



UTAH LOCAL GOVERNMENTS TRUST

Municipal Applicant: Tooele County

- New Business
 Existing Member

COVERAGE APPLICATION

I. LIABILITY

Policy Period 1/1/18 to 1/1/19

Policy Number 14190-GL2018

MAXIMUM COMBINED AGGREGATE LIMIT (MCAL)

- \$10,000,000
 \$5,000,000
 \$2,000,000
 Other: _____

SELF INSURED RETENTION

- \$0
 Other: _____

The Maximum Combined Aggregate Limit (MCAL) represents the most the Trust will pay per Policy Period regardless of the number of: (1) Insureds; (2) "claims" or "suits"; (3) persons or organizations sustaining "damages"; (4) "occurrences," "personal injury offenses," "public officials' errors and omissions," "wrongful law enforcement acts"; or (5) coverages involved in a loss. Payment under any of the coverages provided by the Trust shall reduce the Maximum Combined Aggregate Limit available per Policy Period. Coverage provided by the Trust shall not be combined, cumulated or stacked with any other coverage provided by the Trust.

CGL - Commercial General Liability

	<u>Comprehensive General Liability</u> Liability Aggregate Limit per Policy Period Liability Single Limit per Occurrence/Offense No-Fault Medical Payments per Occurrence	<u>Coverage Limit</u> Equals MCAL Amount Equals MCAL Amount \$5,000
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POEO - Public Officials' Errors and Omissions Liability

CP1	<u>Coverage Part 1:</u> <u>Public Officials' Errors and Omissions</u> Liability Aggregate Limit per Policy Period Liability Single Limit per Wrongful Act	<u>Coverage Limit</u> Equals MCAL Amount Equals MCAL Amount
CP2	<u>Coverage Part 2:</u> <u>Employee Benefits Liability</u> Liability Aggregate Limit per Policy Period Liability Single Limit per EB Act/Error/Omission	Equals MCAL Amount Equals MCAL Amount

LEL - Law Enforcement Liability (Available only to Members with LE Operations)

LEL	<u>Law Enforcement Liability</u> Liability Aggregate Limit per Policy Period Liability Single Limit per Wrongful Law Enforcement Act	<u>Coverage Limit</u> Equals MCAL Amount Equals MCAL Amount
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BAC - Business Auto Coverage

BI/PD	<u>Auto Bodily Injury/Property Damage</u> Liability Aggregate Limit per Policy Period	<u>Coverage Limit</u> Equals MCAL Amount
	Liability Single Limit per Accident/ Covered Pollution Cost or Expense	Equals MCAL Amount
UM	<u>Uninsured Motorist Coverage</u> Coverage Limits	\$100,000
UIM	<u>Underinsured Motorist Coverage</u> Coverage Limits	\$100,000
PIP	<u>Personal Injury Protection</u> Coverage Limits	\$5,000

Sub-Limits/Endorsements

USS-L	<u>Utility Service Sub-Limit</u> Aggregate Limit per Policy Period	Included for Members with CGL \$1,000,000
	Per Claim/Suit Limit	\$500,000
SHS-L	<u>Sexual Harassment Sub-Limit</u> Aggregate Limit per Policy Period	Included for Members with CGL/POEO/LEL \$1,000,000
FS-E	<u>No-Fault Sewer and Potable Water</u> Aggregate Limit per Policy Period	<input type="checkbox"/> Optional - Available only to Member with CGL \$100,000
	Maximum Limit per Household/Business	\$5,000
FCSS-L	<u>Foreign Claims and Suits Sub-Limit</u> Aggregate Limit per Policy Period	Included for Members with CGL/POEO/LEL \$1,000,000
DEC-E	<u>Declaratory, Injunctive Relief and Land Use</u> <u>Defense</u> Aggregate Limit per Policy Period	Included for Members with CGL \$50,000
	Per Claim/Suit	\$25,000

MAL-E	<u>Malfeasance Defense</u> Aggregate Limit per Policy Period	Included for Members with CGL/POEO/LEL \$20,000
	Per Claim/Suit Limit	\$10,000
HM-E	<u>Limited Healthcare Malpractice</u> Aggregate Limit per Policy Period	<input checked="" type="checkbox"/> Optional - Available only to Members with CGL with Healthcare Operations Equals MCAL Amount
PA-E	<u>Prior Acts (Nose Coverage)</u> Aggregate Limit per Policy Period	<input type="checkbox"/> Optional - Available only to Members with claims-made coverage and No Known Loss \$1,000,000
	Per Claim/Suit	\$1,000,000
UAS-E	<u>Unmanned Aerial Systems (Drone)</u> Aggregate Limit per Policy Period	<input type="checkbox"/> Optional - Available only to Members with CGL \$1,000,000
	Per Claim/Suit	\$500,000

II. PROPERTY

Policy Period 1/1/18 to 1/1/19

Policy Number 14190-P2018

<u>LIMITS OF LIABILITY</u> - Per Occurrence: subject to all Perils, Coverage (subject to policy exclusions) and all Trust Members combined, regardless of the number of Trust Members, coverages, extensions of coverage, or perils insured, subject to the following per occurrence and/or aggregate sub-limits.	\$1,000,000,000
<u>SUB-LIMITS OF LIABILITY</u>	See Property Declarations Page
<u>DEDUCTIBLE</u> - All Risk (Basic)	\$10,000
<u>SPECIFIED PERILS or COVERAGE DEDUCTIBLE(S)</u> Per Occurrence for Off Premises Vehicle Damage	See Property Declarations Page \$500

Date Printed: 11/21/2017

III. WORKERS COMPENSATION

Policy Period 1/1/18 to 1/1/19

Policy Number 14190-WC-2018

Coverage Part A. Workers Compensation Insurance:

Provides coverage required by the Workers Compensation Law of the following state:

Utah

Coverage Part B. Employer's Liability Insurance:

Provides coverage to the insured (employer) for liability to employees for work-related bodily injury or disease, other than liability imposed by a workers compensation law.

Limits of Liability (Part B.):

\$2,000,000 Bodily injury by accident (each accident)
\$2,000,000 Bodily injury by disease (policy limit)
\$2,000,000 Bodily injury by disease (each employee)

ACKNOWLEDGEMENT

I hereby acknowledge that the above-mentioned coverages and options available through the Utah Local Governments Trust ("Trust") have been explained to me. I further acknowledge that I have reviewed this application, including my selection of coverages and options, and understand that this application will now be submitted to the Trust for consideration.

With respect to the Property Coverage, I understand and agree that no coverage shall be provided for damage or loss to vacant or unoccupied buildings.

I further acknowledge and represent that I have been duly authorized to make decisions regarding coverage for and on behalf of the Municipal Applicant identified below, and understand that no coverage selection I make shall become binding unless and until a Coverage Declaration, countersigned by the Trust, has been issued.

Tooele County
Municipal Applicant

[Signature] 12-6-17
Signature of Authorized Representative Date

Myron Bateman
Printed Name




Insurance Coverage General Term Sheet

Coverage will be governed by the terms and conditions of your policies.

1. Insured: Tooele County
2. Coverage Type: Liability, Property, Auto Physical Damage and Workers Compensation
3. Coverage Term: 1/1/18 to 1/1/21, annual anniversary at 1/1/19 and 1/1/20
4. 2018 Liability Premium: \$115,594
5. 2018 Property Premium: per current rate and statement of values
6. 2018 Auto Physical Damage Premium: per current rate and schedule
7. 2018 Workers Compensation Premium: \$194,684
8. 3 year rate guarantee applies to liability and property program, subject to terms of rate guarantee
9. Tooele County retains the right to any rate reductions offered by the Trust during policy term

Order to bind insurance coverage:

 12/6/17
 Approved By Date

Myron Berman, Commissioner
 Name, Title

 11.13.17
 Steven A. Hansen CEO Date