apply.

City of Coral Gables

2008 – 2009

PESLIC/MRA

Liability

Princeton Excess & Surplus
EXCESS LIABILITY
\$1,000,000 xs \$1,000,000
\$2,000,000 GL Aggregate
\$1,000,000 EO/EPL Aggregate

Princeton Excess & Surplus
THIRD PARTY LIABILITY
\$650,000
Per Occurrence
Excess of SIR

(\$650,000 Aggregate for
Sexual Misconduct/Sexual
Harassment) - \$1,300,000
E&O/EBL Aggregate Limits
Part of limit and not addition
To for E&O/EPL/SA/SH

SIR
Per Occurrence
\$350,000

Worker's Comp.

WORKERS' COMPENSATION

Statutory Excess of
\$1,000,000
**EMPLOYERS'
LIABILITY**
\$1,000,000
Occurrence including
overlying \$1,000,000
Jones Act
\$1,000,000 sublimit
per occurrence

**Princeton Excess &
Surplus Ins Co.**
\$500,000 Per
Occurrence
Excess of SIR

SIR
Per Occurrence
\$500,000

ARCH
\$1,000,000 SIR
PREMIUM:\$386,775

PESLIC Package \$732,250
Excess Liability \$105,890

No xs Aggregate over
Internal Loss Fund



City of Coral Gables

2008 – 2009 Quote

BRIT – PACKAGE OPTION

Worker's Comp.

London Package \$725,000
Excess Liability \$110,000

No xs Aggregate over
Internal Loss Fund

Lloyds of London
EXCESS LIABILITY
\$1,000,000 xs \$1,000,000
\$2,000,000 GL Aggregate
\$1,000,000 EO/EPL Aggregate

Lloyds of London
THIRD PARTY LIABILITY
\$650,000
Per Occurrence
Excess of SIR

(\$650,000 Aggregate for
Sexual Misconduct/Sexual
Harassment) - \$1,300,000
E&O/EBL Aggregate Limits
Part of limit and not addition
To for E&O/EPL/SA/SH

SIR
Per Occurrence
\$350,000

Statutory Excess of
\$1,000,000
EMPLOYERS'
LIABILITY
\$1,000,000

Occurrence including
overlying \$1,000,000
Jones Act
\$1,000,000 sublimit
per occurrence

**Princeton Excess &
Surplus Ins Co.**
\$500,000 Per
Occurrence
Excess of SIR

SIR
Per Occurrence
\$500,000

ARCH
\$1,000,000 SIR
PREMIUM:\$386,775



City of Coral Gables

PACKAGE

Policy Period:	May 1, 2008 to May 1, 2009				
Company:	Princeton Excess and Surplus Lines. Insurance Company (MRA)				
Admitted/Non-Admitted:	Non Admitted				
Limits and Retentions:					
BUSINESS COVERED / SUB-LINES	SPECIFIC LIMIT	ANNUAL AGG LIMIT	UNDERLYING RETENTION	COVERAGE TRIGGER	RETROACTIVE DATE
General Liability	\$650,000	\$0	\$350,000	Per Occ	
Law Enforcement Liab	\$650,000	\$0	\$350,000	Per Occ	
Subline is part of, an not in addition to , the Section II Excess Limit of Insurance					
Errors and Omission	\$650,000	\$1,300,000	\$350,000	Per Clm	02/13/1981
Sexual Abuse	\$650,000	\$650,000	\$350,000	Per Clm	03/01/1999
Sexual Harassment	\$650,000	\$650,000	\$350,000	Per Clm	03/01/1994
Employment Prac Liab	\$650,000	\$1,300,000	\$350,000	Per Clm	02/13/1981
Sublines are part of, an not in addition to, the Section IV Excess Limit of Insurance.					
Employee Benefits Liab.	\$650,000	\$1,300,000	\$350,000	Per Clm	03/01/1998
Workers Compensation					
Employers Liability	\$500,000	\$0	\$500,000	Per Occ	
Subline is part of, an not in addition to , the Section V Excess Limit of Insurance					
Auto Liability	\$650,000	\$0	\$350,000	Per Occ	
Auto NoFault	\$10,000	\$0	\$0	Per Occ	
Sublimit is part of, and not in addition to, the Section III Excess Limit of Insurance.					
Terms:					
Defense Cost:	<ul style="list-style-type: none"> • COMBINED SINGLE LIMIT OR SEPARATE LIMIT: SEPARATE LIMIT • TREATMENT OF ALAE AS RESPECTS INSURER'S SPECIFIC LIMIT: WITHIN LIMIT • TREATMENT OF ALAE AS RESPECTS UNDERLYING LIMIT/RETENTION: WITHIN LIMIT • Non Monetary damages- defense cost Limit: \$50,000 excess of \$350,000 Self Insured Retention each claim. The limit is art of and not in addition to the Public Officials Errors and Omissions Excess Limit of Insurance. Losses for such legal defense costs do not apply to the Loss Fund. 				
Multiple Lines Loss:	\$4,500,000 EXCESS \$500,000 (Clash coverage),				
Claims information:	Attached				



City of Coral Gables

Coverage Extensions and Exclusions:

- **Excludes** All Property
- Watercraft Liability endorsement
- Discrimination and Violation of Civil Rights Retroactive **Exclusion**
- Mold and Fungus **Exclusion**
- Limited Longshoremen's and Harbor WC Act Endorsement
- Prior Policy Basic Extended Reporting Period **Exclusion**
- Crime **Excluded**
- EXCESS Loss fund Protection Limit- **Excluded**
- Terrorism **Exclusion**
- Uninsured Motorist **Excluded**- unless specifically request to add.
- **Punitive Damages are not included**

CANCELLATION:

In the event of non-payment of premium by the ASSURED, the Company will give ten (10) days notice of cancellation in writing to the ASSURED and all coverage will terminate ten (10) days after the mailing of such notice. If the Company cancels, the earned premium is calculated pro rata, and the ASSURED is responsible for the full annual amount of the Loss Fund as stipulated in PART II EXCESS LOSS FUND PROTECTION.

The Company may elect to non-renew or cancel this policy at the anniversary or expiration date, upon written notice to the ASSURED, provided said notice is issued at least ninety (90) days prior to the anniversary or expiration date.

If the period of limitation relating to the giving of notice is prohibited or made void by any law, such period is amended to provide the minimum period of limitation permitted by such law.

The ASSURED shown on the Declarations Page may cancel this policy by giving thirty (30) days notice of cancellation in writing. If the ASSURED cancels, the earned premium is calculated in accordance with the short rate table and procedure, and the ASSURED is responsible for the full annual amount of the Loss Fund as stipulated in PART II EXCESS LOSS FUND PROTECTION



City of Coral Gables

NEW TERMS

Required Loss Reporting provisions as respects to workers compensation are as follows:

1. All losses reserved at 25% or more of the applicable self insured retention;

Catastrophe losses (Paraplegia, Quadreplegia, Severe burns, Fatalities, Significant Brain Injury, Amputation of Major Extremity) or any back injury where surgery is recommended by treating physician.

Subjectivities

1. All Terrorism Disclosure Notice(s) must be signed and returned to account underwriter within 30 days of binder issuance.
2. Standard UM/UIM Rejection/Acceptance forms required PRIOR TO BINDING without exception
3. As respects to 15 seat passenger vans, please provide insured's policies and procedures as respects to this exposure **within 15 days of this binder**. If insured does not have existing policies and procedures, MRAM Loss Control Specialist will provide a recommended policy and procedure within 30 days of binding. The insured will have 60 days from receipt to implement similar or like kind policies and procedures.
4. The quotation represents the Company's proposed terms and conditions, which may not include all of the requested terms and conditions.
5. Sexual Abuse Supplemental Application needs to be completed. The following question needs to be answered:
6. " Are you aware of any circumstances that may result in a sexual abuse claim ? If Yes, please explain.
7. Non – compliance with subjectivities may result in changes in coverage offered or quoted premium.

PREMIUM: (100% fully earned)

Exempt from Taxes and Fees

As presented above

Premium \$765,500

TRIPRA \$21,100

Option 1

WC - \$ 350,000 xs \$ 650,000

MLLP - \$ 4,350,000

Premium : \$ 567,475

TRIPRA - \$ 15,600.

Option 2

WC - \$ 250,000 xs \$ 750,000

MLLP - \$ 4,250,000

Premium : \$ 489,650.

TRIPRA - \$ 13,470



City of Coral Gables

NEW CARRIER OPTION

PACKAGE

Policy Period:	May 1, 2008 to May 1, 2009				
Company:	Princeton Excess and Surplus Lines. Insurance Company				
Admitted/Non-Admitted:	Non Admitted				
Limits and Retentions:					
BUSINESS COVERED / SUB-LINES	SPECIFIC LIMIT	ANNUAL AGG LIMIT	UNDERLYING RETENTION	COVERAGE TRIGGER	RETROACTIVE DATE
General Liability	\$650,000	\$0	\$350,000	Per Occ	
Law Enforcement Liab	\$650,000	\$0	\$350,000	Per Occ	
Subline is part of, an not in addition to , the Section II Excess Limit of Insurance					
Errors and Omission	\$650,000	\$1,300,000	\$350,000	Per Clm	02/13/1981
Sexual Abuse	\$650,000	\$650,000	\$350,000	Per Clm	03/01/1999
Sexual Harassment	\$650,000	\$650,000	\$350,000	Per Clm	03/01/1994
Employment Prac Liab	\$650,000	\$1,300,000	\$350,000	Per Clm	02/13/1981
Sublines are part of, an not in addition to, the Section IV Excess Limit of Insurance.					
Employee Benefits Liab.	\$650,000	\$1,300,000	\$350,000	Per Clm	03/01/1998
Workers Compensation	\$500,000	\$0	\$500,000	Per Occ	
Employers Liability	\$500,000	\$0	\$500,000	Per Occ	
Subline is part of, an not in addition to , the Section V Excess Limit of Insurance					
Auto Liability	\$650,000	\$0	\$350,000	Per Occ	
Auto NoFault	\$10,000	\$0	\$0	Per Occ	
Sublimit is part of, and not in addition to, the Section III Excess Limit of Insurance.					
Terms:	<ul style="list-style-type: none"> • COMBINED SINGLE LIMIT OR SEPARATE LIMIT: SEPARATE LIMIT • TREATMENT OF ALAE AS RESPECTS INSURER'S SPECIFIC LIMIT: WITHIN LIMIT • TREATMENT OF ALAE AS RESPECTS UNDERLYING LIMIT/RETENTION: WITHIN LIMIT • Non Monetary damages- defense cost Limit: \$50,000 excess of \$350,000 Self Insured Retention each claim. The limit is art of and not in addition to the Public Officials Errors and Omissions Excess Limit of Insurance. Losses for such legal defense costs do not apply to the Loss Fund. 				
Defense Cost:					
Multiple Lines Loss:	\$4,500,000 EXCESS \$500,000 (Clash coverage)				
Claims information:	Attached				



City of Coral Gables

Coverage Extensions and Exclusions:

- **Excludes** All Property
- Watercraft Liability endorsement
- Discrimination and Violation of Civil Rights Retroactive **Exclusion**
- Mold and Fungus **Exclusion**
- Limited Longshoremen's and Harbor WC Act Endorsement
- Prior Policy Basic Extended Reporting Period **Exclusion**
- Crime **Excluded**
- EXCESS Loss fund Protection Limit- **Excluded**
- Terrorism **Exclusion**
- Uninsured Motorist **Excluded**- unless specifically request to add.
- **Punitive Damages are not included**

- **Workers Compensation is NOT Auditable**

CANCELLATION:

In the event of non-payment of premium by the ASSURED, the Company will give ten (10) days notice of cancellation in writing to the ASSURED and all coverage will terminate ten (10) days after the mailing of such notice. If the Company cancels, the earned premium is calculated pro rata, and the ASSURED is responsible for the full annual amount of the Loss Fund as stipulated in PART II EXCESS LOSS FUND PROTECTION.

The Company may elect to non-renew or cancel this policy at the anniversary or expiration date, upon written notice to the ASSURED, provided said notice is issued at least ninety (90) days prior to the anniversary or expiration date.

If the period of limitation relating to the giving of notice is prohibited or made void by any law, such period is amended to provide the minimum period of limitation permitted by such law.

The ASSURED shown on the Declarations Page may cancel this policy by giving thirty (30) days notice of cancellation in writing. If the ASSURED cancels, the earned premium is calculated in accordance with the short rate table and procedure, and the ASSURED is responsible for the full annual amount of the Loss Fund as stipulated in PART II EXCESS LOSS FUND PROTECTION

Premium:

\$725,000 Exempt from taxes and fees

TRIA:

\$36,250

Premium is 35% minimum earned



CLAIMS MADE INFORMATION:

A. BASIC EXTENDED REPORTING PERIOD:

A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the **PERIOD OF INSURANCE**, and lasts for sixty (60) days.

If, however, this policy and this Coverage Section is immediately succeeded by similar Claims Made insurance coverage, with any insurer, on which the Retroactive Date is the same as or earlier than the Retroactive Date shown in the applicable Coverage Section of **PART I A. SCHEDULE OF SPECIFIC EXCESS LIMITS OF INSURANCE** of this policy, the succeeding policy shall be deemed to be a renewal of this policy, and the **ASSURED** shall have no right to an Extended Reporting Period from the Company.

The Basic Extended Reporting Period does not apply to **CLAIMS** that are covered under any subsequent insurance applicable to this Coverage Section which the **ASSURED** purchases, or that would have been covered but for exhaustion of the amount of insurance applicable to such **CLAIMS**.

B. SUPPLEMENTAL EXTENDED REPORTING PERIOD:

The Company will provide an Extended Reporting Period, as described below, if:

- (a) This policy or this Coverage Section of this policy is canceled or non-renewed; or
- (b) The Company renews or replaces this policy, or this Coverage Section of this policy, with insurance that does not apply to a **WRONGFUL ACT** on a Claims Made basis.

A Supplemental Extended Reporting Period of one year duration is available but only by endorsement to this policy and for an additional premium not to exceed 100% of the annual premium for this Coverage Section. This supplemental period starts when the Basic Extended Reporting Period ends.

The **ASSURED** must give the Company a written request for the endorsement within thirty (30) days after the end of the **PERIOD OF INSURANCE**. The Supplemental Extended Reporting Period will not go into effect unless the **ASSURED** pays the additional premium within thirty (30) days. This endorsement will set forth the terms consistent with the Coverage Section.

The Company shall determine the additional premium in accordance with its applicable rules, rates and underwriting practices. Coverage for **CLAIMS** received during such Supplemental Extended Reporting Period is excess over any other valid and collectible insurance available under any other policies.

Extended Reporting Periods do not reinstate or increase the applicable **SELF INSURED RETENTION**, the Loss Fund, the applicable **EXCESS LIMIT OF INSURANCE**, or the **EXCESS LOSS FUND PROTECTION**.

Extended Reporting Periods do not extend the **PERIOD OF INSURANCE** or change the scope of coverage provided within this Coverage Section. They apply to **CLAIMS** arising out of a **WRONGFUL ACT** that take place before the end of the period that this policy and this Coverage Section are in force. Once in effect, Extended Reporting Periods may not be canceled.

DEFINITION OF A CLAIM:

DEFINITIONS

CLAIM: For the purposes of this endorsement only, **CLAIM** means all notices or **SUITS** demanding payment of money based on, or arising out of the same **SEXUAL HARASSMENT** or series of **SEXUAL HARASSMENTS** by one or more employees or volunteer workers.

CLAIM means all notices or **SUITS** demanding payment of money based on, or arising out of the same **WRONGFUL ACT** or a series of related **WRONGFUL ACTS** by one or more **ASSURED**S.

However, as respects to **EMPLOYMENT PRACTICE VIOLATION**, **CLAIM** means: all notices or suits demanding payment of money, or charges filed with the Equal Employment Opportunity Commission or comparable State agency based on, or arising out of the same **WRONGFUL ACT** or a series of related **WRONGFUL ACTS** by one or more **ASSURED**S.



CLAIMS MADE INFORMATION:

This insurance is subject to the same terms, conditions, agreements, exclusions and definitions as the **Underlying Insurance** except as otherwise provided in this Policy. However, in no event will this insurance apply unless the **Underlying Insurance** applies but for the exhaustion of its applicable Limit of Insurance.

If **Underlying Insurance** provides coverage on a **Claims Made** basis, then this Policy provides such coverage on a **Claims Made** basis and we will provide a Basic Extended Reporting Period and/or a Supplemental Extended Reporting Period, to the same extent they are provided in the **Underlying Insurance**.

If **Underlying Insurance** provides coverage on an occurrence reported basis, then this policy provides such coverage on an occurrence reported basis and we will provide a Discovery Period, to the same extent it is provided in the **Underlying Insurance**.



City of Coral Gables

UMBRELLA LIABILITY/EXCESS LIABILITY

Policy Period:	May 1 st , 2008 – May 1 st , 2009
Company:	Princeton Excess and Surplus
Admitted/Non-Admitted:	Non Admitted
Limits and Retention:	

BUSINESS COVERED / SUB-LIMITS	SPECIFIC LIMIT	ANNUAL AGG LIMIT	UNDERLYING RETENTION	COVERAGE TRIGGER	RETROACTIVE DATE
GL	\$1,000,000	\$2,000,000	\$1,000,000	OCCURRE	
LEL	\$1,000,000	\$2,000,000	\$1,000,000	OCCURRE	
Subline is part of, and not in addition to, the Specific Limit.					
EBL	\$1,000,000	\$1,000,000	\$1,000,000	CLM MDE	03/01/1998
AL	\$1,000,000	\$0	\$1,000,000	OCCURRE	
FO	\$1,000,000	\$1,000,000	\$1,000,000	CLM MDE	02/13/1981
EPL	\$1,000,000	\$1,000,000	\$1,000,000	CLM MDE	02/13/1981
Subline is part of, and not in addition to, the Specific Limit.					

Terms and Conditions:

COMBINED SINGLE LIMIT OR SEPARATE LIMIT: **COMBINED SINGLE LIMIT**
TREATMENT OF ALAE AS RESPECTS INSURER'S SPECIFIC LIMIT: **WITHIN LIMIT**
TREATMENT OF ALAE AS RESPECTS UNDERLYING LIMIT/RETENTION: **WITHIN LIMIT**
CLAIMS, RETRO AND REPORTING INFORMATION: SEE ATTACHED POLICY SAMPLE

ENDORSEMENTS AND EXCLUSIONS:

- EXCLUDES ALL PROPERTY
- WATERCRAFT LIABILITY ENDORSEMENT
- DISCRIMINATION AND VIOLATION OF CIVIL RIGHTS RETROACTIVE EXCLUSION
- MOLD AND FUNGUS EXCLUSION
- LIMITED LONGSHOREMEN'S AND HARBOR WC ACT ENDORSEMENT
- PRIOR POLICY BASIC EXTENDED REPORTING PERIOD EXCLUSION
- CRIME EXCLUDED • EXCESS LOSS FUND PROTECTION LIMIT- EXCLUDED
- TERRORISM EXCLUSION
- UNINSURED MOTORIST EXCLUDED- UNLESS SPECIFICALLY REQUEST TO ADD.
- PUNITIVE DAMAGES ARE NOT INCLUDED
- DEFENSE ARE INSIDE THE LIMIT
- 90 Days cancellation



City of Coral Gables

Subjectivities

Standard UM/UIM Rejection/Acceptance forms required PRIOR TO BINDING without exception.

All Terrorism Disclosure Notice(s) must be signed and returned to account underwriter within 30 days of binder issuance.

Non-compliance with subjectivities may result in changes in coverage offered or quoted premium.

COMMISSION: Producer: Zero

AJG (UK): 6.72% plus 1.50 % Gallagher Market Commission. So 8.22% total.

PREMIUM:

\$ 105,890

(TRIPRA) Coverage is **\$ 2,915** additional

Exempt from surplus lines taxes apply



City of Coral Gables

Excess Workers Compensation

Policy Period:	May 1, 2008 to May 1, 2009
Company:	Arch Insurance Company
Admitted/Non-Admitted:	Admitted
Limits:	
<p>YOUR RETAINED LIMIT:</p> <p>A. Part One - Excess Workers Compensation Insurance</p> <p> Your Retained Limit - Each Accident: \$1,000,000</p> <p> Your Retained Limit - Disease, Each Employee: \$1,000,000</p> <p>B. Part Two - Excess Employers Liability Insurance</p> <p> Your Retained Limit - Each Accident: \$1,000,000</p> <p> Your Retained Limit - Disease, Each Employee: \$1,000,000</p> <p>OUR LIMIT OF LIABILITY:</p> <p>A. Part One - Excess Workers Compensation Insurance</p> <p> Our Limit of Liability - Each Accident: Statutory</p> <p> Our Limit of Liability - Disease, Each Employee: Statutory</p> <p>B. Part Two - Excess Employers Liability Insurance</p> <p> Our Limit of Liability - Each Accident: \$1,000,000</p> <p> Our Limit of Liability - Disease, Each Employee: \$1,000,000</p> <p>C. Part One and Part Two</p> <p> Our Limits of Liability - Aggregate: Not Applicable</p>	
States Covered:	FL only
Exposure Basis:	Payroll \$54,839,362 PAYROLL IS AUDITABLE
	RATE .7057 per \$100 of payroll
Coverage Extensions :	<ul style="list-style-type: none"> Workers' Compensation Volunteer Coverage Endorsement Employers' Liability Aggregate Endorsement Jones Act Coverage Endorsement Long shore & Harbor Workers' Act Coverage Endorsement Combined retained limit Endorsement Excess Voluntary Compensation and Employers Liability Coverage Endorsement
Exclusions:	<ul style="list-style-type: none"> Defense Cost outside of limit Bodily Injury to an employee while employed in violation of law Bodily Injury Intentionally Caused by Insured Federal Employers' Liability Act Punitive Damages are excluded



City of Coral Gables

Detail Exposures:

Description	Class Code	Payroll	Rate	Manual Premium
Sign Manufacturing	5192	360,171	5.74	\$20,674
Street or Road Paving	5506	1,309,427	12.96	\$169,702
Street or Road Beau & D	5509	1,682,878	11.23	\$188,987
Sewage	7580	181,785	4.4	\$7,999
Radio/TV Station	7610	220,297	0.98	\$2,159
EMT & Firefighters	7704	12,691,338	7.28	\$923,929
Police & Drivers	7720	14,225,013	5.08	\$722,631
Auto Service & Repair	8380	1,120,678	5.66	\$63,430
Automobile Body Repair	8393	238,682	5.46	\$13,032
Sales/Collections/Messenger	8742	45,526	1	\$455
Auditor/Accountants	8803	503,585	0.25	\$1,259
Clerical	8810	11,887,965	0.58	\$68,950
Attorneys & Staff	8820	316,178	0.42	\$1,328
Extermination	9014	41,687	7.76	\$3,235
Buildings NOC	9015	574,198	7.7	\$44,213
Parks & Recreation (Amuse Park)	9016	56,016	5.58	\$3,126
Parks & Recreation (Club Golf/Country/Etc)	9060	108,535	3.6	\$3,907
Parks & Recreation (Park NOC)	9102	1,144,574	6.76	\$77,373
Garbage Collection	9403	2,694,248	17.22	\$463,949
Municipal Employees	9410	5,436,582	9.23	\$501,797
	Total Payroll	\$54,839,362		
	Manual Premium with out credits and debits			\$3,282,135
Cancellation, Nonrenewal, or Material Modification:		90 days written notice for nonrenewal and cancellation		
Premium:		\$386,775 (Terrorism Premium \$11,603 is included)		
		Minimum and Deposit		



City of Coral Gables

STORAGE TANK

OPTION BOUND

Policy Period:	May 1, 2008 to May 1, 2009
Company:	Commerce and Industry Insurance Company
Admitted/Non-Admitted:	Admitted

LIMITS:

General Aggregate:	4,000,000
Each Incident:	1,000,000
Deductible:	\$10,000
Locations:	

Site#	Facility Name	Facility Address
1	CORAL GABLES CITY-AUTOMOTIVE DEPT.	2800 SW 72ND AVE CORAL GABLES, FL 33155
2	CORAL GABLES CITY-FIRE DEPT #2	525 S DIXIE HWY CORAL GABLES, FL 33134
3	CORAL GABLES CITY CENTRAL FIRE & PO	2801-2815 SALZEDO ST CORAL GABLES, FL 33134

Retroactive Date:

Site #	Tank #	UST/AST	Install Date	Capacity (Gallons)	Tank Construction	Retro Date
1	1	AST	01/2000	12,000	S.	10/14/2004
1	2	AST	01/2000	10,000	S.	10/14/2004
1	3	AST	01/2000	1,000	S.	10/14/2004
2	1	UST	01/2000	8,000	DWSM.	10/14/2004
2	2	UST	01/2000	8,000	DWSM.	10/14/2004
3	1	UST	01/1998	10,000	DWSM.	10/14/2004

CLAIMS MADE INFORMATION:	Attached
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City of Coral Gables

Coverage Extensions, Exclusions and Endorsements:	<ul style="list-style-type: none">• Defense Cost Inside Limit• 90 days cancellations• Coverage territories US• Ast/ Ust Dedicated Limits Endorsements• Terrorism Exclusion unless other wise stated
Minimum Premium:	If a policy is cancelled, there is no minimum premium earned/kept. The policies would be cancelled & short rated 10%.
OPTION 1: (\$1 Million/ \$2 Million) Terrorism: TOTAL PREMIUM:	\$1,240.00 \$ 38.00 State Surcharges- FHCF Emergency Assessment \$ 11.00 \$1,289.00
OPPremiuP Premium: Terrorism: TOTAL PREMIUM:	\$1,488.00 \$ 45.00 State Surcharges- FHCF Emergency Assessment \$ 13.00 \$1,546.00



CLAIMS MADE INFORMATION:

Claim means a written demand received by an **Insured** seeking a remedy and alleging liability or responsibility on the part of the **Insured** for **Loss**.

NOTICE REQUIREMENTS AND CLAIM PROVISIONS

The **Insured** shall provide the Company with notice of **Confirmed Release**, **Claim** and **Pollution Conditions**, as follows:

1. In the event of a **Confirmed Release**, **Claim** or **Pollution Condition**, the **Insured** shall give written notice to:

Manager, Pollution Insurance Products Unit
AIG Technical Services, Inc.
Environmental Claims Department
101 Hudson St. - 31st Floor
Jersey City, NJ 07302
Fax: (201) 631-5051

or other address(es) as substituted by the Company in writing.

If you have questions about your insurance policy, or questions about claims relating to your insurance policy, please contact your insurer at the following:

American International Companies®
70 Pine Street
New York, NY 10270
(212) 770-7000



City of Coral Gables

The Optional **Extended Reporting Period** is available to the **Named Insured** for not more than 100% of the policy premium of this Policy.

A. Automatic Extended Reporting Period

Provided that the **Named Insured** has not purchased any other insurance to replace this insurance and which applies to a **Claim** or a **Confirmed Release** otherwise covered hereunder, the **Named Insured** shall have the right to the following: a period of six (6) months following the effective date of such termination of coverage in which to provide written notice to the Company of a **Claim** first made during the **Policy Period** or Automatic **Extended Reporting Period** and first reported within the Automatic **Extended Reporting Period**, or **Confirmed Release** first reported within the Automatic **Extended Reporting Period**.

A **Claim** first made during the **Policy Period** or Automatic **Extended Reporting Period** and first reported within the Automatic **Extended Reporting Period**, or **Confirmed Release** first reported within the Automatic **Extended Reporting Period** will be deemed to have been made on the last day of the **Policy Period**, provided that the **Claim** or **Confirmed Release** arises from **Pollution Conditions** that commenced before the end of the **Policy Period** and is otherwise covered by this Policy. No part of the Automatic **Extended Reporting Period** shall apply if the Optional **Extended Reporting Period** is purchased.

B. Optional Extended Reporting Period

The **Named Insured** shall be entitled to purchase an Optional **Extended Reporting Period** upon termination of coverage as defined herein (except in the event of nonpayment of premium), as follows:

1. A **Claim** first made during the **Policy Period** or during the Optional **Extended Reporting Period** and first reported during the Optional **Extended Reporting Period**, or a **Confirmed Release** first reported within the Optional **Extended Reporting Period**, if purchased in accordance with the provisions contained in Paragraph 2. below, will be deemed to have been made on the last day of the **Policy Period**, provided that the **Claim** or **Confirmed Release** arises from **Pollution Conditions** that commenced before the end of the **Policy Period** and is otherwise covered by this Policy.
2. The Company shall issue an endorsement providing an Optional **Extended Reporting Period** of up to forty (40) months from termination of coverage hereunder for all **Storage Tank Systems**, or for a **Storage Tank System** located at a specific facility, provided that the **Named Insured**:
 - (a) makes a written request for such endorsement which the Company receives within sixty (60) days after termination of coverage as defined herein; and
 - (b) pays when due an amount equal to the premium for the Optional **Extended Reporting Period** plus any premium for the **Policy Period** which is owed and has not yet been paid. If these premiums are paid when due, the **Extended Reporting Period** may not be cancelled, provided that all other terms and conditions of the Policy are met.



City of Coral Gables

BONDS

DIRECT RENEWAL - ETB 101530

Policy Period:	May 1, 2008- May 1, 2009
Company:	Hartford Life and Accident Ins. Co.
Admitted/Non-Admitted:	Admitted

BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit
Loss Period: 365 days

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1	C-12	ADD	\$250,000.00

Accidental Death and Dismemberment Reduction on and after Age 70: On the date of the Insured Person's attainment of ages 70, 75, 80, and 85, the Insured Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Insured Person by the percentage shown below for his or her attained age:

<u>Insured Person's Age:</u>	<u>Percentage of Principal Sum</u>
Age 70 - 74	65%
Age 75 - 79	45%
Age 80 - 84	30%
Age 85 or over	15%

Insured Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

AGGREGATE LIMITATION:

<u>Hazard</u>	<u>Aggregate Amount</u>
C-12	\$1,250,000.00

\$1,250,000.00 shall be the total limit of the Company's liability for all benefits payable under this policy because of injury sustained due to any one accident.



City of Coral Gables

ELIGIBLE PERSONS:

<u>Class</u>	<u>Description</u>
1	The following named positions of the Policyholder: Mayor City Commissioner City Manager City Attorney City Clerk Assistant City Manager Assistant to the City Manager Automotive Director Building & Zoning Director Development Director Director of Historic Preservation Employee Relations Director Finance Director Fire Chief Parking Director Parks & Recreation Director Planning Director Police Chief Public Service Director Public Works Director Purchasing Director

PREMIUM:

\$1,488.00 Three Year Pre-paid Premium

\$1,569.00 Three Year Premium in annual installments of \$523.00

\$2,204.00 Four Year Premium in annual installments of \$551.00

SCHEDULE
Rider # 11



POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of the policy premium, it is hereby understood and agreed that the section ELIGIBLE PERSONS is amended as follows:

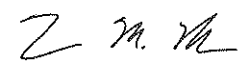
<u>Class</u>	<u>Description</u>
1	Chief Information Officer - added effective 9/2/04

This page is a policy page issued and effective on the Policy Effective Date unless dates are shown below making this page a rider.

RIDER: This rider, issued October 07, 2004, forms a part of Policy No. ETB-101530 issued to City of Coral Gables.

It is effective September 2, 2004. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the Hartford Life and Accident Insurance Company


Christine Hayer Repasy, Secretary


Thomas M. Marra, President

SCHEDULE
Rider # 8



POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of the policy premium, it is hereby understood and agreed that the section ELIGIBLE PERSONS is amended as follows:

ELIGIBLE PERSONS:

<u>Class</u>	<u>Description</u>
1	Director of Department of Information Technology - added 7/29/02.

This page is a policy page issued and effective on the Policy Effective Date unless dates are shown below making this page a rider.

RIDER: This rider, issued July 29, 2002, forms a part of Policy No. ETB-101530 issued to City of Coral Gables. It is effective July 29, 2002. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the Hartford Life and Accident Insurance Company

Christine Hayer Repasy, *Secretary*

Thomas M. Marra, *President*



The Hartford Financial Services Group, Inc is required by law to provide its Privacy Policy to its Policyholders. This notice is provided for your information.

Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates
(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:

- a) management;
 - b) use; and
 - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
 - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
 - b) brokerage firms;
 - c) insurance companies;
 - d) administrators; and
 - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
 - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

Personal Information that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
 - b) applying for; or
 - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; Capstone Risk Management, LLC; First State Insurance Company; Hart Life Insurance Company; Hartford Accident & Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life & Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Life Group Insurance Company; Hartford Lloyd's Insurance Company; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; International Corporate Marketing Group, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Nutmeg Life Insurance Company; Omni General Agency, Inc.; Omni Indemnity Company; Omni Insurance Company; P2P Link, LLC; Pacific Insurance Company, Limited; Planco Financial Services, Inc.; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Servus Life Insurance Company; Specialty Risk Services, Inc.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Policyholders who have further questions about this Privacy Policy may reach us by calling 1-866-222-4195.



We only disclose personal health information with your proper written authorization or as otherwise permitted or required by law.

Our employees have access to personal information in the course of doing their jobs, which includes underwriting policies, paying claims, developing new products or advising customers of our products and services.

We use manual and electronic security procedures to maintain the confidentiality and integrity of personal information in our possession and guard against its unauthorized access. Some techniques we employ to protect information include secured files, user authentication, encryption, firewall technology and the use of detection software.

We are responsible for identifying information that must be protected, providing an adequate level of protection for that data and granting access to protected data only to individuals who must use it in the performance of their job-related duties. Employees who violate our Privacy Policy will be subject to disciplinary action, which may include termination.

At the inception of our business relationship and annually after that, we will provide a copy of our current Privacy Policy to those individuals who have obtained our products or services and maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding personal information even when a business relationship no longer exists between us.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford:

First State Insurance Company; Hart Life Insurance Company; Hartford Accident & Indemnity Company; The Hartford Bank, FSB; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Financial Services Company; Hartford Life & Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Lloyd's Insurance Company; Hartford Securities Distribution Company, Inc.; Hartford Specialty Company; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; International Corporate Marketing Group, Inc.; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Trumbull Insurance Company; Nutmeg Life Insurance Company; Omni General Agency, Inc.; Omni Indemnity Company; Omni Insurance Company; Pacific Insurance Company, Limited; Planco Financial Services, Inc.; Property & Casualty Ins. Co. of Hartford; Sentinel Insurance Company, Ltd.; Servus Life Insurance Company; Specialty Risk Services, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Christine Hayer Repasy, Secretary

Thomas M. Marra, President



City of Coral Gables

BONDS

DIRECT RENEWAL - ETB 109504

Policy Period:	May 1, 2008- May 1, 2009
Company:	Hartford Life and Accident Ins. Co.
Admitted/Non-Admitted:	Admitted

Effective July 1, 2007, under HAZARDS, BENEFITS AND AMOUNTS of the above policy, the ADD and AD Benefit Amounts are increased by the Consumer Price Index set forth by the Bureau of Criminal Justice & The State Fire Marshall Office as defined by Statutes 112.19 & 112.191. The adjusted benefit amounts are as follows:

HAZARDS, BENEFITS AND AMOUNTS:

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1	C-62	ADD	\$57,398.52 in the line of duty
	C-64	AD	\$57,398.52 fresh pursuit
	C-31 VL118	AD	\$172,195.47 unlawful & intentional death
2	C-62	ADD	\$57,398.52 in the line of duty
	C-64	AD	\$57,398.52 fresh pursuit
	C-31 VL118	AD	\$172,195.47 unlawful & intentional death

BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit
Dismemberment Loss Period: 365 days

AD means Accidental Death Benefit

ELIGIBLE PERSONS:

<u>Class</u>	<u>Description</u>
1	All full-time police officers of the Policyholder.
2	All full-time fire-fighters of the Policyholder.

PREMIUM: 3 yr paid in full \$39,779



SCHEDULE



ELIGIBLE PERSONS:

<u>Class</u>	<u>Description</u>
1	All full-time police officers of the Policyholder.
2	All full-time fire-fighters of the Policyholder.

Christine Hayer Repasy

Christine Hayer Repasy, Secretary

Thomas M. Marra

Thomas M. Marra, President

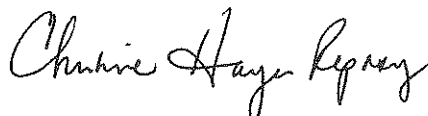


SCHEDULE

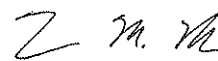


POLICY MODIFICATIONS: This policy as issued is amended as follows:

- 1) The definition of injury under this policy is amended to include the following:
 - a) Any occupational condition or impairment of health of a fireman caused by tuberculosis, heart disease, or hypertension resulting in death shall be presumed to be accidental, suffered in the line of duty, and to be a covered injury. To be entitled to this presumption, the definitions and requirements of Section 112.18 must be met.
 - b) Any occupational condition or impairment of health of a police officer caused by tuberculosis, hypertension, heart disease, or hardening of the arteries, resulting in death, shall be presumed to be accidental, suffered in the line of duty, and to be a covered injury. To be entitled to this presumption, the definitions and requirements of Section 185.34 must be met.
 - c) Any emergency rescue or public safety worker who suffers an occupational condition or impairment of health that is caused by hepatitis, meningococcal meningitis, or tuberculosis, that requires medical treatment, and that results in death shall be presumed to have been accidental and to be a covered injury. To be entitled to this presumption, the definitions and requirements of Section 112.181 must be met.
- 2) This policy provides accidental death coverage for police officers and firefighters which is no less restrictive than benefits specified by Florida statutes 112.19, paragraphs 2) a, b, c, f, and j and 112.191, paragraphs 2) a, b, c and i.



Christine Hayer Repasy, Secretary



Thomas M. Marra, President



CONTRACT PROVISIONS (Continued)



Policy Period: This policy becomes effective on the Policy Effective Date and continues in force to the end of the period for which premium was paid unless cancelled at an earlier date. This policy terminates on the earlier of:

- a) the Policy Expiration Date unless continued in force in accordance with the Renewal Provision; or
- b) the last day of the period for which premium has been paid subject to the Grace Period.

The Policy Effective Date and Policy Expiration Date are shown:

- a) on page 1 for the original Policy Period; and
- b) in a Renewal Rider for any Renewal Policy Period.

Renewal: We will send the Policyholder a notice of policy renewal. The policy will be renewed if the Policyholder signs and returns the notice prior to the current Expiration Date. If the Policyholder does not receive the notice, the policy may be renewed if we receive a written request from the Policyholder and a deposit renewal premium of \$350 on or before the current Expiration Date. Once we have received the deposit renewal premium we will request information from the Policyholder necessary to calculate the actual renewal premium and either return any excess premium or bill the Policyholder for the remaining unpaid renewal premium.

However, in no event will this policy be renewed if:

- a) we have refused to renew this policy on or before the current Expiration Date;
- b) this policy has been cancelled on or before the current Expiration Date; and
- c) the Policyholder does not give us, in advance of the current Expiration Date, the information we request.

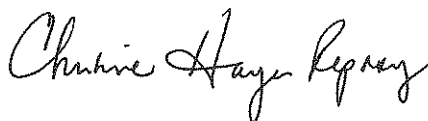
Premium Due Dates: Each Premium is due in advance of the date the Schedule states that it is payable. If the Schedule shows an amount for Premium Subject To Audit, the earned premium will be calculated for each date on which the Policyholder is required to furnish data for determining Units of Exposure. If the earned Premium:

- a) is greater than the premium paid, the additional premium is payable on the date we notify the Policyholder of the amount;
- b) is less than the premium paid, we will promptly return the unearned portion of the premium paid.

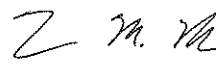
Grace Period: A Grace Period of 31 days is allowed for payment of each premium due after the initial premium, unless this policy is cancelled on or before the due date. If the Policyholder has returned the notice of renewal prior to the Policy Expiration Date, a Grace Period of 31 days from the Policy Expiration Date is allowed for payment of the renewal premium. This policy will continue in force during the Grace Period. The Policyholder is liable to us for the payment of Premium accruing for the period this policy continues in force.

Payment: Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: We have the right to change the rate at which Premiums will be calculated for each Policy Period.



Christine Hayer Repasy, Secretary



Thomas M. Marra, President



CONTRACT PROVISIONS



Entire Contract: The entire contract between the Policyholder and us consists of this policy, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: If required by the laws of the state where this policy is delivered, we will give certificates to:

- a) the Policyholder; or
- b) any other person according to a mutual agreement among the other person, the Policyholder and us;

for delivery to Insured Persons. The certificates will state the features of this policy which are important to Insured Persons.

Data Furnished by Policyholder: The Policyholder:

- a) with our approval, may keep the records which affect this policy;
- b) will give us information from those records, when and in the manner we ask.

Those records will be open for our inspection at any reasonable time.

Not in Lieu of Workers' Compensation: This policy does not satisfy any requirement for workers' compensation insurance.

Conformity with State Statutes: On the Policy Effective Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 31st day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

Christine Hayer Repasy, Secretary

Thomas M. Marra, President



DEFINITIONS

Each term listed, when used in this policy, has the following meaning:

We, us, or our means the insurance company named on page 1.

Insured Person means an Eligible Person while he or she is covered under this policy.

Injury means, and an Insured Person is covered for, bodily injury resulting directly and independently of all other causes from accident which occurs:

- a) while he or she is covered under; and
 - b) in the manner specified in;
- a Hazard applicable to his or her class.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
 - b) medical or surgical treatment of a sickness or disease
- is not considered as resulting from injury.

Business Trip means a bona fide trip:

- a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder;
- b) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- c) which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- d) excluding travel to and from work, bona fide leaves of absence and vacations.

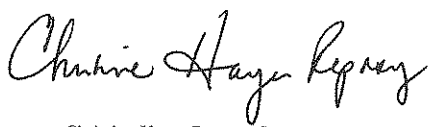
Trip means a trip which:

- a) begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and
- b) ends when he or she returns to his or her residence or place of regular employment, whichever first occurs.

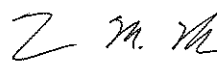
Passenger means a person who is not:

- a) the operator or driver; or
 - b) the pilot, student pilot, or a crewmember;
- of a conveyance at the time of accident.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.



Christine Hayer Repasy, Secretary



Thomas M. Marra, President



DEFINITIONS

THE
HARTFORD

Civil Aircraft means a civil or public aircraft which:

- a) has an Airworthiness Certificate;
- b) is piloted by a person who has:
 - 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and
 - 2) a current medical certificate which is appropriate for the operation of that aircraft; and
- c) is not operated by the militia, or armed forces of any state, national government or international authority.

Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which:

- a) is licensed by the FAA for the transportation of passengers for hire; and
- b) publishes its flight schedules and fares for regular passenger service.

MAC Aircraft means a transport aircraft operated by:

- a) the Military Airlift Command (MAC) of the United States; or
- b) the similar air transport service of a country recognized by the United States.

Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

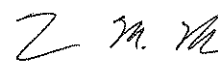
Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

FAA means:

- a) the Federal Aviation Administration of the United States; or
- b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States.



Christine Hayer Repasy, Secretary


Thomas M. Marra, President



DETERMINATION OF INDIVIDUAL COVERAGE

THE
HARTFORD

Effective Date: Each Eligible Person becomes an Insured Person on the later of:

- a) the Policy Effective Date; or
- b) the date he or she enters a Class of Eligible Persons.

Termination: Coverage of each Insured Person terminates on the earlier of:

- a) the date this policy terminates; or
- b) the date he or she does not qualify in any Class of Eligible Person.

Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination.

The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify.

Hazards and Benefits Determined By Class: Each Insured Person is covered under the Hazards and for the Benefits applicable to the Class in which he or she qualifies:

- a) beginning on the date he or she enters the Class; and
- b) ending on the date he or she leaves the Class.

If an Insured Person qualifies in more than one Class on the date of accident, he or she will be considered to qualify in the one Class with the largest Benefit Amount.

Christine Hayer Repasy

Christine Hayer Repasy, Secretary

Thomas M. Marra

Thomas M. Marra, President



EXCLUSIONS AND AGGREGATE LIMITATION

THE
HARTFORD

Exclusions: This policy does not cover any loss resulting from:

1. intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. injury sustained while in the armed forces of any country or international authority.

Aggregate Limitation: Not Applicable

Christine Hayer Repasy

Christine Hayer Repasy, Secretary

Thomas M. Marra

Thomas M. Marra, President



HAZARD C-62



In the Line of Duty Coverage
While On The Business Of The Policyholder

Coverage: This Hazard covers Injury resulting from:

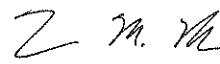
- a) an accident; and
 - b) an accident while the Insured Person is on, boarding or alighting from a Civil Aircraft or MAC Aircraft; or
 - c) being struck by an aircraft;
- which occurs anywhere in the world while On the Business of the Policyholder.

On the Business of the Policyholder means business while on assignment by or at the direction of the Policyholder whether on or off the premises of the Policyholder for the purpose of furthering the business of the Policyholder.

Refer to the Policy Modifications, Definitions, and Exclusions sections for modifications limitations, and exclusions affecting this coverage.



Christine Hayer Repasy, Secretary


Thomas M. Marra, President



HAZARD C-64



Fresh Pursuit Coverage for
Police Officers and Firefighters
While On The Business Of The Policyholder

Coverage: This Hazard covers Injury which:

- a) for police officers, results in Accidental Death due to a response to a Fresh Pursuit or to the Officer's response to what is reasonably believed to be an emergency; or
- b) for firefighters, results in Accidental Death due to a response to what is reasonably believed to be an emergency.

Fresh Pursuit means the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction or violation of a county or municipal ordinance. Fresh Pursuit shall not necessarily imply instant pursuit, but pursuit without reasonable delay.

Refer to Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Christine Hayer Repasy, Secretary

Thomas M. Marra, President



HAZARD C-31 V.L. 118



Unlawful and Intentional Death
While On The Business Of The Policyholder

Coverage: This Hazard covers death resulting from the unlawful and intentional killing of the Insured Person which occurs anywhere in the world:

- a) in the performance of actual duties; and
- b) while on the business of the Policyholder.

The term "while on the business of the Policyholder" as used herein means while on assignment by or at the direction of the Policyholder whether on or off the premises of the Policyholder, for the purpose of furthering the business of the Policyholder.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Christine Hayer Repasy

Christine Hayer Repasy, Secretary

Thomas M. Marra

Thomas M. Marra, President



ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT



If an Insured Person's injury results in any of the following losses, except loss of Life within the Loss Period after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The Principal Sum is shown in the Schedule.

For Loss of:

Life.....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Either Hand or Foot and Sight of One Eye.....	The Principal Sum
Either Hand or Foot.....	One-Half The Principal Sum
Sight of One Eye.....	One-Half The Principal Sum
Speech or Hearing.....	One-Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One-Quarter The Principal Sum

Loss means with regard to:

- hands and feet, actual severance through or above wrist or ankle joints;
- sight, speech or hearing, entire and irrecoverable loss thereof;
- thumb and index finger, actual severance through or above the metacarpophalangeal joints.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- it results from the forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person was an occupant at the time of the accident; and
- this policy would have covered injury resulting from the accident.

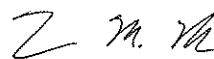
DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- this policy would have covered injury resulting from the accident.



Christine Hayer Repasy, Secretary



Thomas M. Marra, President



ACCIDENTAL DEATH BENEFIT



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If an Insured Person's injury results in loss of life, we will pay the Principal Sum shown in the Schedule.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

Christine Hayer Repasy

Christine Hayer Repasy, Secretary

Thomas M. Matra

Thomas M. Matra, President



CLAIMS

THE
HARTFORD

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) to the surviving child or children and spouse in equal shares; otherwise
- c) to the parents or parent.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Christine Hayer Repasy, Secretary

Thomas M. Marra, Preside



CLAIMS (Continued)



If a benefit due is payable to:

- a) the Insured Person's estate; or
- b) the Insured Person or a beneficiary who is either a minor or not competent to give valid release for the payment;

we may pay up to \$1,000 (\$3,000 in Florida) of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person who has a loss examined by a physician when and as often as is reasonably necessary; and
- b) in case of death to make an autopsy, where it is not forbidden by law.

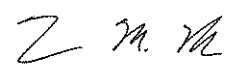
Legal Actions: No legal action may be taken against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

Naming a Beneficiary: An Insured Person may name a beneficiary or change a revocably named beneficiary by giving his or her Written Request to the Policyholder. His or her request takes effect on the date he or she executes it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received his or her request.

Assignment: The insurance under this policy is not assignable, but benefits may be assigned in accordance with the Payment of Claims provision of the Claims section of this policy.


Christine Hayer Repasy, Secretary


Thomas M. Marra, President



The Hartford Financial Services Group, Inc. is required by law to provide its Privacy Policy to its Policyholders. This notice is provided for your information.

Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates
(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:

- a) management;
- b) use; and
- c) protection;

of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
 - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;
- c) insurance companies;
- d) administrators; and
- e) service providers;

who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
 - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

Personal Information that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
 - b) applying for; or
 - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; Capstone Risk Management, LLC; First State Insurance Company; Hart Life Insurance Company; Hartford Accident & Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life & Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Life Group Insurance Company; Hartford Lloyd's Insurance Company; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; International Corporate Marketing Group, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Nutmeg Life Insurance Company; Omni General Agency, Inc.; Omni Indemnity Company; Omni Insurance Company; P2P Link, LLC; Pacific Insurance Company, Limited; Planco Financial Services, Inc.; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Servus Life Insurance Company; Specialty Risk Services, Inc.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Policyholders who have further questions about this Privacy Policy may reach us by calling 1-866-222-4195.



City of Coral Gables

FINANCE DIRECTORS BONDS

DIRECT RENEWAL – 21BSBAJ1989

Policy Period:	May 1, 2008- May 1, 2009
Company:	Hartford Fire Insurance Company
Admitted/Non-Admitted:	Admitted
On Behalf of:	Donald G. Nelson
FAVOR OF:	City of Coral Gables
Bond Limit:	\$500,000
Premium:	\$1,750.00 \$ 17.50 FHCF Emer Assessment
TOTAL PREMIUM:	\$1,767.50



City of Coral Gables

Sports Liability

Policy Period:	May 1, 2008- May 1, 2009		
Company:	Lexington Insurance Company		
Admitted/Non-Admitted:	Non Admitted		
Limits:			
LIMITS OF INSURANCE			
EACH OCCURRENCE LIMIT	\$ 1,000,000		
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 1,000,000		
PRODUCTS – COMPLETED OPERATIONS AGGREGATE	\$ 1,000,000		
GENERAL AGGREGATE	\$ 3,000,000		
FIRE DAMAGE LIMIT	\$ 100,000	ANY ONE FIRE	
MEDICAL PAYMENTS	\$ Exclude	ANY ONE PERSON	
SEXUAL ABUSE LIABILITY EACH OCCURRENCE OR EVENT	\$ No Coverage		
SEXUAL ABUSE LIABILITY AGGREGATE	\$ No Coverage		
<input checked="" type="checkbox"/> DEDUCTIBLE	\$ N/A	PER Occurrence	
<input type="checkbox"/> SELF INSURED RETENTION	\$ N/A	AGGREGATE	
Exposure Basis:	Athletic games and/or camps sponsored by the insured.		
Only Include Coverage for:	Youth Soccer, Baseball, Softball, Basketball, Lacrosse, Flag Football- Adult Basketball, Softball & Start Smart Operations.		
Minimum Earned Premium:	\$8,889.00 Minimum and Deposit		
Premium:	\$8,889.00 Exempt from Surplus lines taxes and fees		
Subjectivity:			



City of Coral Gables

Coverage Extensions and Exclusions:

Composite rate endorsement

Non Auditable

Schedule of Rates/Advance Premium
Schedule of Forms and Endorsements
Commercial General Liability Coverage Form
Additional Insured - Volunteer Workers
Exclusion - Coverage C - Medical Payments
Abuse or Molestation Exclusion
Employment-Related Practices Exclusion
Total Pollution Exclusion Endorsement
Calculation of Premium
Common Policy Conditions
Nuclear Energy Liability Exclusion Endorsement (Broad Form)
Minimum Earned Premium
Radioactive Matter Exclusion
Amendatory Endorsement
Policyholder Disclosure Statement Under TRIA 2002
Amendatory Endorsement - Coverage Territory
Attendance Limitation Exclusion Endorsement
Excluded Activities
Release and Waiver Requirement
Fireworks Exclusion
Punitive Damages Exclusion Endorsement
Additional Insureds
Assault and Battery Exclusion
Fungus Exclusion
Specified Activities Endorsement



City of Coral Gables

Sports Medical

Policy Period:	May 1, 2008- May 1, 2009																
Company:	National Union Fire Insurance Company																
Admitted/Non-Admitted:	Admitted																
Limits:																	
<p>PLAN: <input checked="" type="checkbox"/> PRIMARY EXCESS OVER <u>\$100.00</u> <input type="checkbox"/> FULL EXCESS <input type="checkbox"/> PRIMARY</p> <table><tr><td>Accident Medical Expense:</td><td></td><td>Accidental Death Benefit:</td><td><u>\$5,000</u></td></tr><tr><td>Maximum Benefit Amount (per Injury):</td><td><u>\$100,000</u></td><td>Accidental Dismemberment Benefit</td><td></td></tr><tr><td>Deductible Amount (per Injury):</td><td><u>\$250.00</u></td><td>Principal Sum:</td><td><u>\$10,000</u></td></tr><tr><td>Benefit Period:</td><td><u>1</u> Years</td><td></td><td></td></tr></table>		Accident Medical Expense:		Accidental Death Benefit:	<u>\$5,000</u>	Maximum Benefit Amount (per Injury):	<u>\$100,000</u>	Accidental Dismemberment Benefit		Deductible Amount (per Injury):	<u>\$250.00</u>	Principal Sum:	<u>\$10,000</u>	Benefit Period:	<u>1</u> Years		
Accident Medical Expense:		Accidental Death Benefit:	<u>\$5,000</u>														
Maximum Benefit Amount (per Injury):	<u>\$100,000</u>	Accidental Dismemberment Benefit															
Deductible Amount (per Injury):	<u>\$250.00</u>	Principal Sum:	<u>\$10,000</u>														
Benefit Period:	<u>1</u> Years																
Exposure Basis:	See attached list provided by City of Coral Gables Sports Only																
	Events need to be Scheduled																
Coverage Extensions and Exclusions:	<p>Blanket accident insurance Non Auditable Excess Benefits with Corridor Deductible Rider Participating Organization Endorsement Subrogation and Right of Recovery Endorsement Coordination of Benefits Rider Payment of Claims Amendatory Endorsement Accident Medical Expense Benefit Rider</p> <p>REFER TO POLICY FOR MORE EXTENSIONS AND EXCLUSIONS.</p>																
Minimum Premium:	\$300.00																
Premium:																	



City of Coral Gables

CLIENT AUTHORIZATION TO BIND COVERAGE

After careful consideration of your proposal dated 5/1/08, we accept your insurance program subject to the following exceptions/changes:

Exceptions Check below to Accept Coverage

1.	Package	<input type="checkbox"/>	<input type="checkbox"/> Include TRIA	<input type="checkbox"/> Exclude TRIA
2.	Excess Liability	<input type="checkbox"/>	<input type="checkbox"/> Include TRIA	<input type="checkbox"/> Exclude TRIA
3.	Excess WC	<input type="checkbox"/>		
4.	Storage Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Bonds			
Finance Directors <input type="checkbox"/> , AD&D Police and Fire <input type="checkbox"/> , Travel accident <input type="checkbox"/>				
3 year pre-paid premium ____, 3 year premium in annual installments _____, 4 year premium in annual installments ____				
6.	Sports Liability	<input type="checkbox"/>		
7.	Sports Medical	<input type="checkbox"/>		

It is understood this proposal provides only a summary of the details; the policies will contain the actual coverages.

We confirm the values, schedules, and other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately.

Agent Signature

Client Signature

Dated

Dated

City of Coral Gables

Appendix: Marketing Review, Bindable Quotations & Compensation Disclosure Summary

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm % or Fee 3	Wholesaler, MGA or Intermediary % 4	AJG Owned? Yes or No
Fee		N/A	\$135,000			
Package	Princeton Excess and Surplus Lines	AJG-UK	\$ 732,250	N/A	8.22%	Yes
Package	Lloyds of London	AJG- UK	\$725,000	N/A	8.22%	Yes
Excess Liability	Princeton Excess and Surplus Lines	AJG-UK	\$105,890	N/A	8.22%	Yes
Excess Liability	Lloyds of London	AJG- UK	\$110,000	N/A	8.22%	Yes
Excess Workers Compensation	Arch Insurance	N/A	\$386,775	N/A	N/A	No
Storage Tank	Commerce and Industry	N/A	\$1,533	8%	N/A	No
BOND- Finance Directors	Harford Fire Ins. Co.	N/A	\$1,768	30%	N/A	No
BOND- Travel Accident	Harford Fire Ins. Co.	N/A	\$523	15%	N/A	No
BOND- AD&D Police and Fire	Harford Life and Accident Ins. Co.	N/A	\$13,996	15%	N/A	No
Sports Liability	Lexington Ins. Co.	Maksin	\$8,889	12%	4	No
Sports Medical	National Union Fire Company of Pittsburgh, P.A.	Maksin	\$10,761	12%	4	No

Some carriers pay Gallagher additional commissions in addition to the policy commission. These additional commissions range from 1 % up to 5% of the policy premium and are not contingent upon performance factors such as growth or profit. Gallagher has made every attempt to correctly disclose the actual commission or dollars we will receive as compensation. Any errors are unintentional, and we will notify you of any material corrections within a reasonable time following discovery.

1 We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.

2 If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.

* A verbal quotation was received from this carrier. We are awaiting a quotation in writing.

City of Coral Gables

Appendix: Marketing Review, Bindable Quotations & Compensation Disclosure Summary

- 3 The commission rate is a percentage of annual premium excluding taxes & fees.
Gallagher is receiving ____% commission on this policy. The fee due Gallagher will be reduced by the amount of the commissions received.
- 4 * The non-Gallagher intermediary/wholesaler did not provide their compensation information for this proposal. The usual and customary compensation to a wholesaler/intermediary ranges from 5% to 12%, but we cannot verify that range is applicable in connection with this proposal.

City of Coral Gables
CLAIM RECAP
1/1/2001 through 12/31/2006

Auto Liability

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
AUTO LIAB	01/01	41	\$81,096	\$81,096	\$1,978	\$1,978
AUTO LIAB	02/02	42	\$268,616	\$284,628	\$6,396	\$6,777
AUTO LIAB	03/03	36	\$180,259	\$180,259	\$5,007	\$5,007
AUTO LIAB	04/04	47	\$286,179	\$286,179	\$6,089	\$6,089
AUTO LIAB	05/05	46	\$230,544	\$290,176	\$5,012	\$6,308
AUTO LIAB	06/06	53	\$333,521	\$462,048	\$6,293	\$8,718
Sub Total		265	\$1,380,216	\$1,584,387	\$5,208	\$5,979

Auto Physical

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
AUTO PHYS	01/01	29	\$108,785	\$108,785	\$3,751	\$3,751
AUTO PHYS	02/02	24	\$110,075	\$110,075	\$4,586	\$4,586
AUTO PHYS	03/03	17	\$58,484	\$58,484	\$3,440	\$3,440
Sub Total		70	\$277,345	\$277,345	\$3,962	\$3,962

Crime/Surety/Fidelity

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
CRM/SUR/FI	01/01	1	\$1,020	\$1,020	\$1,020	\$1,020
CRM/SUR/FI	02/02	2	\$0	\$0	\$0	\$0
CRM/SUR/FI	06/06	1	\$0	\$25,000	\$0	\$25,000
Sub Total		4	\$1,020	\$26,020	\$255	\$6,505

Employr Liability

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
EMPLR LIAB	04/04	1	\$59,210	\$66,000	\$59,210	\$66,000
Sub Total		1	\$59,210	\$66,000	\$59,210	\$66,000

City of Coral Gables
CLAIM RECAP
1/1/2001 through 12/31/2006

Errors/Omissions

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
ERR/OMSN	01/01	3	\$158,352	\$158,352	\$52,784	\$52,784
ERR/OMSN	03/03	4	\$135,572	\$155,409	\$33,893	\$38,852
ERR/OMSN	04/04	3	\$24,434	\$24,434	\$8,145	\$8,145
ERR/OMSN	05/05	10	\$1,443,474	\$1,586,946	\$144,347	\$158,695
Sub Total		20	\$1,761,832	\$1,925,142	\$88,092	\$96,257

General Liability

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
GEN LIAB	01/01	61	\$200,807	\$200,807	\$3,292	\$3,292
GEN LIAB	02/02	51	\$229,402	\$229,402	\$4,498	\$4,498
GEN LIAB	03/03	40	\$121,087	\$393,608	\$3,027	\$9,840
GEN LIAB	04/04	45	\$138,320	\$250,330	\$3,074	\$5,563
GEN LIAB	05/05	42	\$158,399	\$314,711	\$3,771	\$7,493
GEN LIAB	06/06	31	\$178,609	\$404,390	\$5,762	\$13,045
Sub Total		270	\$1,026,625	\$1,793,249	\$3,802	\$6,642

Law Enforcement

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
LAW ENF	04/04	2	\$49,225	\$65,000	\$24,613	\$32,500
LAW ENF	05/05	2	\$17,556	\$52,500	\$8,778	\$26,250
Sub Total		4	\$66,781	\$117,500	\$16,695	\$29,375

Property

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
PROPERTY	01/01	2	\$18,740	\$18,740	\$9,370	\$9,370
PROPERTY	02/02	2	\$14,713	\$14,713	\$7,357	\$7,357
PROPERTY	03/03	1	\$3,644	\$3,644	\$3,644	\$3,644
Sub Total		5	\$37,098	\$37,098	\$7,420	\$7,420

* Sub and grand total dollars may not add exactly due to rounding

City of Coral Gables
CLAIM RECAP
1/1/2001 through 12/31/2006

Workers' Compensation

Coverage	Year	Claims	Total Paid	Total Incurred	Ave Paid	Ave Incurred
WORK COMP	01/01	158	\$1,877,906	\$3,087,047	\$11,885	\$19,538
WORK COMP	02/02	150	\$1,599,382	\$1,802,379	\$10,663	\$12,016
WORK COMP	03/03	180	\$1,162,309	\$1,438,999	\$6,457	\$7,994
WORK COMP	04/04	158	\$3,674,728	\$4,932,106	\$23,258	\$31,216
WORK COMP	05/05	147	\$1,384,916	\$1,849,409	\$9,421	\$12,581
WORK COMP	06/06	127	\$516,254	\$604,295	\$4,065	\$4,758
Sub Total		920	\$10,215,495	\$13,714,234	\$11,104	\$14,907
Grand Total		1,559	\$14,825,622	\$19,540,973	\$9,510	\$12,534