

**BUSINESS INSURANCE PROPOSAL**

**FOR**

**COUNTY OF GALVESTON & GALV CTY COMM COURT**

**NOVEMBER 5, 2024**

**PRESENTED BY:**



**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.*



November 5, 2024

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

Re: Proposal for Bond Renewal for: Galveston County District Clerk  
Proposed Effective 12/5/2024 to 12/5/2026

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



**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](mailto: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](mailto: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.



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

**PUBLIC OFFICIAL BOND**

X  Initials

Company:	Merchants Bonding Co.
AM Best Rating:	A VIII
Policy Term:	12/5/2024 to 12/5/2026
Premium:	\$648.00
	<i>Rates are not guaranteed. They are set by the company and subject to change.</i>

<b>Principal:</b>	<b>Galveston County District Clerk</b>
Obligee:	Governor for the Use and Benefit of the District Clerk, Galveston County
Bond Description:	Public Official Position Schedule
Bond #:	TX5173701
Covered Positions:	53 Positions
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

## INVOICE

All premiums payable on or before effective date of policy.

ACCOUNT NO. DATE  
00000928 / November 5, 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
12/5/2024	12/5/2026	TX5173701	Public Official Bond Renewal for Galveston County District Clerk  <b>PLEASE MAKE CHECK PAYABLE TO GIA Thank you!</b>  <b>PAYMENT DUE BY Thursday, December 5, 2024</b>	\$648.00
<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>\$648.00</b>

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

6025 Heards Lane, Galveston TX 77551 • P O Box 16767, Galveston TX 77552  
409-740-1251 • FAX 409-740-0513  
www.gia-tx.com

Commercial • Personal • Employee Benefits



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