

BUSINESS INSURANCE PROPOSAL

FOR

COUNTY OF GALVESTON & GALVESTON COUNTY COMMISSIONERS COURT

OCTOBER 22, 2024

PRESENTED BY:

GARRY KAUFMAN



I N S U R A N C E

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.



October 22, 2024

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

Re: Proposal for Bond Renewals for: Cheryl E Johnson & John D. Kinard
Johnson Effective 1/1/25-1/1/29
Kinard Effective 12/6/24-12/6/26

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



**COUNTY OF GALVESTON & GALVESTON COUNTY COMMISSIONER
COURT'S SERVICE TEAM**

Garry Kaufman

Account Executive

Phone: (409)740-1251

Fax: (409)740-0513

Email: Garry.Kaufman@gia-tx.com

Garry Kaufman is responsible for overseeing all aspects of your insurance program.

Stephanie Rippard

Account Manager

Phone: (409)740-1251

Fax: (409)740-0513

Email: Stephanie.Rippard@gia-tx.com

Stephanie Rippard is responsible for the daily servicing of your account including endorsements, certificate requests, client services, program design, accounting, quality assurance and market relationships.

Please feel free to contact us if you have any questions or concerns regarding your insurance program.



PUBLIC OFFICIAL BOND

X AD Initials

I N S U R A N C E

Company:	United Fire & Casualty Company
AM Best Rating:	A X
Policy Term:	1/1/2025 to 1/1/2029
Premium:	\$1,775.00
	<i>Rates are not guaranteed. They are set by the company and subject to change.</i>

Principal:	Cheryl E Johnson
Obligee:	Governor of the State of Texas
Bond Description:	County Tax Assessor-Collector
Bond #:	51-105180
Bond Amount:	\$100,000

Notice regarding Bond Amounts: Your exposure to a loss may exceed the limit provided on this bond. Higher bond amounts may be available. Please refer to the bond application and bond document for specific terms, conditions, limitations, and exclusions.



INSURANCE

PUBLIC OFFICIAL BOND

XN Initials

Company:	United Fire & Casualty Company
AM Best Rating:	A X
Policy Term:	1/1/2025 to 1/1/2029
Premium:	\$1,775.00
<i>Rates are not guaranteed. They are set by the company and subject to change.</i>	

Principal:	Cheryl E Johnson
Obligee:	Commissioners Court of Galveston County
Bond Description:	County Tax Assessor-Collector
Bond #:	51-105179
Bond Amount:	\$100,000

Notice regarding Bond Amounts: Your exposure to a loss may exceed the limit provided on this bond. Higher bond amounts may be available. Please refer to the bond application and bond document for specific terms, conditions, limitations, and exclusions.



X  Initials

PUBLIC OFFICIAL BOND

I N S U R A N C E

Company:	The Travelers Indemnity Co.
AM Best Rating:	A++ XV
Policy Term:	12/6/2024 to 12/6/2026
Premium:	\$429.00
	<i>Rates are not guaranteed. They are set by the company and subject to change.</i>

Principal:	John D Kinard
Obligee:	Governor of the State of Texas
Bond Description:	District Clerk
Bond #:	105867564
Bond Amount:	\$100,000

Notice regarding Bond Amounts: Your exposure to a loss may exceed the limit provided on this bond. Higher bond amounts may be available. Please refer to the bond application and bond document for specific terms, conditions, limitations, and exclusions.



I N S U R A N C E

INVOICE

All premiums payable on or before effective date of policy.

ACCOUNT NO. DATE
00000928 / October 22, 2024

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
1/1/2025	1/1/2029	51-105180	Public Official Bond for Cheryl R Johnson	\$1,775.00
1/1/2025	1/1/2029	51-105179	Public Official Bond for Cheryl R Johnson	\$1,775.00
12/6/2024	12/6/2026	105867564	Public Official Bond for John D Kinard	\$429.00
<p>PLEASE MAKE CHECK PAYABLE TO GIA Thank you!</p> <p>PAYMENT DUE BY Monday, December 2nd, 2024</p>				
<p><i>Payment and signed documents must be returned to GIA before a request for coverage can be made to the Insurance Company</i></p>				
TOTAL ESTIMATED AMOUNT DUE				\$3,979.00

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



INSURANCE

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

Applicant's

Initials

X

CLIENT AUTHORIZATION TO SECURE COVERAGE
AND NON-BINDING COVERAGE DISCLAIMER

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): 11/12/2024

Mark Henry, County Judge
PRINTED NAME

X

SIGNATURE OF APPLICANT