



Rosier
INSURANCE

Date: June 7, 2024
To: Sharon Brotherton
Lee County Industrial Development Authority
From: Alicia Rosier Stevens
Phone: 239.444.1644
Email: arosier@rosierinsurance.com

Insured: Lee County Industrial Development

Proposed Effective Date: 7/1/2024
Coverage: Public Officials

Dear Ms. Brotherton:

Attached are terms on the above captioned. The terms and conditions of this Quotation may not comply with the specifications submitted. Please read this Quotation carefully and compare it against your specifications. Higher Limits of Liability may be available.

This Quote is issued based upon the Insurer's agreement to Quote and is issued by ECC Insurance Brokers, LLC. without any liability whatsoever as an Insurer and may be withdrawn by the Insurer for any reason and/or at any time prior to binding.

Please remember that your request to bind coverage must be in writing and received prior to the quote expiration date as coverage cannot be backdated or presumed bound without confirmation from an authorized representative of ECC Insurance Brokers, LLC.. If the written request to bind coverage is not received by the renewal date, there is no coverage and the file will be considered closed.

Reference #: 0700638

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS AND REVIEW THE TERMS OF THE QUOTE CAREFULLY AS THE COVERAGE, TERMS OR CONDITIONS MAY BE DIFFERENT THAN THOSE REQUESTED. IN THE EVENT OF DIFFERENCE, THE POLICY WILL PREVAIL.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: June 7, 2024

PRODUCER: Alicia Rosier
Rosier Insurance
9696 Bonita Beach Road, Suite 103
Bonita Springs, FL 34135

INSURED: Lee County Industrial Development
2201 Second St, Ste 500
Fort Myers, FL 33901

INSURER: Lexington Insurance Company
Non-Admitted

A.M. BEST RATING: A XV

COVERAGE: Public Officials

POLICY PERIOD: 7/1/2024 TO 7/1/2025

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS QUOTATION IS VALID FOR 30 DAYS FROM THE DATE OF THIS LETTER OR THE POLICY INCEPTION DATE, WHICHEVER IS EARLIER. IF WE HAVE NOT RECEIVED A WRITTEN ORDER TO BIND COVERAGE BY THE EXPIRATION DATE, THE QUOTE IS CONSIDERED NULL AND VOID.

LIMITS OF LIABILITY: \$1,000,000 Each Wrongful Act
\$1,000,000 Aggregate

DEDUCTIBLE: \$5,000 Including LAE

RETROACTIVE DATE: Full Prior Acts

PREMIUM: \$3,465.00 Flat Annual Premium, plus FL Surplus Lines Taxes & Fees.

SURPLUS LINES TAXES/FEEES: \$193.40 Surplus Lines Tax
\$2.35 Stamping Office Fee

THE FILING OF SURPLUS LINES TAXES/FEEES IS THE RESPONSIBILITY OF: ECC Insurance Brokers, LLC

FEES: ECC Broker Fee \$300.00
Carrier Policy Fee \$150.00
Note that a fee is being charged in addition to the commission

TOTAL: **\$4,110.75**

TERMS AND CONDITIONS / ENDORSEMENTS AND EXCLUSIONS; INCLUDING BUT NOT LIMITED TO:

25% MINIMUM EARNED PREMIUM AT INCEPTION.

DEFENSE IS INSIDE THE LIMIT UNLESS OTHERWISE NOTED.

Non-Monetary Relief: \$100,000

An ERP is available for one, two, or three years for an additional fully earned premium equal to 75%, 125%, or 150%, respectively.

TERMS and CONDITIONS include but are not limited to:

Policy Form: PRG 4142 (12-22) A CLAIMS - MADE form.

Economic Sanctions Endorsement (89644 (6-13))

25% Minimum Earned Premium Endorsement (PRG 4172 (01-23))

Service of Suit Condition Endorsement (PRG 2023 (05-14))

Recording and Distribution of Material or Information in Violation of Law Excl Endt (119914 (10-16))

Access or Disclosure of Confidential or Personal Information Excl Endorsement (PRG 4125 (11-22))

Florida Amendatory Endorsement (119628 (8-15))

THIS QUOTE IS SUBJECT TO THE FOLLOWING INFORMATION BEING RECEIVED PRIOR TO BINDING COVERAGE:

1. None.

For Florida Business only: A copy of the Surplus Lines Disclosure and Acknowledgement signed and completed by the Insured is required

ALL OTHER TERMS AND CONDITIONS APPLY PER THE POLICY FORM

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY ECC INSURANCE BROKERS, LLC. WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

THIS QUOTATION IS VALID FOR 30 DAYS FROM THE DATE OF THIS QUOTATION OR THE POLICY INCEPTION DATE, WHICHEVER IS EARLIER.

THIS QUOTE MAY BE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

**AUTHORIZED REPRESENTATIVE
Conor Real,**

**INSURED: Lee County Industrial Development
DATE ISSUED: June 7, 2024**

Reference #: 0700638