

**BUSINESS INSURANCE PROPOSAL**

**FOR**

**COUNTY OF GALVESTON & GALVESTON COUNTY COMMISSIONERS COURT**

**JANUARY 8, 2025**

**PRESENTED BY:**



*Please remember that the extent of any insurance provided to you is at all times governed by the complete terms and conditions of the issued policy itself.*

*This presentation is a summary only and does not constitute coverage. You must sign and return all required documentation along with payment for the premium amount due before a request for coverage can be made to the Insurance Company*

***From June through November insurance companies may stop binding coverage when a 'tropical disturbance' enters the Gulf of Mexico or Caribbean Sea. In these cases, coverage quoted in this proposal cannot be put in effect until the company lifts its binding restrictions.***



January 8, 2025

County Of Galveston & Galv Cty Comm Court  
722 Moody, 3rd Floor  
Galveston TX 77550

Re: Proposal for Crime  
Proposed Effective 2/21/2025 to 2/21/2026

Dear County of Galveston Commissioners Court:

**THANK YOU FOR YOUR BUSINESS!**

We are pleased to enclose a presentation for the above referenced policy or line(s) of coverage. We would like to point out that this presentation outlines a few of the coverage and/or limitation features of the coverage line(s) being presented, others may apply. We strongly encourage you to review the presentation closely and call us should you have any questions or concerns. *Please remember that the extent of any insurance provided to you is at all times governed by the complete terms and conditions of the issued policy itself. This presentation does not constitute coverage. You must sign and return all required documentation along with payment for the premium before a request for coverage can be made to the insurance company.*

We would also like to remind you that your exposure to a loss may exceed your current limits. Higher limits may be available.

GIA offers a full line of insurance products including Employee Benefits to help meet all your insurance needs.

If you have ANY questions concerning this presentation or any other insurance matter, please let us know.

Sincerely,

*Stephanie Rippard*

Stephanie Rippard

Enclosure

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6025 Heards Lane, Galveston TX 77551 • P O Box 16767, Galveston TX 77552  
409-740-1251 • FAX 409-740-0513  
[www.gia-tx.com](http://www.gia-tx.com)

Commercial • Personal • Employee Benefits



**CRIME POLICY**

**I N S U R A N C E**

Company:	The Hartford Fire Insurance Co.
AM Best Rating:	A+ XV
Policy Term:	February 21, 2025 to February 21, 2026
Premium:	\$8,144.00
	<i>Rates are not guaranteed. They are set by the company and subject to change.</i>

<b>CrimeSHIELD Coverage</b>	<b>Limit of Insurance</b>	<b>Deductible</b>
(Insuring Agreement 1) Employee Theft	\$1,000,000	\$150,000
(Insuring Agreement 3) Computer and Funds Transfer Fraud	\$1,000,000	\$150,000

<b>Additional Included Coverages:</b>	<b>Limit of Insurance</b>	<b>Deductible</b>
Deception Fraud	\$100,000 per occurrence	\$25,000 per occurrence
Sublimit for Virtual Currency	\$15,000 per occurrence	\$5,000 per occurrence

**Coverages Not Included:**

- (Insuring Agreement 2 )Employee Theft at Client Premises
- (Insuring Agreement 4) Theft Inside the Premises
- (Insuring Agreement 5) Theft Outside the Premises
- (Insuring Agreement 6) Depositors Forgery or Alteration
- (Insuring Agreement 7) Credit, Debit or Charge Card Forgery
- (Insuring Agreement 8) Money Orders and Counterfeit Currency
- (Insuring Agreement 9) Investigative Expenses
- (Insuring Agreement 10) Computer Systems Restoration Expenses
- (Insuring Agreement 11) Indentity Recovery Expenses Reimbursement

**Important Exclusions:  
(Others May Apply)**

Amendment for Governmental Entities: Excludes coverage for Bonded Employees, Treasurer or Tax Collector; Please see policy for policy form built in exclusions applying to all insuring agreements.

**\*\* Notice regarding higher limits:** Your exposure to a loss may exceed your limits and even those quoted here. Higher limits may be available. Please let us know if you would like additional information or a quote.



**INVOICE**

All premiums payable on or before effective date of policy.

ACCOUNT NO./DATE  
00000928 /January 8, 2025

County Of Galveston & Galv Cty Comm Court  
722 Moody, 3rd Floor  
Galveston, TX 77550

FOR: \_\_\_\_\_

\$ \_\_\_\_\_  
PAYMENT ENCLOSED

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	QUOTE / POLICY #	DESCRIPTION	AMOUNT
2/21/2025	2/21/2026	Renewal of 61FA028331224	Crime Policy  <b>PLEASE MAKE CHECK PAYABLE TO GIA Thank you!</b>  <b>PAYMENT DUE BY 2/20/2025 TO AVOID A LAPSE IN COVERAGE.</b>	\$8,144.00
<i>Payment and signed documents must be returned to GIA before a request for coverage can be made to the Insurance Company</i>				
			<b>TOTAL ESTIMATED AMOUNT DUE</b>	<b>\$8,144.00</b>

**Thank you for your payment. We greatly appreciate your business!**



Applicant's Business Name: County Of Galveston & Galveston County Commissioners Court

Applicant's  
Initials

CLIENT AUTHORIZATION TO SECURE COVERAGE  
AND NON-BINDING COVERAGE DISCLAIMER

X

Applicant has requested GIA to secure insurance on their behalf as proposed and/or quoted with changes (if any) noted on the "Declination of coverage" page located in this business insurance proposal.

This agreement will confirm that applicant understands and agrees that no insurance policy or coverage shall be effective until an insurance company, in response to the agency's request, issues the policy, binder, endorsement or certificate. Applicant understands and agrees that no action or statement by the agent in accepting this application or attempting to secure the insurance or coverage desired by the applicant shall be construed as binding coverage, or as a promise, or representation, as to when such coverage will, or may, be issued or become effective. This agreement will also apply to any insurance, coverage or endorsements required by applicant to be attached to any policy or certificate of insurance as a result of this application.

Any proposal or quotes offered to the applicant by the agency provide only a summary of the insurance or coverage proposed, the actual policies and other evidences of insurance, as issued by the company are the sole source for coverage, conditions, limitations and exclusions. Applicant confirms that the values, schedules and other data contained on the agency's applications, proposals and quotes have been supplied by the applicant, and/or records he supplied. Applicant acknowledges that they are solely responsible to maintain these records accurately, and agrees and understands that the policies contained in these proposals and quotes may be subject to final audit adjustment. Applicant understands that the final audited policy premium could be subject to change based on the final audit of exposures (such as payrolls, sales, receipts, etc). Further, applicant understands and agrees their authorization to secure coverage may result in a partially or fully earned premium, not subject to adjustment or refund even if coverage is canceled. The undersigned applicant has read and agrees to the provisions of this agreement.

EXECUTED ON (DATE): \_\_\_\_\_

X

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT