

# Woodbury County

## Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 01/01/23, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Coverage/Carrier	TRIA
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	<b>Package (Property, Inland Marine, Crime, and Auto Physical Damage)</b> Iowa Communities Assurance Pool	<i>No TRIA Included</i>

\*For this coverage, TRIA cannot be rejected

### Additional Recommended Coverages

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By checking the box(es) below, you are requesting that Gallagher provide you with a Proposal for this coverage. By not requesting a Proposal for this coverage, you assume the risk of any uncovered loss.

Cyber Liability

The above coverage(s) does not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those listed in the Additional Recommended Coverages, please list below:

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### Other Services to Consider

Coverage Amendments and Notes
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### Exposures and Values

You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

# Woodbury County

## Additional Terms and Disclosures

Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

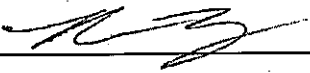
Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed \$20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.aig.com/privacy-policy/>.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

By: Matthew Ung Chairman, Board of Supervisors  
Print Name (Specify Title)

Woodbury County  
Company

  
Signature

Date: 01/31/2023

**PROXY**

Be it known, that the undersigned representative of the Governmental Sub-Division (hereafter referred to as MEMBER) by resolution of the governing body, a copy of which is attached hereto, hereby nominates and appoints the following individual and alternate to represent the MEMBER with the Iowa Communities Assurance Pool (hereinafter referred to as POOL). The individual and alternate shall act as liaison between MEMBER and the POOL for the purposes of relating risk reduction and loss control information, and any other information or instructions concerning the obligations of the MEMBER imposed by signing the Iowa Risk Management Agreement and the rules and regulations established thereunder, to the same extent as the undersigned could do if personally present and the undersigned does hereby ratify and confirm and adopt all action done or taken by the individual or alternate.

Individual Matthew Ung

Alternate Melissa Thomas

Title Chairman, Board of Supervisors

Title Human Resources Director

Email matthewung@woodburycountyiowa.gov

Email Melissathomas@woodburycountyiowa.gov

Mailing 620 Douglas Str  
Address Sioux City, IA 51101

Mailing 620 Douglas St  
Address Sioux City, IA 51101


Telephone \_\_\_\_\_

Telephone 712-279-6480

In witness whereof, this Proxy was executed on the 31st day of January, in the year 2023, by the undersigned duly authorized officers of the Governmental Sub-Division indicated below:

Iowa Governmental Subdivision: Woodbury County

Member ICAP #: \_\_\_\_\_

By 

Title Chairman, Board of Supervisors

By   
(City Clerk / County Auditor / Board Secretary)



**Iowa Communities Assurance Pool**

## **Commitment**

I, Woodbury County, do hereby affix my signature to this form and promise to submit the contribution of \$273,283.00 by February 28, 2023. In order to fulfill this commitment, our payment will be received by the Iowa Communities Assurance Pool, at the address on this form, no later than February 28, 2023.

Printed Name Matthew Ung

Signature 

Date 01/31/2023

Iowa Communities Assurance Pool  
12951 University Ave, Ste 120  
Clive, IA 50325



# CANCELLATION REQUEST / POLICY RELEASE

HMURAD

DATE (MM/DD/YYYY)  
01/23/2023

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 4280 Sergeant Road, Suite 200 Sloux City, IA 51106	PHONE (A/C, No., Ext.) (712) 262-4026	COMPANY NAME AND ADDRESS Travelers Commercial Casualty Company One Tower Square Hartford, CT 06183	NAIC CODE: 40282
CODE: 778WB0000	SUB CODE:	POLICY TYPE Property, Inland Marine, and Auto Physical Damage	
AGENCY CUSTOMER ID: WOODCOU-06	INSURED NAME AND ADDRESS Woodbury County 620 Douglas St. Suite #701 Sloux City, IA 51101		
CANCELLED POLICY INFORMATION			
POLICY NUMBER 630-0S629471, 810-0S484665			
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/01/2023	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
POLICY TERM	EFFECTIVE DATE 01/01/2023	EXPIRATION DATE 01/01/2024	

CANCELLATION REQUEST (Policy attached)       POLICY RELEASE (Complete Statement Section Below)

### POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)

1-31-23

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

### FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR %
COMPANY The Iowa Communities Assurance Pool		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER TBD	EFFECTIVE DATE 02/01/2023	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

### REQUEST / RELEASE DISTRIBUTION

NAME AND ADDRESS	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Ar. King</i>		DATE 01/23/2023



# CANCELLATION REQUEST / POLICY RELEASE

HMURAD

DATE (MM/DD/YYYY)  
01/23/2023

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 4280 Sergeant Road, Suite 200 Slouss City, IA 51106		<b>PHONE (A/C, No, Ext):</b> (712) 252-4026		<b>COMPANY NAME AND ADDRESS</b> Travelers Casualty and Surety Co of America One Tower Square Hartford, CT 06183		<b>NAIC CODE:</b> 31194											
<b>CODE:</b> 778WB0000		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Crime													
<b>AGENCY CUSTOMER ID:</b> WOODCOU-06		<b>CANCELLED POLICY INFORMATION</b>															
<b>INSURED NAME AND ADDRESS</b> Woodbury County 620 Douglas St. Suite #701 Slouss City, IA 51101				<b>POLICY NUMBER</b> 106381700		<table border="1"> <tr> <td><b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b></td> <td><b>CANCELLATION DATE</b></td> <td><b>TIME</b></td> <td><input checked="" type="checkbox"/> AM</td> <td><input type="checkbox"/> PM</td> </tr> <tr> <td></td> <td>02/01/2023</td> <td>12:01</td> <td></td> <td></td> </tr> </table>		<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b>	<b>TIME</b>	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		02/01/2023	12:01		
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<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>						
		<i>[Signature]</i>	1-31-23						
<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>						
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<table border="1"> <tr> <td><b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:6 I)</td> <td><b>TITLE</b></td> <td><b>DATE</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:6 I)	<b>TITLE</b>	<b>DATE</b>			
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This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

<b>FOR AGENCY / COMPANY USE</b>		<b>METHOD OF CANCELLATION</b>							
<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> moved to another carrier <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA							
<b>COMPANY</b> The Iowa Communities Assurance Pool		<table border="1"> <tr> <td><b>FULL TERM PREMIUM</b></td> <td>\$</td> </tr> <tr> <td><b>UNEARNED FACTOR</b></td> <td>%</td> </tr> <tr> <td><b>RETURN PREMIUM</b></td> <td>\$</td> </tr> </table>		<b>FULL TERM PREMIUM</b>	\$	<b>UNEARNED FACTOR</b>	%	<b>RETURN PREMIUM</b>	\$
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<b>RETURN PREMIUM</b>	\$								
<b>POLICY NUMBER</b> TBD	<b>EFFECTIVE DATE</b> 02/01/2023	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT							
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>									

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

<b>NAME AND ADDRESS</b>		<b>REQUEST / RELEASE DISTRIBUTION</b>	
		<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
<b>PRODUCER'S SIGNATURE</b> <i>[Signature]</i>			<b>DATE</b> 01/23/2023

10. This Agreement may be altered or amended only by amendments duly adopted in accordance with the terms and conditions of this Agreement; provided, however, that the risk sharing certificates may be amended from time to time to reflect the exposures of each Member and such changes shall be exempted from the preceding terms of this paragraph.

11. The caption headings used in this Agreement are used merely for identification purposes and shall not be deemed a part of this Agreement.

12. Whenever in this Agreement words, including pronouns are used in the singular or plural, or masculine or feminine they may be read and construed in the plural or singular, or feminine or masculine, respectively, wherever they so apply.

13. This Agreement may be amended by the Board with the approval of two-thirds (2/3) of the full Board provided notice of the proposed amendment was given at the previous regular Board meeting. Amendments shall be sent to all Members (or their representatives) at the next risk sharing certificate anniversary. All Members agree to accept, as a condition of their membership in the Pool, those amendments adopted from time to time by the Board.

14. The Board may, with the approval of two-thirds (2/3) of the full Board, elect to reform or reconstitute the Pool to a stock, mutual, or reciprocal insurance company operating as a captive, Risk Retention Group, or other risk bearing entity.

15. The Pool shall maintain a fiscal year ending December 31.

16. The parties acknowledge and agree that facsimile and electronic signatures shall be legal and binding and the signature of the Administrator on behalf of the Pool shall be legal and binding.

#### ARTICLE XVII - AGENT AND OFFICE

The agent of the Pool for service of notice shall be the Iowa Communities Assurance Pool, attention General Counsel c/o Ahlers & Cooney, P.C., 100 Court Avenue, Suite 600, Des Moines, Iowa 50309. The office of the Pool shall be the Iowa Communities Assurance Pool c/o Bilbrey Insurance Services, Inc., 12951 University Avenue, Suite 120, Clive, Iowa 50325.

#### ARTICLE XVIII - NOTICE

Notices by a Member to the Pool shall be in writing and sent certified mail, return receipt requested, with postage prepaid to the address in Article XVII to the attention of the Administrator. The notice required to be sent by the Pool to a Member pursuant to Articles XII and XV shall be in writing and sent certified mail, return receipt requested, with postage prepaid to the representative of the Member at the Member's last known address. All other notices required to be given by the Pool to a Member under this Agreement may be sent electronically to the representative of the Member at the representative's email address or by regular mail.

In the event that any party to this Agreement desires to change its address, notice of change of address shall be sent to the other party in accordance with the terms and provisions of this Article.

In witness whereof, this Agreement was executed on the 31st day of January, 2023, by the undersigned duly authorized officer of the Governmental Authority indicated below:

GOVERNMENTAL AUTHORITY:



By: Matthew Ung

Title: Chairman, Board of Supervisors