

Woodbury County, Iowa



5
1/6/26

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/22/2025, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

Coverage/Carrier	
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Package - \$5M Limit Princeton Excess & Surplus Lines Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	TRIA - Package
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Excess Liability - \$5M xs \$5M Vantage Risk Specialty Insurance Company
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	TRIA - Excess Liability
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Package - \$10M Limit Obsidian Specialty Insurance Company
<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	TRIA - Package

Additional Recommended Coverages

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By checking the box(es) below, you request 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.

Other Coverages to Consider

- Stand-Alone Terrorism
- Gallagher Crisis Protect

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:

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:

Coverage Amendments and Notes

Woodbury County, Iowa



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: Mark Nelson Chair BOS

Print Name (Specify Title)

Company

Signature

Date:


