

**Insurance Proposal
Prepared for**

Ft. Bend Co. FWSD No. 1



McDonald & Wessendorff Insurance • 611 Morton • Richmond, Texas 77469
PH (281) 342-6837 (MUDS) • Fax: (281) 341-6837 (MUDS)



McDonald & Wessendorff Insurance

Welcome!

Thank you for choosing us for your insurance needs. Finding the right people for the right job can be difficult, especially when dealing with insurance.

We at McDonald & Wessendorff Insurance are dedicated to “Growing Relationships” with our clients. The following material about this insurance program is designed specifically for you.

Please contact us at 281-342-6837 with any questions, comments or concerns.

McDonald & Wessendorff Insurance:

Dan McDonald, CEO
Direct # 281-633-3208
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Peggy Bohn, COO
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Carrie Hitchcock
Waterworks CSR
Direct # 281-762-5216
Email: carrie.hitchcock@mcwess-insurance.com

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **PROPERTY**

PROPOSED EFFECTIVE DATE: **11/19/21**

COVERAGE: * Special Form for Real and Personal Property
* Terrorism Included

VALUATION: Replacement Cost – Real and Personal Property

COINSURANCE: Waived – Real and Personal Property

DEDUCTIBLE: \$5,000 Property
\$50,000 Flood
\$25,000 Earthquake & Earth Movement
1% of the limit with \$10,000 Min. Windstorm or Hail

LIMITS: \$ 3,930,635 Real Property
\$ 1,000,000 Flood (Per Occurrence & Annual Aggregate)
\$ 1,000,000 Earthquake & Earth Movement
(Per Occurrence & Annual Aggregate)
\$ 100,000 Extra Expense

POLICY TERM: One Year

PREMIUM: **\$4,556**

COMPANY: Hanover Insurance Company
AM Best Rating: A XV

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

McDonald & Wessendorff Insurance

611 Morton Street, Richmond, TX 77469
 Phone: (281)762-5215
 Email: kathryn.williams@mcwess-insurance.com
 Kathryn Williams

DATE: October 27, 2021
 ENGINEER: Jacobs Engineering
 ATTN: David Dybala
 EMAIL: david.dybala@jacobs.com

RE: Ft. Bend Co. FWSD No. 1; Engineer Report of Values (ERV)

We have been requested to submit an insurance proposal for the above referenced District. Please review the questions below and indicate the type and quantity of any facilities pertinent to The District. Thank you!

Indicate how many of the following the district owns. If none, so indicate.

Does the district have water wells?	Yes (1)	If so, number of submersible pumps?	***
Lessors Risk (Sq/Ft)	No	Any Pumps 500 HP or greater?	No
Swimming Pools / Splash Pads	No	Parks / Trails	No
Detention Ponds*	No	Lakes**	No

**Ponds = have sloped sides / primarily for detention/retention – can be wet or dry*

***Lakes = amenity purposes only – no detention (If for dual purpose, list as pond)*

***** District has one well that has a pump downhole and a vertical turbine motor at the surface**

Please review the attached information for all insured facilities and highlight any changes or additions.

**PLEASE NOTE:
 SHOW FRAME STRUCTURES AS A SEPARATE LINE ITEM ON SPREADSHEET
 (WP#1 has a small MCC building and its replacement cost is included with the overall WP#1 replacement cost)**

TOTAL REPLACEMENT COST: \$ 3,930,635

(INSURANCE POLICY IS BASED ON REPLACEMENT COST VALUATION)

SIGN HERE:

X David Charles Dybala, Jr. David Dybala 10/27/21
 Acknowledged By: (Signature) Print Name Date

In the event of a claim, if the values are not updated The District could suffer a financial loss. Please note the Engineer or General Manager's signature approving these values.

LOC. #	Description	Address	City	Zip	Replacement Cost	Contents Value	Year Built	Flood Zone	Construction & Square Footage of Buildings
1	Water Plant/Gravel drive/Fence	14415 First St.	Fresno	77545	\$1,697,440.00		2008	X	building at site, which is made of pre-cast concrete, and has a square footage of 160
2	Generator	14415 First St.	Fresno	77545	\$244,007.00		2010	X	
3	Water Well (WP)	14415 First St.	Fresno	77545	\$1,379,170.00		2008	X	
4	Lift Station/Asphalt drive/Fence	4521 FM 521	Fresno	77545	\$610,018.00		2015	X	
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
TOTAL VALUES					\$3,930,635.00	\$0.00			

MOBILE EQUIPMENT	
YEAR/MAKE/MODEL/SERIAL #/ VALUE:	

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **COMPREHENSIVE BOILER & MACHINERY**

PROPOSED EFFECTIVE DATE: **11/19/21**

COVERAGE:

- Sudden and Accidental Breakdown of Objects including Pumps, Deep Well Pumps, Motors and Electrical Equipment
- Mechanical Failure
- Electrical Surges
- Production Equipment

EXCLUSIONS Including but not limited to: Rotating Biological Contactors as Objects on all WWTP

VALUATION: **ENGINEER TO LIST CURRENT REPLACEMENT COST**

COINSURANCE: Waived

DEDUCTIBLE: Direct Damage to the following Covered Equipment:

\$25,000 Minimum Wells, in any one occurrence, all submerged equipment:

\$7,500 All Other Boiler & Machinery Equipment, in any one occurrence:

Extra Expense: expense caused by direct physical loss or damage to the Covered Equipment shown above:

LIMITS: \$ 3,930,635
\$ 100,000 Electronic Vandalism
\$ 500,000 Extra Expense

POLICY TERM: One Year

PREMIUM: **\$4,619**

COMPANY: Travelers Property Casualty
AM Best Rating: A++ XV

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **COMMERCIAL GENERAL LIABILITY AND
HIRED CAR & NON OWNERSHIP
AUTOMOBILE LIABILITY**

PROPOSED EFFECTIVE DATE: **11/19/21**

COVERAGE:

- Bodily Injury and Property Damage
- Full Sewer Backup Coverage**
- Punitive Damages Not Excluded
- Host Liquor Liability
- Terrorism Not Excluded
- No Mold Exclusion
- No Assault & Battery Exclusion
- Duty to Defend
- Defense Cost Outside the Limit
- Coverage in US Only

LIMITS OF LIABILITY:

\$1,000,000 Each Occurrence
\$3,000,000 General Aggregate
\$1,000,000 Personal/Advertising Injury
\$3,000,000 Product Liability
\$ 100,000 Damages to Premises Rented to You
\$1,000,000 Hired and Non Owned Auto Liability

INCLUDES: Union Pacific RR contract requirements:

- 1) **“Contractual Liability Railroads” (CG2417)**
- 2) **“Additional Insured” (ML1214)**
- 3) **“Waiver of Subrogation”**
- 4) **“Coverage for Certain Operations in Connection with RR” (CA2070)**

POLICY TERM: One Year

PREMIUM: **\$1,974**

COMPANY: Mid-Continent Casualty Company
AM Best Rating: A + VIII

DOES THE DISTRICT HAVE AN INTERLOCAL AGREEMENT FOR LAW ENFORCEMENT? YES/NO_____
IF YES, PLEASE SEND A COPY.

NUMBER OF PEACE OFFICERS_____
THE DISTRICT WILL NEED LAW ENFORCEMENT LIABILITY & PEACE OFFICERS BOND
SEE SUMMARY PAGE FOR ADDITIONAL PREMIUM.
DOES THE DISTRICT OWN ANY ROADS Y/N_____

ACCEPTED BY: _____ DATE: _____

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Ft. Bend Co. FWSD No. 1

TYPE OF POLICY:	POLLUTION LIABILITY
PROPOSED EFFECTIVE DATE:	11/19/21
COVERAGE:	<ul style="list-style-type: none">•Occurrence Form•Legal Liability to Others-Bodily Injury and Property Damage and Clean Up Costs•Compensatory Damages•Defense Cost Outside the Limit•Punitive/Exemplary Damages Not Excluded•Terrorism Not Excluded•Mold Not Excluded
EXCLUSIONS Including but not limited to:	<ul style="list-style-type: none">•Statutory Fines or Penalties Unless Direct Result of Pollution Incident as Defined by the Policy•Disposal of Sludge at Landfill Site
LIMIT OF LIABILITY:	\$1,000,000 each occurrence \$3,000,000 aggregate
DEDUCTIBLE:	\$5,000 Per Claim for Clean Up Costs
POLICY TERM:	One Year
PREMIUM:	\$750
COMPANY:	Mid-Continent Casualty Company AM Best Rating: A + VIII

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **DIRECTORS AND OFFICERS LIABILITY**

PROPOSED EFFECTIVE DATE: **11/19/21**

COVERAGE:

- Claims-Made Coverage Form
- Duty to Defend
- Pay on Behalf in lieu of Reimbursement Coverage Form
- Full Prior Acts
- Defense Cost Outside the Limit
- Defense for Alleged Breach of Contract**
- Claim includes any Judicial or Administrative Proceedings
- Employment Related Practices coverage for the District Included
- Coverage extended to include Director's Spouse
- Terrorism Not Excluded

LIMIT OF LIABILITY: \$1,000,000 Per Claim
No Aggregate Limit

DEDUCTIBLE: None

POLICY TERM: One Year

PREMIUM: **\$1,500**

COMPANY: Mid-Continent Casualty Company
AM Best Rating: A + VIII

OPTIONAL LIMITS		
	Limit	Premium
X	\$1,000,000	\$1,500
	\$2,000,000	\$2,500
	\$3,000,000	\$3,500
	\$4,000,000	\$4,500
	\$5,000,000	\$5,500

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **EXCESS LIABILITY**

PROPOSED EFFECTIVE DATE: **11/19/21**

COVERAGE: Limit of Coverage over General Liability, Automobile Liability, Pollution and Employers Liability (If Coverage is Accepted)

•Follow Form
•Terrorism Not Excluded
•Punitive Damages Not Excluded

UNDERLYING REQUIREMENTS: \$1,000,000 General Liability
\$1,000,000 Pollution Liability
\$1,000,000 Automobile Liability
\$1,000,000 Employers Liability

EXCLUSIONS Including but not limited to: Employee Benefits Liability
Directors and Officers Liability
Law Enforcement Liability

LIMIT OF LIABILITY: \$1,000,000

POLICY TERM: One Year

PREMIUM: **\$1,600**

COMPANY: Mid-Continent Casualty Company
AM Best Rating: A + VIII

OPTIONAL LIMITS		
	Limit	Premium (No Pollution)
	\$ 1,000,000	\$ 900
	\$ 2,000,000	\$1,700
	\$ 3,000,000	\$2,500
	\$ 4,000,000	\$3,300
	\$ 5,000,000	\$4,100

OPTIONAL LIMITS		
	Limit	Premium (Includes Pollution)
X	\$ 1,000,000	\$1,600
	\$ 2,000,000	\$2,800
	\$ 3,000,000	\$4,000
	\$ 4,000,000	\$5,200
	\$ 5,000,000	\$6,400

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **PUBLIC EMPLOYEE BLANKET CRIME**
 (Includes Attorney, Operator, Bookkeeper, Engineer and Delinquent Tax Attorney)

ANNIVERSARY OF CURRENT POLICY: **11/19/21**

COVERAGE: Loss caused to the District through failure of any employee/consultant to perform faithfully their duties or to account properly for all monies and property received by virtue of their position or employment. Limit applies per employee/consultant up to \$100,000. If the bond amount is over \$100,000, each employee/consultant is covered up to \$100,000 and the excess amount is provided on a per loss basis rather than each basis.

•Terrorism Not Excluded

LIMIT: \$10,000

DEDUCTIBLE: \$0

TERM: One Year

PREMIUM: \$120

COMPANY: Hartford Casualty Company
 AM Best Rating: A+ XV

OPTIONAL LIMITS		
	Limit	Premium
X	\$ 10,000	\$120
	\$ 25,000	\$178
	\$ 50,000	\$222
	\$ 100,000	\$344
	\$ 250,000	\$479
	\$ 500,000	\$580
	\$1,000,000	Quotable

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. FWSD No. 1

TYPE OF BOND: DIRECTORS POSITION SCHEDULE BOND

ANNIVERSARY OF CURRENT BOND: 11/19/21

COVERAGE: Provides coverage for loss caused to the District through the failure of Directors to perform faithfully their duties or to account properly for all monies and property received by virtue of their position as Director.

•Terrorism Not Excluded

BOND TERM: One Year

BOND LIMIT: \$10,000 Per Director (5)
\$50,000 Aggregate

PREMIUM: \$175

COMPANY: Merchants Bonding Company
AM Best Rating A VIII

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: BUSINESS TRAVEL COVERAGE

PROPOSED EFFECTIVE DATE: 11/19/21

COVERAGE: 24 Hour Coverage while traveling on district business
Accidental Death & Dismemberment
Paralysis Benefits
Coma Benefits
Psychological Therapy Benefit
Emergency Evacuation/Family Travel Benefits
Rehabilitation Expense Benefit
Repatriation Benefit
Seat Belt and Occupant Protection Device Benefit
Age reduction for over 70

LIMITS: \$ 250,000 Each Director
\$ 50,000 Each Spouse
\$ 25,000 Each Child
\$35,000,000 Aggregate Limit

PREMIUM: \$300

COMPANY: Chubb
AM Best Rating: A++ XV

IF ACCEPTED, PLEASE SEE FOLLOWING PAGE FOR SIGNATURE

DATE _____

ACCEPTED BY _____
(Signature of District's Authorized Representative) (Title)

REJECTED BY _____
(Signature of District's Authorized Representative) (Title)

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

Employee Retirement Income Security Act

Is this plan subject to Employee Retirement Income Security Act (ERISA) regulations? (Y/N) N/A

Policy Acceptance

The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the **Company** in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Fraud Warning

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

Name of Policyholder: Ft. Bend Co. FWSD No. 1

_____ Date

_____ Signature

_____ Title



Company Authorized Representative

Ft. Bend Co. FWSD No. 1

TYPE OF POLICY: **WORKERS COMPENSATION**

PROPOSED EFFECTIVE DATE: **11/19/21**

COVERAGES:

- Coverage A in the policy provides statutory coverage in which the insurance company agrees to assume the liability imposed upon an insured by the applicable Workers Compensation law or laws.
- Coverage B for Employers Liability in this policy protects an insured against liability imposed by law for injury to employees in the course of employment.
- Terrorism Not Excluded

LIMIT OF LIABILITY:

Employers Liability

\$1,000,000 Each Accident
Bodily Injury by Accident

\$1,000,000 Each Employee
Bodily Injury by Disease

\$1,000,000 Policy Limit
Bodily Injury by Disease

INCLUDES: Union Pacific RR contract requirement:
1) Blanket Waiver of Subrogation

POLICY TERM: One Year

PREMIUM: **\$313** (5 Directors) Estimated Annual Premium

COMPANY: Hanover Insurance Group
AM Best Rating: A XV

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

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OPTIONAL COVERAGE PROPOSAL PAGES

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Ft. Bend Co. FWSD No. 1

**** OPTIONAL COVERAGE ****

TYPE OF BOND: TAX ASSESSOR/COLLECTOR BOND

ANNIVERSARY OF CURRENT BOND: 11/19/21

COVERAGE: Covers the faithful performance and discharge of all the duties required by law as the Tax Assessor/Collector and to pay over to the depository of the District all funds or other things of value coming into his hands as Tax Assessor/Collector.

LIMIT: \$100,000

BOND TERM: One Year

PREMIUM: \$500 (Billed Directly to Tax Assessor)

NAME OF TAX ASSESSOR: To Be Determined

COMPANY: Merchants Bonding Company
AM Best Rating: A VIII

OPTIONAL LIMITS		
	Limit	Premium
	\$ 10,000	\$ 50
	\$ 25,000	\$ 125
	\$ 50,000	\$ 250
	\$ 75,000	\$ 375
X	\$ 100,000	\$ 500
	\$ 250,000	\$ 1,250
	\$ 500,000	\$ 2,500
	\$ 1,000,000	\$5,000

LIMITS \$50,000 & HIGHER MAY REQUIRE ADDITIONAL UNDERWRITING INFORMATION

**** OPTIONAL COVERAGE ****

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

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Ft. Bend Co. FWSD No. 1

**** OPTIONAL COVERAGE ****

TYPE OF POLICY: CYBER LIABILITY

PROPOSED EFFECTIVE DATE: 11/19/21

COVERAGE/LIMIT:

LIABILITY:

- Privacy & Security - \$250,000
- Payment Card Costs - \$250,000
- Media - \$250,000
- Regulatory Proceedings - \$250,000

BREACH RESPONSE:

- Privacy Breach Notification - \$250,000
- Computer & Legal Experts - \$250,000
- Betterment - \$100,000
- Cyber Extortion - \$250,000
- Data Restoration - \$250,000
- Public Relations - \$250,000

CYBER CRIME:

- Computer Fraud - \$100,000
- Funds Transfer Fraud - \$100,000
- Social Engineering Fraud - \$100,000
- Telecom Fraud - \$100,000

BUSINESS LOSS:

- Business Interruption - \$250,000
- Reputation Harm - \$250,000

POLICY AGGREGATE LIMIT: \$250,000

RETENTION: \$2,500 - \$5,000 Each Claim/Event
Waiting Period: 8 Hours

POLICY TERM: One Year

PREMIUM: **Application required for formal quote**

COMPANY: Travelers Casualty & Surety Co. of America
AM Best Rating: A++ XV

**** OPTIONAL COVERAGE ****

SEE COVERAGE DEFINITIONS AT END OF PROPOSAL

Higher limits also available

ACCEPTED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

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FT. BEND CO. FWSD NO. 1

PROPOSED EFFECTIVE DATE: 11/19/21

PREMIUM SUMMARY

COVERAGE	PREMIUM
PROPERTY	4,556.00
BOILER & MACHINERY	4,619.00
GENERAL LIABILITY/HIRED & NON-OWNED AUTO	1,974.00
POLLUTION LIABILITY	750.00
DIRECTORS AND OFFICERS	1,500.00
PUBLIC EMPLOYEE BLANKET CRIME	120.00
DIRECTOR'S BOND	175.00
BUSINESS TRAVEL ACCIDENT	300.00
WORKERS COMPENSATION & EMPLOYERS LIABILITY	313.00
EXCESS LIABILITY (Includes Pollution)	1,600.00
TOTAL PREMIUM	\$15,907.00

McDonald & Wessendorff thanks you for the opportunity to present this proposal!

* * * OPTIONAL COVERAGE(S) * * *

OPTIONAL NEW COVERAGE	PREMIUM	ACCEPTED YES/NO
LAW ENFORCEMENT LIABILITY - \$1,000,000	1,000.00	
PEACE OFFICERS BOND (# of Peace Officers: _____)	35.00 Each (Subject to \$50 minimum)	
TAX ASSESSOR/COLLECTOR BOND	500.00	
CYBER LIABILITY	Quotable	
TOTAL PREMIUM FOR ACCEPTED OPTIONAL COVERAGE		

**PLEASE REPORT ALL NEW FACILITIES OR PROPERTIES IMMEDIATELY
TO MCDONALD & WESSENDORFF**

PAYMENT IS DUE WITHIN 30 DAYS OF THE EFFECTIVE DATE TO AVOID CANCELLATION.

ACCEPTED BY: _____

PRINTED NAME & TITLE: _____

DATE: _____

FEDERAL TAX ID #: _____

WEB ADDRESS IF ANY: _____

Premiums quoted are valid for 30 days from proposed effective date.

All descriptions of proposed coverage's provided herein are intended as an outline of coverage and are necessarily brief. For specific wording concerning insuring agreements, definitions, conditions, terms and exclusions not listed, please read each policy carefully. Please contact our office if there are any questions.

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D & O APPLICATION

PLEASE COMPLETE/ SIGN
AND RETURN WITH THE
ACCEPTED PROPOSAL

THANK YOU!

**Professional Liability Application
Application for Directors & Officers Liability Insurance**

\$1,000,000

Premium \$1,500

Part 1: Background Information

****ML 1459 (01-97)****

Name of Organization: **Ft. Bend Co. FWSD No. 1**

Address: _____

Purpose of Organization: _____

In continuous existence since: _____ Number of Board Members: _____

Are there subsidiaries? Yes or No (circle response) If yes, provide name (s), date established, nature of operation, profit or nonprofit, purpose, bylaws and financial statement for each.

If yes, do you wish to request coverage for subsidiaries? Yes or No (circle response)

Are the organization's finances audited by a Certified Public Accountant? Yes or No (circle response)

Does the organization have any stockholders or persons who profit from the operation except as salaried employees? Yes or No (circle response) If yes, please give detail..... _____

Are any directors, Trustees, Officers or employees indebted to the organization? Yes or No. If yes, please give detail _____

Part 2: Insurance Coverage Information

Directors & Officers Liability Insurance carried during the past three years including expiring Policy.

Insurer: Limits of Liability: Premium: Deductible: Policy Period

Directors & Officers Liability Coverage has been continuously in force since: _____
If yes, with which insurance company? _____

Has any policy for Directors and Officers liability Insurance ever been canceled or non-renewed? Yes or No (circle response). If yes, please give detail... _____

The individual of the organization designated to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance is:

Name: _____ Title: _____

Part 3: Employer Detail

Total number of: Full Time Employees: _____ Part Time Employees: _____

Total number of Employees with annual salaries in excess of 50,000? _____

How many of these employees have annual salaries in excess of 100,000? _____

Does the organization have a written procedure for hiring and firing employees? Yes or No

Does a lawyer or human resource person review involuntary employment terminations prior to termination of an employee? Yes or No (circle response)

Has there been a reduction of employees in the past 12 months? Yes or No (circle response)

Is a reduction of employees anticipated in the next 12 months? Yes or No (circle response)

Part 4: Claim Information

Within the last 5 years has the organization or any individual proposed for insurance received any inquiry, complaint or notice of hearing from any Municipal, State Administrative Agency, Federal Regulatory Authority or Congressional or Legislative Committee of similar such agency? Yes or No If yes, please explain... _____

Within the last 5 years, has any claim been made, or is any claim now pending, against the organization, or any person proposed for Insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the organization? Yes or No (circle response) IF YES, ADVISE ON A SEPARATE SHEET DETAILS OF THE DIRECTORS & OFFICERS LIABILITY INSURANCE AND REMEDIAL MEASURES TAKEN TO PREVENT A RECURRENCE OF SUCH CLAIM(S). _____

Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the organization or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes or No (circle response) If yes, give detail. _____

- **Attach Financials**
- **Attach District Directory**

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer.

Signature: _____

Title: _____

Date: _____

TRAVELERS CYBERRISK COVERAGE INCLUDES THE FOLLOWING INSURING AGREEMENTS:

Liability Insuring Agreements:



PRIVACY AND SECURITY

Coverage for claims arising from unauthorized access to data, failure to provide notification of a data breach where required by law, failure to destroy confidential information, failure to comply with a privacy policy, wrongful collection of private or confidential information, failure to prevent a security breach that results in the inability of authorized users to gain system access, the participation in a DDoS attack, or the transmission of a computer virus.



MEDIA

Coverage for claims arising from copyright infringement, plagiarism, defamation, libel, slander, and violation of an individual's right of privacy or publicity in electronic and printed content.



REGULATORY

Coverage for administrative and regulatory proceedings, civil and investigative demands brought by domestic or foreign governmental entities or claims made as a result of privacy and security acts or media acts.

Breach Response Insuring Agreements:



PRIVACY BREACH NOTIFICATION

Coverage for costs to notify and provide services to individuals or entities who have been affected by a data breach. Examples include call center services, notification, credit monitoring and the cost to purchase identity fraud insurance.



COMPUTER AND LEGAL EXPERTS

Coverage for costs associated with analyzing, containing, or stopping privacy or security breaches; determining whose confidential information was lost, stolen, accessed, or disclosed; and providing legal services to respond to such breaches.



BETTERMENT

Coverage for costs to improve a computer system after a security breach, when the improvements are recommended to eliminate vulnerabilities that could lead to a similar breach.



CYBER EXTORTION

Coverage for ransom and related costs associated with responding to threats made to attack a system or to access or disclose confidential information.



DATA RESTORATION

Coverage for costs to restore or recover electronic data, computer programs, or software lost from system damage due to computer virus, denial-of-service attack or unauthorized access.



PUBLIC RELATIONS

Coverage for public relations services to mitigate negative publicity resulting from an actual or suspected privacy breach, security breach, or media act.

Cyber Crime Insuring Agreements:



COMPUTER FRAUD

Coverage for loss of money, securities, or other property due to unauthorized system access.



FUNDS TRANSFER FRAUD

Coverage for loss of money or securities due to fraudulent transfer instructions to a financial institution.



SOCIAL ENGINEERING FRAUD

Coverage for loss of money or securities due to a person impersonating another and fraudulently providing instructions to transfer funds.



TELECOM FRAUD

Coverage for amounts charged by a telephone service provider resulting from an unauthorized person accessing or using an insured's telephone system.

Business Loss Insuring Agreements:



BUSINESS INTERRUPTION

Coverage for loss of income and expenses to restore operations as a result of a computer system disruption caused by a virus or computer attack, including the voluntary shutdown of systems to minimize the business impact of the event.



DEPENDENT BUSINESS INTERRUPTION

Multiple coverage options for loss of income and expenses to restore operations as a result of an interruption to the computer system of a third party that the insured relies on to run their business.



SYSTEM FAILURE

Coverage for loss of income and expenses to restore operations as a result of an accidental, unintentional, and unplanned interruption of an insured's computer system.



REPUTATIONAL HARM

Coverage for lost business income that occurs as a result of damage to a business' reputation when an actual or potential cyber event becomes public.



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As required by Chapter 2270, Government Code, McDonald & Wessendorff Insurance hereby verifies that it does not boycott Israel and will not boycott Israel through the term of the policies included in this proposal. For purposes of this verification, “boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

Foreign Terrorists Organizations. Pursuant to Chapter 2252, Texas Government Code, McDonald & Wessendorff Insurance represents and certifies that, at the time of execution of this proposal neither McDonald & Wessendorff Insurance, nor any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the same (i) engages in business with Iran, Sudan, or any foreign terrorist organization as described in Chapters 806 or 807 of the Texas Government Code, or Subchapter F of Chapter 2252 of the Texas Government Code, or (ii) is a company listed by the Texas Comptroller of Public Accounts under Sections 806.051, 807.051, or 2252.153 of the Texas Government Code. The term "foreign terrorist organization" in this paragraph has the meaning assigned to such term in Section 2252.151 of the Texas Government Code.

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