

8  
1/20/26

## Woodbury County

### Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 02/01/2026, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Coverage/Carrier
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Property, Auto Physical Damage, Crime Iowa Communities Assurance Pool
<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 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.

☐ Flood

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:

#### Other Services to Consider

☐ Yes ☐ No - CORE360™ STEP

☐ Yes ☐ No - eRiskHub

#### Coverage Amendments and Notes:

#### 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: Mark Nelson, Chairman of the Board of Supervisors

Print Name (Specify Title)

Woodbury County

Company

Signature

Date: 01/20/2026





## Anniversary Information Acknowledgement

The undersigned representative of the Woodbury County acknowledges that he/she:

- ☒ Reviewed the information provided on all Iowa Communities Assurance Pool applications and all applicable supplemental applications.
- ☒ Reviewed all applicable property and vehicle schedules.
- ☒ Confirms, to the best of his/her knowledge, that all information provided is complete and accurate.
- ☒ Reviewed the optional coverage(s) offered by the Iowa Communities Assurance Pool for increased limits. After consideration of the coverage(s) offered and the contribution for same, Woodbury County has elected to:
  - ☐ Waive any and all coverage(s) and any applicable contribution charges. Woodbury County understands that to add increased limits coverage in the future, it will be subject to Iowa Communities Assurance Pool's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, Woodbury County will not hold the Iowa Communities Assurance Pool responsible for this decision to waive optional coverage(s).
  - ☒ Accept the increased limits: \_\_\_\_\_  
(Limit of Liability Accepted)

Executed on the 20th day of January, in the year 2026, by the undersigned duly authorized officer of the Governmental Subdivision (Woodbury County) indicated below:

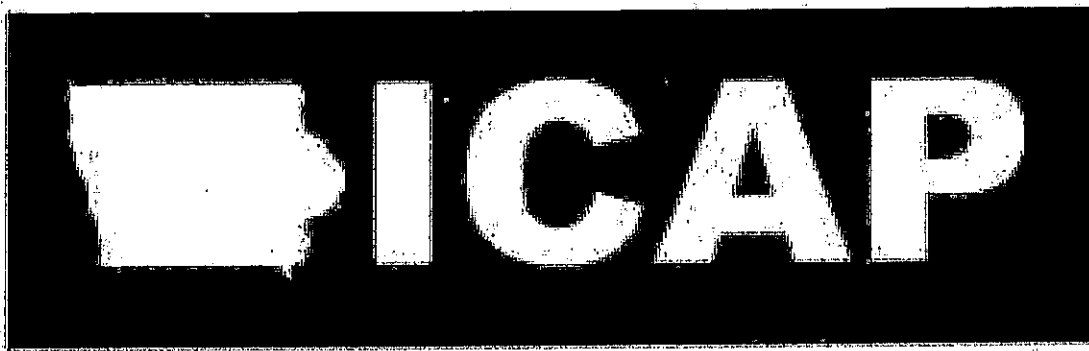
BY: 

Title: Chairman of the Board of Supervisors

Member: Woodbury County

Member Number: 1226

Anniversary Date: 02/01/2026



## Commitment to Continue Membership

I, Woodbury County, do hereby affix my signature to this form and promise to submit the contribution of \$439,139.00 (less attached vouchers if applicable) by \_\_\_\_\_ . In order to fulfill this commitment, our check will be received by the Iowa Communities Assurance Pool, at the address on this form, no later than \_\_\_\_\_ .

Printed Name Mark Nelson

Signature

A handwritten signature in black ink, appearing to read "Mark Nelson", written over a horizontal line.

Date 01/20/2026

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



## Member 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 the 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 loss 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 and with like effect as the undersigned 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.

Primary Contact:	<u>Mark Nelson</u>	Alternate Contact:	<u>Melissa Thomas</u>
Title:	<u>Chairman, Board of Supervisors</u>	Title:	<u>Human Resources Director</u>
Address:	<u>620 Douglas St.</u>	Address:	<u>620 Douglas St.</u>
Address:	<u></u>	Address:	<u></u>
City, State, Zip:	<u>Sioux City, IA 51101</u>	City, State, Zip:	<u>Sioux City, IA 51101</u>
Email:	<u>mnelson@woodburycountyiowa.gov</u>	Email:	<u>melissathomas@woodburycountyiowa.gov</u>
Telephone:	<u>7122796525</u>	Telephone:	<u>7122796480</u>

In witness whereof, this proxy was executed on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, by the undersigned duly authorized officers of the Governmental Subdivision indicated below:.

Governmental Subdivision: Woodbury County

Member ICAP #: 1226

By: 

Title: Mark Nelson BOS Chair

By: 

(City Clerk/County Auditor/Board Secretary)