

Hall County Board of Commissioners

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 06/30/2026, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Coverage/Carrier
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Property GovPro Insurance Trust
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA - Property
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Equipment Breakdown Liberty Mutual Surplus Insurance Corp
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA - Equipment Breakdown
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Terrorism, Sabotage, Active Shooter, and CBRN GovPro (Hiscox)
	TRIA - Included
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Aviation Drone Coverage American Alternative Insurance Corporation
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA – Aviation Drone Coverage
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Primary Package (General Liability, Auto Liability & Physical Damage, Law Enforcement Liability, Public Officials/EPLI, Excess Casualty) Safety National Casualty Corporation
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA – Primary Package
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Excess Liability - \$5M xs \$5M Metis - Obsidian
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA - Excess Liability



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	Coverage/Carrier
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Law Enforcement Liability – Off Duty Lexington Insurance Company
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA - Law Enforcement Liability – Off-Duty
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Cyber Liability - \$3M Limit Berkley Assurance Company
	TRIA - Included
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Law Enforcement AD&D Zurich American Insurance Company
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA - Accidental Death and Dismemberment
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Crime Travelers Casualty and Surety Co of America
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Gallagher National Risk Control Services - \$10,000
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Claims TPA Services Gallagher Bassett Services

Fee Breakdown:

Agency Bill Administration Fee: \$500.00

By signing below, you are acknowledging that the fee listed above is fully earned and is NOT refundable. The fee is due and payable within thirty (30) days of your execution below. Any placements that require the payment of additional state or federal taxes and/or fees are the client’s responsibility.

You further acknowledge and agree that the Proposal, this Client Authorization to Bind Coverage (including this agreement concerning the above referenced fee) reflect your understanding of the services to be provided by Gallagher as they have been discussed with and fully disclosed to you, and the above fee is consistent with

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your understanding. Any disputes arising out of the Proposal, this Client Authorization to Bind Coverage and/or the performance of services by Gallagher shall be governed by the laws of the State of Illinois.

Exposures and Values

You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

Additional Terms and Disclosures

Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed \$20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

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

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



Hall County Board of Commissioners

By: _____
Print Name (Specify Title)

Company

Signature

Date: _____

