

**SUPPLEMENTAL AGENDA**

**REGULAR CITY COUNCIL MEETING**

June 8, 2015

5:30 p.m.

CITY HALL COUNCIL CHAMBER  
313 COURT STREET  
THE DALLES, OREGON

**Item to be Added to Action Items  
June 11, 2015**

5. ACTION ITEMS

- D. Approval of Insurance Renewals for Fiscal Year 2015-16

  
\_\_\_\_\_  
Julie Krueger, MMC, City Clerk



**CITY of THE DALLES**

313 COURT STREET  
THE DALLES, OREGON 97058

(541) 296-5481  
FAX (541) 296-6906

**AGENDA STAFF REPORT**  
**CITY OF THE DALLES**

MEETING DATE	AGENDA LOCATION	AGENDA REPORT #
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**TO:** Honorable Mayor and City Council

**FROM:** Kate Mast, Finance Director

**THRU:** Nolan K. Young, City Manager *ny*

**DATE:** June 2, 2015

**ISSUE:** **Insurance Renewals for FY15/16 - Report by Mike Luebke, Oregon Trail Insurance, LLC**

**BACKGROUND:** Mike Luebke, Oregon Trail Insurance, LLC, the City's Agent of Record for Property, Auto, Liability, and Workers Compensation Insurance, will be presenting information to the Council on the renewal of Property, Liability and Auto Insurance for the upcoming fiscal year. We are not including the multi-paged individual insurance schedules (lists of each individual building, piece of equipment, and vehicle, etc.) in the agenda packet. Please contact either Nolan or me prior to the meeting if you would like to see those schedules.

Mr. Luebke will also discuss the estimates for Worker's Compensation Insurance for FY15/16. There are three options for payment: Plan 1 is to pay quarterly with a 2.5% prepay discount; Plan 2 is to pay for the entire year in July with a 4% prepay discount; and Plan 3 is to pay monthly with no discount. We have traditionally prepaid the annual fee to take advantage of the deepest discount, and so have only included the information on Plan 2 in the agenda packets.

**BUDGET IMPLICATIONS:** The approved budget contains sufficient funds for the renewal of the SAIF Workers Comp insurance estimates.

The approved budget does not contain sufficient funds for the renewal of the CIS insurance in the General Fund (short \$1,238.67) or in the Wastewater Fund (short \$461.99). However, the shortages within each fund are so small that we do not recommend any changes to the proposed budget, as the total of each Materials & Services category affected should not be over-expended.

**ALTERNATIVES:**

- A. **Staff Recommendation:** Move to approve the renewal of the City's Property, Liability Auto, and Workers Compensation Insurance coverages as presented.
- B. Council may choose to decline to approve the proposed renewals and direct Mr. Luebke to pursue alternatives for coverage.

# Oregon Trail Insurance



409 West Fourth Street  
The Dalles, OR 97058  
541-296-2395 Tel  
541-296-6143 Fax

May 28, 2015

Mr. Nolan Young, City Manager  
City of The Dalles  
313 Court Street  
The Dalles, OR 97058

Re: City County Insurance Services Renewal Proposal - Effective July 1, 2015

Dear Nolan,

Below are listed several items relative to the July 1 insurance renewal. The renewal documents are attached from City County Insurance Services (CIS) for the next policy year from July 1, 2015 to July 1, 2015.

**Workers' Compensation:** The Experience Modification Factor has increased from 1.22 to 1.69 due to the claims history from last year. The frequency of claims is down slightly for this year and the severity of the claims for this year is down substantially.

**Property:** Buildings and Contents values were "trended" upwards by 2% for this coming year to maintain Replacement Values using the CIS-provided appraisal dated 11/30/2011. Approximately \$1,688,520 of additional property values are included in this proposal.

**Liability:** There is a separate proposal for the addition of Excess Cyber Liability Coverage. This premium is not included in the Property and Liability Proposal Summary. The City's current coverage provides \$50,000 of coverage for Cyber Liability Claims.

**Claims:** During the current fiscal year there have been 9 reported claims (down from 18 last year) with only 3 claims remaining "open" as of May 29, 2015.

**Risk Management:** The City has received a \$1,000 Bonus Credit for participation in the CIS 2014-15 Bonus Program. This credit is included on the Property and Liability Proposal Summary.

We continue to recommend coverage with CIS and Saif Corporation.

At Oregon Trail Insurance we continue to appreciate the working relationship with your staff at City of The Dalles and allowing us to serve efficiently as your agent. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Clark".

Colleen Clark



**Workers' compensation insurance proposal for  
CITY OF THE DALLES**

**MIKE COURTNEY  
COURTNEY INSURANCE AGENCY INC  
P: 541.296.4604  
F: 541.298.5351  
mike@courtneyinsure.com**



May 11, 2015

MIKE COURTNEY  
PO BOX 580  
THE DALLES, OR 97058-0580

Re: CITY OF THE DALLES

Policy: 488236

Dear MIKE COURTNEY:

This business's workers' compensation policy with SAIF Corporation renews on 07/01/2015. I authorized the rates and plan(s) shown on the enclosed premium estimate(s).

**To elect coverage**

Sign and return the *Notice of Election* before the effective date of 07/01/2015.

**To elect a premium prepayment discount**

Remit the first payment to SAIF by 07/10/2015 along with the enclosed prepay installment form. The business will not receive the prepay discount if the payment is late.

**Verifiable time records**

Oregon Administrative Rules require you to report wages under the highest rated classification applicable to any part of the worker's duties if you choose not to keep verifiable time records.

In most instances, if you have more than one classification on your insurance policy and your workers shift duties between those classifications, you can use verifiable time records to separate the payroll of the workers and report it in more than one classification on the payroll report.

Verifiable time records must be supported by original entries from other records, including, but not limited to, timecards, calendars, planners, or daily logs prepared by the employee or the employee's direct supervisor or manager. Estimated percentages or ratios will not be accepted. For more information on how to keep verifiable time records, go to [saif.com](http://saif.com) / *Employer Guide / Reporting payroll / Verifiable time records*.

SAIF Corporation strives to provide our customers with the best services available at the lowest possible cost. We appreciate your confidence in us and look forward to working with you and our mutual customers to achieve this goal. Please feel free to contact me whenever you need assistance.

Sincerely,

Deserie Staats  
Underwriter  
P: 503.373.8833 or 800.285.8525  
F: 503.584.8833  
[dessta@saif.com](mailto:dessta@saif.com)

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.373.8020



**CITY OF THE DALLES**

**Premium estimate for Guaranteed Cost Plan**

Period: 07/01/2015 - 07/01/2016

Policy: 488236

Plan: 2

Class	Description	Estimated Payroll	Rate	Estimated Premium
5506	Street/Rd Const-Fnl Grad/Pve/Rep/Dr	\$415,880	9.49	\$39,467
7382	Limousine Co/Scheduled-Dr	\$12,320	5.47	\$674
7520	Waterworks Operation-Dr	\$999,312	3.88	\$38,773
7580	Sewage Disposal Plant Oper-Dr	\$499,164	4.39	\$21,913
7720	Police Officers & Dr	\$1,617,375	4.05	\$65,504
8380	City/County-Veh/Equip Repr Shop-Dr	\$100,254	4.59	\$4,602
8411	Vol Plcmm @ 2400/Qtr Ea	\$67,200	1.84	\$1,236
8742	Field Representatives	\$399,093	.36	\$1,437
8810	Office Clerical	\$772,046	.20	\$1,544
8810	Library/Museum-Public-Prof Emp&Cler	\$465,331	.20	\$931
8820	Attorney & Cler/Messenger/Dr	\$254,562	.20	\$509
8831	Dog Pounds-Incl Dog Catcher/Dr	\$27,294	1.99	\$543
9015	Buildings-Ops By Owner/Lessee & Drivers	\$94,020	4.42	\$4,156
9410	Municipal/Twn/Cnty/State Emp-Noc	\$511,850	2.09	\$10,698
5507	Street/Rd Const-Rdbed/Subase-Dr	\$0	6.60	\$0
6826 F	Marinas/Boathouses Oper-Inc-Dr	\$0	8.16	\$0
6836	Marinas-Inc Slis/Prts Dr-State Act	\$0	8.08	\$0
7720	Trapping-Forest Animals/Dr	\$0	4.05	\$0
9102	Park Noc-All Employees & Dr	\$0	4.68	\$0
9402	Snow Removal-Streets/Roads-Dr	\$0	7.00	\$0
9403	Garbage/Ash/Refuse Collectn Dr	\$0	7.31	\$0
8810	Vol Library Prof Emp & Cler VOL@\$9.10/hour	\$0	.20	\$0

**Total Payroll** \$6,235,701

**Manual Premium** \$191,986

Part Two Coverage (Increased Limits Factor 1.004) + \$768

**Subject Premium** \$192,754

Experience Rating Modification x 1.69

**Modified Premium** \$325,755

Annual Prepay Discount (4.0%) - \$13,030

**Standard Premium** \$312,725

Premium Discount - \$48,850

**Discounted Premium** \$263,876

USLHW Expense Constant + \$100

Terrorism Premium + \$624

Catastrophe Premium + \$624

DCBS Premium Assessment @ 6.2% + \$16,372



**CITY OF THE DALLES**

**Premium estimate for Guaranteed Cost Plan**

**Period:** 07/01/2015 - 07/01/2016

**Policy:** 488236

**Plan:** 2

**Total Premiums and Assessments** \$281,595

**Annual Prepay Installment** \$281,595

<b>Premium discount schedule</b>		
First	\$3,500	0.0%
Next	\$14,500	10.0%
Next	\$82,000	15.0%
Over	\$100,000	16.5%

Payroll Reporting Frequency: Annual

Part Two coverage at limits of \$1,000,000/\$1,000,000/\$1,000,000 with \$120 minimum premium.

Terrorism premium = total payroll / 100 x .01

Catastrophe premium = total payroll / 100 x .01

DCBS Premium Assessment excludes Part Two coverage and federal premium.

Premium and rating factors will change on your anniversary rating date to those in effect at that time.

Your policy premium is based on your current estimated premium and may be prorated for policies issued for less than a full year or adjusted based on actual payroll by classification.



## CITY OF THE DALLES

### Notice of Election for Guaranteed Cost Plan

Period: 07/01/2015 - 07/01/2016

Policy: 488236

Plan: 2

Agency: COURTNEY INSURANCE AGENCY INC

Producer: MIKE COURTNEY

#### Premium Estimate:

Modified premium	\$325,755
Annual prepay discount (4.0%)	\$13,030
Standard premium	\$312,725
Premium discount	\$48,850
Total premiums and assessments	\$281,595

Payroll reporting frequency: Annual

Please visit [saif.com](http://saif.com) and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

I, the undersigned, as a legal representative of the company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

\_\_\_\_\_  
Authorized signature of insured

\_\_\_\_\_  
Date signed

**Please return this page to:**

**SAIF CORPORATION  
400 High St SE  
Salem, OR 97312-1000**



## **CITY OF THE DALLES**

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### **Plan description for Guaranteed Cost Plan**

**Period:** 07/01/2015 - 07/01/2016

**Policy:** 488236

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#### **Guaranteed Cost Plan**

SAIF Corporation's Guaranteed Cost Plan is a simple, no-risk plan that allows purchasers to know their insurance costs throughout the policy period. It may provide a premium discount based on volume.

#### **Premium payment terms – Plan 3**

We will send a payroll report to you at the end of each reporting period. Return the completed payroll report to us by the indicated due date or you may go to **saif.com** to submit payroll figures online where SAIF makes it easy by doing all the calculations for you.

Your premium, including the terrorism premium, catastrophe premium, and the Department of Consumer and Business Services premium assessment, is payable with each payroll report.

SAIF adds interest at the rate of one percent per month to any past due balance.

#### **The Prepay advantage and payment terms - Plan 1, 2**

SAIF Corporation offers additional savings in exchange for paying premiums in advance. A 4 percent discount is offered for annual prepay plans and a 2.5 percent discount is offered for quarterly prepay plans.

SAIF uses estimated premium paid in advance during the policy year to calculate the prepay discount even when your standard premium changes during the policy period.

The terrorism premium, catastrophe premium, and the Department of Consumer and Business Services (DCBS) premium assessment will also be estimated and paid with your prepay installments. The prepay discount does not apply to the terrorism premiums or the DCBS premium assessment.

If SAIF does not receive your first installment in our office on or before the 10th day of the new policy period, you will not receive the prepay discount. SAIF does not use postmark dates in determining date received.

If you choose a quarterly prepay, the estimated premium will be billed in four equal installments. Subsequent quarterly installments are due by the 25th day following the bill date of the installment.

Because the prepayment installments are based on estimated payroll and premium, your final premium, including terrorism and catastrophe premiums and DCBS premium assessment, cannot be determined until you report the actual subject payroll. A payroll report will be sent to you at the end of the policy year. SAIF must receive your completed payroll report by the indicated due date or you may go to **saif.com** to submit your payroll online. We will calculate the premium and assessment amounts and compare them to the payments you made based on the estimate. We will then send you a reconciliation statement showing the difference in these two amounts.

SAIF adds interest at the rate of one percent per month to any past due balance.

# Excess Cyber Security Expense Coverage Proposal



citycounty insurance services

CIS  
1212 Court St NE  
Salem, OR 97301

**Named Member**  
City of The Dalles  
313 Court St.  
The Dalles, OR 97058

**Agent of Record**  
Oregon Trail Insurance  
409 W 4th Street  
The Dalles, OR 97058

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Period: 7/1/2015 to 7/1/2016	5/21/2015
<b>Excess Cyber Security Expense Coverage</b>	<b>\$1,000,000</b>
<b>Coverage Limits excess of \$50,000 coverage provided under the CIS General &amp; Auto Liability Coverage Agreement *</b>	
Notification Costs	Included
Third Party Liability	Included
Penalties	Included
Extortion	Included
Breach Coaching	Included
Public Relations Consulting	Included
Credit Monitoring	Included

\* This represents only a brief summary of coverages. Please refer to the Cyber Security Expense Coverage section of the CIS General & Auto Liability Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

**Deductible \$5,000**

**Contribution: \$5,040.00**

**Forms Applicable: CIS General & Auto Liability Coverage Agreement - CIS GL/LAL (7/1/2015)**

Accepted by: \_\_\_\_\_

Authorized Representative / Agent

Date: \_\_\_\_\_

# Property and/or Liability Proposal Summary



citycounty insurance services

**Member**

City of The Dalles  
313 Court St.  
The Dalles, OR 97058

**Agent**

Oregon Trail Insurance  
409 W 4th Street  
The Dalles, OR 97058

Member Number	Effective Date	Termination Date	Proposal Date
10212	7/1/2015	7/1/2016	5/20/2015

Coverage	Description	Amount	Total Due
General Liability (Standard Plan)	Contribution Limit: \$5,000,000	\$170,013.61	
	Multi-Line Credit	(\$5,100.41)	
	Bonus Program Credits (1)*	(\$1,000.00)	\$163,913.20
Auto Liability	Contribution	\$24,831.46	
	Multi-Line Credit	(\$744.94)	\$24,086.52
Auto Physical Damage	Contribution	\$20,061.65	
	Multi-Line Credit	(\$601.85)	\$19,459.80
Property	Contribution	\$102,759.82	
	Multi-Line Credit	(\$3,082.79)	
	Bonus Program Credits (0)*	\$0.00	\$99,677.02
Optional Excess Liability	Contribution	Not Purchased	\$0.00
Optional Excess Quake	Contribution	Not Purchased	\$0.00
Optional Excess Flood	Contribution	Not Purchased	\$0.00
Optional Excess Crime	Contribution	Not Purchased	\$0.00
Optional Excess Cyber Liability	Contribution	Not Purchased	\$0.00
Difference in Conditions	Contribution	Not Purchased	\$0.00
<b>Summary</b>	<b>Contribution</b>	<b>\$317,666.54</b>	
	<b>Multi-Line Credit</b>	<b>(\$9,529.99)</b>	
	<b>Bonus Program Credit</b>	<b>(\$1,000.00)</b>	

\* Each Bonus Program Credit equals 1% of GL and PR Contribution, up to \$1,000.

**This is not an Invoice. Information Only**

<b>Total:</b>	<b>\$307,136.54</b>
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# CIS Liability Coverage Proposal



citycounty insurance services

CIS  
1212 Court St NE  
Salem, OR 97301

**Named Member**  
City of The Dalles  
313 Court St.  
The Dalles, OR 97058

**Agent of Record**  
Oregon Trail Insurance  
409 W 4th Street  
The Dalles, OR 97058

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Period: 7/1/2015 to 7/1/2016		5/20/2015		
Coverage*	Per Occurrence Limit*	Annual Aggregate*	Per Occurrence Deductible / SIR*	Agg/Retro Deductible
Public Entity Liability Coverage (Including Auto Liability) as described in CIS General & Auto Liability Coverage Agreement	\$200,000	\$600,000	None	None

Forms Applicable: CIS General & Auto Liability Coverage Agreement - CIS GLJAL (7/1/2015)

Coverage*	Per Occurrence Limit	Annual Aggregate		
Excess Public Entity Liability Coverage as described in the CIS Excess Liability Coverage Agreement (limits shown are excess of primary coverage limits)	\$4,800,000	\$14,400,000		

Forms Applicable: CIS Excess Liability Coverage Agreement - CIS XS/GL (7/1/2015)

Coverage**	Per Occurrence Limit	Annual Aggregate		
Torus National				

\* Refer to the CIS General & Auto Liability Coverage Agreement and CIS Excess Liability Coverage Agreement and endorsements (if any) for detailed coverages, special deductibles, limits, sublimits, exclusions, and conditions that may apply.  
Excess Liability Coverage does not provide Uninsured Motorist coverage.

\*\* Refer to Torus National Insurance Company Policy for details on coverage limitations and exclusions in this layer.

Coverage	Contribution
General Liability	\$170,013.61
Auto Liability	\$24,831.46
<b>Liability Total</b>	<b>\$194,845.07</b>

To effect coverage, please sign, date and return this form before requested effective date. Fax is acceptable

Accepted by: \_\_\_\_\_

Authorized Representative / Agent

Date: \_\_\_\_\_

# CIS Auto Physical Damage Coverage Proposal



citycounty insurance services

CIS  
1212 Court St NE  
Salem, OR 97301

**Named Member**  
City of The Dalles  
313 Court St.  
The Dalles, OR 97058

**Agent of Record**  
Oregon Trail Insurance  
409 W 4th Street  
The Dalles, OR 97058

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Period: 7/1/2015 to 7/1/2016		5/20/2015		
Autos Covered*	Coverage Limit	Comprehensive Deductible	Collision Deductible	Contribution
Scheduled Autos	Per Schedule**	Per Schedule**	Per Schedule**	\$20,061.65
Rented or Leased Autos (60 days or less)	ACV Not to Exceed \$100,000	\$100	\$500	Included
Newly Acquired Autos	Included	\$100	\$500	Included

\* This represents only a brief summary of coverages. Please refer to CIS Auto Physical Damage Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

**Total Contribution:** \$20,061.65

**Forms Applicable:** CIS Auto Physical Damage Coverage Agreement - CIS APD (7/1/2015)

\*\*Current CIS Auto Schedule

To effect coverage, please sign, date and return this form before requested effective date. Fax is acceptable

Accepted by: \_\_\_\_\_

Authorized Representative / Agent

Date: \_\_\_\_\_

# CIS Property Coverage Proposal



citycounty insurance services

CIS  
1212 Court St NE  
Salem, OR 97301

**Named Member**  
City of The Dalles  
313 Court St.  
The Dalles, OR 97058

**Agent of Record**  
Oregon Trail Insurance  
409 W 4th Street  
The Dalles, OR 97058

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Period: 7/1/2015 to 7/1/2016

5/20/2015

**Coverage Limits (Per Occurrence):\***

Building and Contents and PIO	Per current CIS Property Schedule
Mobile Equipment	Per current CIS Mobile Equipment Schedule
Earthquake	\$5,000,000
Excess Earthquake - Coverage applies only if coverage limit is shown.	None
Flood	\$5,000,000
Excess Flood - Coverage applies only if coverage limit is shown.	None
Combined Loss of Revenue and Rental Value	\$150,000
Combined Extra Expense and Rental Expense	\$250,000
Property in Transit	\$150,000
Hired, Rented or Borrowed Equipment	\$150,000
Restoration/Reproduction of Books, Records, etc.	\$100,000
Electronic Data Restoration/Reproduction	\$250,000
Pollution Cleanup	\$25,000
Crime Coverage	\$50,000
Police Dogs (if scheduled)	\$15,000
Off Premises Service Interruption	\$100,000
Miscellaneous Coverage	\$50,000
Personal Property at Unscheduled Locations	\$15,000
Personal Property of Employees or Volunteers	\$15,000
Unscheduled Fine Arts	\$100,000
Temporary Emergency Shelter Restoration	\$50,000
<b>Difference in Conditions - Earthquake &amp; Flood (if any):</b>	<b>\$0</b>
<b>Extra Items (if any):</b>	

\* This represents only a brief summary of coverages. Please refer to the CIS Property Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

**Locations Covered:** Per current CIS Property Schedule.

**Perils Covered:** Risks of Direct Physical Loss subject to the terms, conditions and exclusions contained in the coverage forms listed below under Forms Applicable.

**Deductibles:** \$5,000 Per occurrence except as noted and as follows (if any).

\$1,000 Per occurrence on scheduled mobile equipment items.

Earthquake and Flood: Special deductibles and restrictions per Section 2 of the CIS Property Coverage Agreement.

**Total Contribution:** \$102,759.82 (Property)

\$0.00 (Excess Earthquake)

**Forms Applicable:** CIS Property Coverage Agreement - CIS PR (7/1/2015)

To effect coverage, please sign, date and return this form before requested effective date. Fax is acceptable

Accepted by:

\_\_\_\_\_  
Authorized Representative / Agent

Date: \_\_\_\_\_

# CIS Equipment Breakdown Coverage Proposal



citycounty insurance services

CIS  
1212 Court St NE  
Salem, OR 97301

**Named Member**  
City of The Dalles  
313 Court St.  
The Dalles, OR 97058

**Agent of Record**  
Oregon Trail Insurance  
409 W 4th Street  
The Dalles, OR 97058

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Period: 7/1/2015 to 7/1/2016

5/20/2015

**Coverage Limits:\***

Property Damage	Per current CIS Property Schedule or \$100,000,000, whichever is less.
Rental Value/Rental Expense	Included in Property Damage
Extra Expense	Included in Property Damage
Service Interruption	Included in Property Damage
Drying out following a flood	Included in Property Damage
Course of Construction	Included in Property Damage
Computer Equipment	Included in Property Damage
Portable Equipment	Included in Property Damage
CFC Refrigerants	Included in Property Damage
Hazardous Substance	\$2,000,000
Data Restoration	\$250,000
Perishable Goods	\$2,000,000
Expediting Expense	\$2,000,000
Demolition	\$2,000,000
Ordinance or Law	\$2,000,000
Off Premises Property Damage	\$250,000
Contingent Rental Value/Rental Expense	\$250,000
Newly Acquired Locations	\$1,000,000 / 365 days max.
Extended Period of Restoration	30 Days

\* This represents only a brief summary of coverages. Please refer to CIS Equipment Breakdown Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

**Locations Covered:** Per current CIS Property Schedule.

**Deductible:** \$1,000 All Coverages: 24 hour waiting period applies for service interruption.

**Contribution:** Included

**Forms Applicable:** Equipment Breakdown Coverage Agreement - CIS BM (7/1/2015)

To effect coverage, please sign, date and return this form before requested effective date. Fax is acceptable

Accepted by: \_\_\_\_\_

Authorized Representative / Agent

Date: \_\_\_\_\_