



**TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**


**DATE: June 25, 2026**

**RE:** *Approval of Insurance Renewals for Southern Nevada Health District’s Commercial Property, Automobile, General Liability, Professional Liability, Cyber Liability and Employment Liability.*

**PETITION #34-26**

**That the Southern Nevada District Board of Health** *approves insurance renewal for Southern Nevada Health District’s Commercial Property (CHUBB), Automobile Liability (CHUBB), General Liability, Professional Liability (Vantage), Cyber Liability (Corvus), and Employment Practice Liability (Markel) policies for coverage period 07/01/2026 – 07/01/2027.*

**PETITIONERS:**

**Cassius Lockett, PhD, District Health Officer**   
**Heather Anderson-Fintak, General Counsel** <sup>HAF</sup>

**DISCUSSION:**

Due to a favorable claims history and the Health District’s continued commitment to effective risk management and safety practices, the agency has realized ongoing savings in insurance premiums through the use of an insurance broker who actively seeks competitive coverage and pricing in the private insurance market.

Although property and automobile insurance premiums increased for FY27, these increases can be attributed, in part, to the addition of new vehicles to the fleet, ongoing construction projects, and broader market conditions rather than the Health District’s loss experience. The combined cost of all insurance premiums totals for this petition is \$525,900.

**FUNDING:**

General Funds.

**CHUBB**

Coverage:	<b>Commercial Property</b>	
Limits:	Each Professional Incident:	\$1,000,000



	Professional Aggregate:	\$3,000,000
Deductibles:	Each Professional Incident:	\$50,000
Annual Cost:	\$184,626.00 (including fees)	

### CHUBB

Coverage:	<b>Automobile</b>	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	N/A
Deductibles:	Each Professional Incident:	\$3,000
Annual Cost:	\$191,084 (including fees)	

### Vantage Risk Specialty Insurance

Coverage:	<b>General &amp; Professional Liability</b>	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	\$3,000,000
Deductibles:	Each Professional Incident:	\$25,000
Annual Cost:	\$72,990.00 (including fees)	

### Corvus

Coverage:	<b>Smart Cyber Insurance</b>	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	\$2,000,000
Deductibles:	Each Professional Incident:	\$25,000
Annual Cost:	\$45,355.00 (including fees)	

### Markel

Coverage:	Employment Practice Liability	
Limits:	Each Professional Incident:	\$1,000,000
	Professional Aggregate:	N/A
Deductibles:	Each Professional Incident	\$50,000
Annual Cost:	\$31,845.00 (including fees)	



525 W Monroe Street, Suite 700  
Chicago, IL 60661  
Facsimile (312) 775-7892

Telephone (312) 775-3100

June 1, 2026

Southern Nevada Health District  
In care of Higginbotham Insurance  
Licensed Producer: Scotty Allen  
c/o:

500 W 13th St  
Fort Worth, TX 76102

Subject:	Southern Nevada Health District		
<b>Policy Type</b>	<b>Policy Number</b>	<b>Effective Date</b>	<b>Underwriting Company</b>
MOD PROP	36084914	07/01/2026	Federal Insurance Company

Dear Chase:

We are pleased to provide our Commercial Coverage Proposal for Southern Nevada Health District. This quote is valid for 30 days from today.

To facilitate your discussion of the coverages with the insured, we have outlined some of the features of the form. Please review the coverages carefully. This proposal outlines the extent of coverage that we will provide on the account and is subject to the terms and conditions of the policies. If you do not see a specific coverage listed on this proposal, it is **not** provided.

**Please note that this proposal is subject to several legal requirements and prohibitions, which are described on the cover page of this proposal or within individual sections of the proposal, as appropriate. Please read these descriptions carefully.**

Thank you for the opportunity to quote this account. We would be happy to discuss this proposal with you in further detail. Please call us if you have any questions.

Sincerely,

Scotty Allen

Southern Nevada Health District,

Thank you for the opportunity to earn your business!

In today’s uncertain environment, who protects your business matters more than ever. Together with Higginbotham Insurance, we make it our focus to provide our clients with an unmatched level of service.

Each business that we insure is more than a policy or premium to us—each is a valued client. We’re experts in our industry, and in yours. We protect many businesses like yours and have expert knowledge in the risks you face today, and will face tomorrow.

Our insurance products are backed by cutting-edge risk engineering and claims services to provide you with a holistic approach to managing risk.

All of this support allows you to focus on what matters to you most—running your business. We encourage you to check out a new resource center that’s designed to explain the value of being a Chubb client.

If you have any questions about the ensuing proposal, please contact Higginbotham Insurance.

Thank you.

[Learn more at chubb.com/getchubbinsured](http://chubb.com/getchubbinsured)

\*Scores are for personal lines and commercial combined for client surveys conducted by Chubb.

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**Why Chubb?**



**Nearly 200 years in insurance**  
Stable and predictable capacity



**Operations in 54 countries**  
Protect your business overseas with resources globally



**Nearly 30 industry practices**  
Tailor your protection to address the risks you are most likely to face



**70+ products**  
Eliminate unforeseen gaps in insurance with our seamlessly integrated products



**280+ risk engineers in N.A.**  
Mitigate your risk with help from our loss control experts



**Superior claims reputation**  
Fair and quick reimbursement after a covered claim

**COMMERCIAL COVERAGE PROPOSAL**  
**FOR**  
**SOUTHERN NEVADA HEALTH DISTRICT**  
**COVER PAGE**

**Submitted to:**

HIGGINBOTHAM INSURANCE AGENCY INC  
511 BEE CREEK RD  
BRANSON, MO 65616

Attn: Scotty Allen

Information contained in this proposal is descriptive only. This proposal contains highlights or typical features available in our policies. These features are subject to change based upon underwriting and may or may not be available or apply to your policy. The precise coverage afforded is subject to the terms and conditions of the policies issued. The Company reserves the right, in its sole discretion, to amend or withdraw this Proposal if the Company becomes aware of any new, corrected or updated information that the Company reasonably believes would change its underwriting evaluation.

This quotation/proposal contemplates an integrated insurance program that includes all of the lines of business, terms and conditions outlined. The pricing and terms and conditions shown in this quotation/proposal cannot be separated. As such, if you reject individual components of the quote/proposal or any part of the program is cancelled and/or non-renewed, the terms and conditions of the remaining portion of the account are subject to reevaluation by the Company and all elements including program structure, pricing, as well as other terms and conditions will be subject to change.

This information is intended for producers that are properly licensed and authorized in at least one of the writing companies that comprise the Chubb Group of Insurance Companies (Chubb). If you are not a licensed and authorized Chubb producer, please direct this communication to the person in your office that holds such designations and contact Chubb to update the contact information for this policy.

For promotional purposes, Chubb refers to member insurers of the Chubb Group of Insurance Companies underwriting coverage: Federal Insurance Company, Vigilant Insurance Company, Pacific Indemnity Company, Great Northern Insurance Company, Northwestern Pacific Indemnity Company, Texas Pacific Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb National Insurance Company, Chubb Lloyds Insurance Company of Texas. Not all insurers do business in all jurisdictions.

**PREMIUM SUMMARY**

<u>Policy Type</u>	<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
<b>Commercial Property</b>	<b>\$184,626</b>	<b>15%</b>	<b>Annual/Direct</b>
Federal Insurance Company Policy No.: 3608-49-14			
Property	\$184,626		
Machinery Breakdown	<b>Included in Property</b>		
Taxes and Surcharges	\$0	0%	Prepaid

Please note the underwriting company in which this quote is being offered. All insurers of the Chubb Group of Insurance Companies share the same financial ratings.

The portion attributable to Taxes, Surcharges and Other Charges is an estimate. The Insured is responsible for the total amount, if bound, shown on the premium bill and/or premium summary, regardless of the amount shown above.

**Terrorism**

*Portion of premium attributable for Terrorism - Included in above premium*

<b>Property</b>	<b>\$9,164</b>
<b>*Ensuing Fire</b>	<b>\$0</b>
<b>Machinery Breakdown</b>	<b>Included in Property</b>

*\*If you elect not to purchase coverage for terrorism and your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown above for Ensuing Fire is the amount attributable to the insurance provided pursuant to that statutory standard fire policy. This coverage cannot be rejected.  
\*\*When the insured elects coverage for acts of terrorism in all underlying, and elects terrorism coverage under this policy.*

“**Terrorism**” refers to terrorism losses covered by the Terrorism Risk Insurance Act of the United States of America (15 USC 6701 note). Please refer to the Important Notice to Policyholders which outlines both the Federal Government’s and the Insurance Company’s obligation of payment under the Terrorism Risk Insurance Act.

CUSTOMARQ COMMERCIAL COVERAGE

Policy Number: 3608-49-14  
 Company: Federal Insurance Company  
 Effective Date: July 1, 2026 to July 1, 2027

PREMISES SCHEDULE	
1.	280 S DECATUR BLVD, LAS VEGAS, NV 89107
2.	700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106
3.	2953 WESTWOOD DR, LAS VEGAS, NV 89109
4.	2830 FREMONT ST, LAS VEGAS, NV 89104
5.	2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128
6.	150 N YUCCA ST, SUITES 3 & 4, MESQUITE, NV 89027
7.	3020 N WALNUT RD, LAS VEGAS, NV 89115
8.	304 E CARSON AVE, LAS VEGAS, NV 89101

**PROPERTY INSURANCE**

**Deductible:** \$50,000  
**Extended Period:** Unlimited  
 The information shown above applies to:

- all premises coverages;
- all additional coverages; and
- debris removal coverage,

and all premises, unless corresponding specific information is shown as applicable to a specific premises or coverage.

PREMISES COVERAGES - BLANKET LIMITS		LIMITS OF INSURANCE
Blanket Number and Coverages		
1.	Building	\$39,190,782
2.	Personal Property EDP Property on Premises	\$34,591,872

PREMISES COVERAGES: <i>If "Blanket" or "Loss Limit" is shown under Limits Of Insurance as applicable to a Premises, please refer to the "Premises Coverages – Blanket Limits" section or the "Loss Limits Of Insurance" section above to determine the Limits Of Insurance applicable to such Premises. "Blanket" limits are numbered for ease of reference. If a specific limit is shown under Limits Of Insurance for a Premises Coverage, that Limit applies to such coverage, even if a "Blanket" limit applies to other Premises Coverage at such premises.</i>		LIMITS OF INSURANCE
Premises # 1 Bldg # 1: 280 S DECATUR BLVD, LAS VEGAS, NV 89107		
Building		Blanket 1
Automatic Increase in Limits	4%	
Personal Property		Blanket 2
Automatic Increase in Limits	4%	
EDP Property on Premises		Blanket 2

Premises # 1 Bldg # 2: 280 S DECATUR BLVD, LAS VEGAS, NV 89107		
Building		Blanket 1

Automatic Increase in Limits 4%	
<b>Premises # 1 Bldg # 3: 280 S DECATUR BLVD, LAS VEGAS, NV 89107</b>	
Building Automatic Increase in Limits 4%	Blanket 1
<b>Premises # 2: 700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106</b>	
Building Automatic Increase in Limits 4%	Blanket 1
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
<b>Premises # 3: 2953 WESTWOOD DR, LAS VEGAS, NV 89109</b>	
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
<b>Premises # 4: 2830 FREMONT ST, LAS VEGAS, NV 89104</b>	
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
<b>Premises # 5: 2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128</b>	
Personal Property Automatic Increase in Limits 4%	Blanket 2
<b>Premises # 6: 150 N YUCCA ST, SUITES 3 &amp; 4, MESQUITE, NV 89027</b>	
Personal Property Automatic Increase in Limits 4%	Blanket 2
EDP Property on Premises	Blanket 2
<b>Premises # 7: 3020 N WALNUT RD, LAS VEGAS, NV 89115</b>	
Personal Property Automatic Increase in Limits 4%	Blanket 2
<b>Premises # 8: 304 E CARSON AVE, LAS VEGAS, NV 89101</b>	
EDP Property on Premises	Blanket 2
<b>PREMISES COVERAGES</b>	<b>LIMITS OF INSURANCE</b>
Machinery Breakdown	INCLUDED

<b>ADDITIONAL COVERAGES – SPECIFIC LIMITS</b>	<b>LIMITS OF INSURANCE</b>
Mobile Equipment Deductible \$10,000	\$56,504
Ocean Cargo Goods In Transit	\$50,000

<b>EARTHQUAKE</b>	<b>LIMITS OF INSURANCE</b>
Policy Annual Aggregate Limit	\$5,000,000
<i>Earthquake</i>	
Premises 1, 2, 3, 4, 5, 6, 7, 8	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Property Damage Per Premises/Per Occurrence Percentage Deductible	2%
Property Damage Minimum Dollar Deductible	\$50,000

<b>FLOOD</b>	<b>LIMITS OF INSURANCE</b>
Policy Annual Aggregate Limit	\$5,000,000
<i>Flood</i> <i>(Inundation, Back-Up and Mud Flow Included)</i>	
Premises 1, 2, 3, 4, 5, 6, 8	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Per Occurrence Waiting Period (Normal Business Hours)	24 Hours
Per Occurrence Dollar Deductible	\$50,000

<b>OTHER PERIL MODIFICATIONS – DEDUCTIBLES AND WAITING PERIOD</b>	<b>DEDUCTIBLES AND WAITING PERIOD</b>
<i>Inundation, back-up, mudflow</i>	
Premises/Building 7/1	
Deductible	\$25,000
<i>Discharge Of Water</i>	
Premises/Building 1/1, 1/2, 1/3, 2/1, 3/1, 4/1, 5/1, 6/1, 7/1	
Deductible	\$50,000
<i>Leakage Fire Prot</i>	
Premises/Building 1/1, 1/2, 1/3, 2/1, 3/1, 4/1, 5/1, 6/1, 7/1	
Deductible	\$50,000

<b>OTHER PERIL MODIFICATIONS – SUBSIDIARY LIMITS</b>	<b>LIMITS OF INSURANCE</b>
<i>Inundation, Back-up, Mudflow</i>	
Premises/Building 7/1	\$25,000

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<b>POLICY FORMS</b>		
80-02-0280	07-03	SCHEDULE OF MORTGAGEES/LOSS PAYEES
80-02-1303	03-19	ADD'L PERIL-EQ LIMIT/DED OR WAITING PERIOD
80-02-1323	03-19	SUBSIDIARY LIMITS OF INSURANCE
80-02-1428	03-19	ADD'L PERIL-FLOOD LIMIT/DED OR WP PER OCC
80-02-1357	03-19	WATER DEDUCTIBLE OR WAITING PERIOD
80-02-0005	01-18	PROPERTY DECLARATIONS
80-02-0045	03-20	MALICIOUS PROGRAMMING EXCLUSION ADDED
80-02-0177	02-22	FUNGUS CLEAN UP OR REMOVAL PREM COV AMENDED
80-02-0210	01-15	PROPERTY SUPPLEMENTARY DECLARATIONS
80-02-0459	11-23	MALICIOUS PROGRAMMING AND SYSTEM - DEF AMEND
80-02-1000	03-19	BUILDING AND PERSONAL PROPERTY
80-02-1018	03-19	EXTRA EXPENSE
80-02-1047	07-03	MOBILE EQUIPMENT
80-02-1097	03-19	PROPERTY/BI CONDITIONS & DEFINITIONS
80-02-1658	01-15	CAP ON CERT. TERRORISM LOSSES (ALL PREMISES)
80-02-2208	07-20	VIRUS, BACTERIA OR MICROORGANISM EXCL ADDED
80-02-5188	06-05	VACANCY CONDITION ADDED
80-02-5407	03-19	OCEAN CARGO COVERAGE ADDED
80-02-5698	09-22	ERRORS IN SYSTEMS PROGRAMMING EXCL AMENDED
80-02-5702	10-22	AUTO INCREASE IN LIMITS PROVISION AMENDED
99-10-0996	04-18	IMPORTANT NOTICE-NY LOC INSPECTIONS

## **CUSTOMARQ PROPERTY HIGHLIGHTS**

*The precise coverage afforded is subject to the terms and conditions of the policies issued. The following features are subject to change based upon underwriting and may or may not be available or apply to your policy.*

### **VALUATION**

Replacement Cost  
Cost of Replacement at any Location  
Brands & Labels  
Construction Fees  
Customs Duties  
Extended Warranties  
Ordinance or Law  
Selling Price on Finished Stock and Sold Personal Property  
Replacement Cost on Personal Property of Others, Business Personal Property You Lease and  
Personal Property of Employees  
Replacement Cost on Research and Development Property if repaired, replaced or reproduced  
Valuation on Tenants' I & B when not replaced – ACV  
24 Months to Decide to Repair or Replace

### **\$ 250,000 BLANKET LIMIT OF INSURANCE**

The automatic blanket limit applies to:

Accounts Receivable  
Electronic Data Processing Property  
Fine Arts  
Leasehold Interest - Bonus Payment, Prepaid Rent, Sublease Profit, Tenants' Lease Interest  
Leasehold Interest - Undamaged Tenant's Improvements & Betterments  
Non-Owned Detached Trailers  
Outdoor Trees, Shrubs, Plants or Lawns  
Pair and Set  
Personal Property of Employees  
Public Safety Service Charges  
Research and Development Property  
Valuable Papers

The Blanket Limit of Insurance applies over all of the coverages shown above and may be apportioned at the time of loss. This Blanket Limit of Insurance applies separately at each covered premises shown in the Declarations and is subject to the Property Deductible specified in the Declarations.

Separate specific Limits of Insurance may be purchased for any of these coverages. If purchased, the blanket limit of insurance will apply in addition to the specific limit.

## ADDITIONAL PROPERTY COVERAGES

The following Additional Coverages apply separately at each of your premises. In this proposal, any additional limits for these coverages that you have purchased are indicated at the described premises to which the increased limits apply. A policy level deductible applies to each of the Additional Coverages, unless otherwise indicated below or at the described premises

### Any other location for:

Accounts Receivable	\$ 50,000
Building Components	\$ 50,000
EDP Property	\$ 50,000
Fine Arts	\$ 50,000
Personal Property	\$ 50,000
R&D Property	\$ 50,000
Valuable Papers	\$ 50,000

### Debris Removal

25% of direct damage loss, plus:

Premises Shown in the Declarations	\$ 100,000
Any Other Location	\$ 25,000
In Transit	\$ 25,000

Deferred Payments \$ 25,000

### Exhibition, Fair or Trade Show:

EDP Property	\$ 50,000
Fine Arts	\$ 50,000
Personal Property	\$ 50,000

Extra Expense \$ 100,000

Fungus Clean-Up  
or Removal \$ 25,000

### Installation:

Any Job Site	\$ 25,000
In Transit	\$ 25,000

### In Transit for:

Accounts Receivable	\$ 25,000
Building Components	\$ 25,000
EDP Property	\$ 50,000
Fine Arts	\$ 25,000
Personal Property	\$ 25,000
Valuable Papers	\$ 25,000

Loss of Master Key \$ 15,000

Loss Prevention Expenses \$ 15,000

### Mobile Communication

Property \$ 15,000

Minimum Deductible \$3,500

### Money & Securities:

On Premises	\$ 15,000
Off Premises	\$ 15,000

Pollutant Cleanup or  
Removal \$ 25,000

Processing Water \$ 10,000

Preparation of Loss Fees \$ 10,000

### Newly Acquired Premises Or Newly Acquired Or Constructed Property for 180 days

Building	\$2,500,000
Personal Property	\$1,000,000
Personal Property at Existing Premises	\$ 100,000
EDP Equipment	\$1,000,000
Electronic Data	\$ 50,000
Communication Property	\$ 50,000
Fine Arts	\$ 25,000

## COMMON POLICY CONDITIONS

POLICY FORMS		
80-02-9780	03-11	NOTICE OF CANCEL TO SCHEDULED PERSONS OR ORGS
80-02-9001	06-98	HOW TO REPORT A LOSS
80-02-9090	06-05	COMMON POLICY CONDITIONS
80-02-9757	12-99	NV MANDATORY-CANCEL, NON-RENEWAL & NOTICES
80-02-9790	03-12	COND - CIVIL UNIONS OR DOMESTIC PARTNERSHIPS
80-02-9800	12-08	INSURING AGREEMENT
99-10-0732	01-15	NOTICE TO POLICYHOLDERS-TRIPRA
99-10-0792	09-04	IMPORTANT NOTICE - OFAC
99-10-0872	06-07	AOD POLICYHOLDER NOTICE

**The state in which this policy is issued may require that we advise you that if available, the following condition is added to your policy:**

*All references in the policy to "spouse" include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.*

**This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Chubb from offering or providing insurance. To the extent any such prohibitions apply, this proposal is void ab initio.**

## Water Sensor Proposal

Thank you for doing business with Chubb Insurance. We are always looking for ways to bring value to our insureds and as such, we are excited to offer you our [Internet of Things \(IoT\) water sensor risk mitigation solution](#) as we know that water leaks can not only cause expensive property damage, but also interrupt your company's ability to continue normal operations.

To help prevent water damage before it occurs, [Internet of Things \(IoT\)](#)-powered sensors from StreamLabs, Inc., a Chubb company, provide real-time alerts to leaks and changes in temperature or water pressure that can cause damage to critical infrastructure and valuable assets.

The features and benefits of the water leak detection system include:

**The features and benefits of StreamLabs water leak detection solutions include:**

- Around the clock remote monitoring for the presence of water leaks, overflows, pipe bursts, etc.
- Account management via online portal at no additional cost.
- Cellular connection - no need to connect to your internet system.
- Automatic alerts via email and SMS text 24/7 to an unlimited number of users.
- Ongoing technical support available via phone or email.
- Easy to install sensor solution with no need for an electrician, plumber, or contractor.
- Extended warranty for the lifetime of a licensed contract.

### What our customers are saying...

*"The sensors have been working great. They have saved us a few times already!"*  
*College Facility Manager*

This proposal includes a total of **five (5) cellular gateways and 32 sensors** at the annual cost outlined in the chart below. Please note that the device count is an estimate, and the final decision count is at your discretion. We are willing to collaborate with you to determine the appropriate sensor count for your specific requirements.

In addition to the annual solution fees, please note that there is an additional one-time charge for professional installation services, if required, as well as shipping charges. You have the option to independently install the equipment to save on the professional installation cost.

The annual recurring solution cost covers not only the equipment itself but also includes technical support, customer service, access to the online dashboard, 24/7 alert notification via text and email, and warranty coverage for all the equipment.

*“The sensor did its job. A pump which belongs to our anchor client on the lower level failed on a Friday evening. No damage because of the sensor, but if we didn't catch it early enough, who knows what would've happened. So, I'd consider this a SUCCESS!”*

**Risk Manager of Class A Office Buildings**

Equipment	Quantity	Cost per month	Annual Cost
4G Cellular Gateway (Signal) - LGMT-CAP3*	5	\$30.00	\$1,800
Water Sensor - 3 ft rope	20	\$8.00	\$1,920
Water Sensor -Point of Leak	10	\$8.00	\$960
Temperature sensor	2	\$8.00	\$192
<b>Total Solution Fees (recurs annually)</b>			<b>\$4,872**</b>

\*Each sensor must be approx. 600 to 1,000 ft range of a gateway. Construction type and location will affect cellular range of gateway.  
 \*\*Prices valid 30 days from quotation date.

Examples of different buildings	Water Sensor Solution	Cost per Year (approximate)**
Highrise bldg: 36 stories, 526,000 sq ft.	18 gateways and 220 sensors	\$28,000
Manufacturer: 4 stories, 155,000 sq ft.	6 gateways and 80 sensors	\$10,000
Mixed Use bldg: 2 stories, 160,000 sq ft.	2 gateways and 44 sensors	\$5,000
Warehouse: 1 story, 20,000 sq ft.	1 gateway and 16 sensors	\$2,000

**Priority Sensor Locations Include:**

Near critical and high value equipment susceptible to water damage or freezing temperatures,

- Around known sources of potential water release – such as a chilled water pump or hot water boilers,
- In areas with heightened risk for water and temperature exposure.

We've heard from numerous clients that the return on investment of the sensor solution is undeniable – here are three clients' video testimonials:

- [Highwoods Properties](#)
- [Allen County Public Library](#)
- [Boston Medical Center](#)

Please click [here](#) to learn more about the sensors and gateway.

If you choose to install a water risk mitigation solution, you may qualify for a policy discount. Kindly notify your insurance agent once the system is operational, allowing them to inform your property insurance company to facilitate any applicable policy discounts.

If you are interested in learning more, please contact [sales@streamlabswater.com](mailto:sales@streamlabswater.com). We look forward to hearing from you.

Again, thank you for doing business with Chubb!

Devices and products described herein are provided by StreamLabs, Inc., a wholly owned non-insurance subsidiary of Chubb which offers Internet of Things (IoT) enabled water monitoring, leak detection and water shut-off devices and systems for residential and commercial properties. The offer described herein is not an indication that insurance coverage is available under any Chubb policy for any particular incident. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). For more information about StreamLabs.

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

**Insured Name** Southern Nevada Health District  
**Mailing Street Address** 280 S. Decatur Blvd  
**Mailing City, State, Zip** Las Vegas, Nevada 89107

Policy Type	Policy Number	Effective Date	Underwriting Company
Property	36084914	07/01/2026	Federal Insurance Company

**CHUBB® IMPORTANT NOTICE TO POLICYHOLDER  
TERRORISM RISK INSURANCE ACT**

You are hereby notified that pursuant to the Terrorism Risk Insurance Act (the “Act”) we are making available to you insurance for losses arising out of certain acts of terrorism. Terrorism is defined as any act certified by the Secretary of the Treasury of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that the insurance provided by your policy for losses caused by acts of terrorism is partially reimbursed by the United States of America under the formula set forth in the Act. Under this formula, the United States of America pays 85% of covered terrorism losses that exceed the statutorily established deductible to be paid by the insurance company providing the insurance. Beginning in 2016, the Federal Share will be reduced by 1% per year until it reaches 80%, where it will remain.

However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to insurance for such acts of terrorism is: \$ 9,164

**If you elect not to purchase coverage for terrorism and your policy provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium shown here for Ensuing Fire is the amount attributable to the insurance provided pursuant to that statutory standard fire policy. This coverage cannot be rejected. That amount is \$ 0**

*Important Notice*

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

**Insured Name** Southern Nevada Health District  
**Mailing Street Address** 280 S. Decatur Blvd  
**Mailing City, State, Zip** Las Vegas, Nevada 89107

<b>Policy Type</b>	<b>Policy Number</b>	<b>Effective Date</b>	<b>Underwriting Company</b>
Property	36084914	07/01/2026	Federal Insurance Company

**Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.**

**If you elect not to maintain this insurance, please so indicate by placing an “X” in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.**

**If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.**

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

**Insured Name** Southern Nevada Health District  
**Mailing Street Address** 280 S. Decatur Blvd  
**Mailing City, State, Zip** Las Vegas, Nevada 89107

<b>Policy Type</b>	<b>Policy Number</b>	<b>Effective Date</b>	<b>Underwriting Company</b>
Property	36084914	07/01/2026	Federal Insurance Company

**Rejection of terrorism insurance:**

I hereby reject terrorism insurance and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism.

**Policyholder/Applicant's Name:** \_\_\_\_\_

**Policyholder/Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IMPORTANT ACTION REQUIRED**  
***THIS APPLIES TO NEW YORK CITY LOCATIONS ONLY***  
**FAILURE TO ACT CAN RESULT IN NYC DOB FINES OF \$1,000 OR MORE**  
**PER OBJECT WHICH WILL BE YOUR RESPONSIBILITY**

Dear Policyholder:

The NYC Department of Buildings now has an online technology where boiler inspections and violations will be entered and records stored. DOB NOW Safety will be the new platform for boiler inspections, as well as other DOB safety related inspections of elevators, facades, electrical and various other inspections. The transition to this system has modified the steps related to filing jurisdictional inspections including new requirements of owner email registration.

These steps include:

- Owner registration in the DOB NOW Safety System is required prior to filings being accepted.
- Licensed Professional/Inspector must input the owner registration information prior to filing.

To ensure conformance with the above requirements we are asking all owners of NYC property to register and to ensure that registration information is available to those local management personnel responsible in each building as well as your insurance agent/carrier.

Please provide the registration information for your NYC locations on the attached form. **Failure to complete registration and provide Chubb with this information will result in our inability to file inspections and can lead to missed inspection fines of \$1,000 or more per object.**

The registration process is quick, taking approximately a total of 5-10 minutes. Supplemental information on the registration process has been included on the attached pages.

Please disregard this letter if you have already completed the registration process with the City of New York for all covered locations and advised Chubb of all building registrant information.

Should you have any questions, please contact your Chubb representative or email us at [nycboilers@chubb.com](mailto:nycboilers@chubb.com).

Enclosures

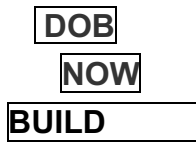




## Tip Sheet:

### Owner Registration in eFiling

If you are a **Building Owner**, **Building Manager**, or **Building Representative**, you can:



Enter job applications in  
DOB NOW: *Build*



Review and confirm compliance  
filings in DOB NOW: *Safety*

Register for **DOB NOW: *Build*** or **DOB NOW: *Safety*** by creating an eFiling account:

1. Go to [www.nyc.gov/dobefiling](http://www.nyc.gov/dobefiling), and click on the link to 'Register for electronic filing.'
2. Fill out the Electronic Filing Account Information form.

**NOTE:** Your address should be your mailing address, not the address of the building you own.

3. Read the Agreement section, and click **Submit**.
4. You will receive two (2) emails. Your account will not be active until the second email is received.
  - a. In the first email, you **must** click a link to activate your account.
  - b. The second email confirms your enrollment. Once you receive the second email, your registration in eFiling will take effect the next day. You can then use your eFiling email and password at [www.nyc.gov/dobnow](http://www.nyc.gov/dobnow).

**NOTE:** If you want to change your account information, such as email, phone, or mailing address, you will have to log in to eFiling.

If you have any questions about DOB NOW, please contact [www.nyc.gov/dobnowhelp](http://www.nyc.gov/dobnowhelp)

Rick D. Chandler P.E., Commissioner

[nyc.gov/buildings](http://nyc.gov/buildings)

build safe|live safe



**AUTOMOBILE INSURANCE**

Policy Number: 7364-15-53  
 Company: FEDERAL INSURANCE COMPANY  
 Effective Date: July 1, 2026 to July 1, 2027

<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
\$191,084	12.5%	Direct Bill
Taxes and Surcharges		
\$0.00	0%	Prepaid

<u>Coverage</u>	<u>Limits of Insurance</u>	<u>Symbol</u>
Liability	\$1,000,000	1
Auto Medical Payments	\$10,000	7
Uninsured/Underinsured Motorist Coverage	\$100,000	10
Physical Damage Coverage		
Comprehensive Deductible	\$3,000	7,8
Collision Deductible	\$3,000	7,8
Hired Car Physical Damage Coverage		8
Comprehensive Deductible	\$1,000	
Collision Deductible	\$1,000	
Physical Damage Limit	Actual Cash Value, or Cost of Repair, whichever is less, minus deductible for each covered auto, but no deductible applies to loss caused by fire or lightning	

Rating is based on the following:

\$3,000	Annual Cost of Hire - Excess
	Annual Cost of Hire - Primary
# of Employees:	810

The following amendments will be attached to your Business Auto Policy:

<b>SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS</b>		
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0282	02-04	COMPLIANCE W/APPLIC TRADE SANCTION LAWS
16-02-0251 (4)	09-16	SIGNATURE PAGE - FEDERAL INSURANCE CO.
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 10	09-07	NEVADA CHGS-CONCEALMENT, MISREP OR FRAUD
IL 02 51	09-07	NEVADA CHANGES-CANC & NONRENL
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	SCHEDULE OF COVERED AUTOS YOU OWN
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0214	11-24	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0327	05-25	ADDITIONAL BENEFITS
16-10-0196	01-01	REDUCING AUTO LOSSES
16-10-0254	02-04	ADVISORY NOTICE TO POLICYHOLDERS - OFAC
99-10-0460	02-97	DIRECT BILL NOTICE TO POLICYHOLDERS
99-10-0872	06-07	IMPORTANT NOTICE
CA 00 01	11-20	BUSINESS AUTO COVERAGE FORM
CA 01 36	10-13	NEVADA CHANGES
CA 21 27	10-13	NEVADA UNINSURED MOTORISTS COVERAGE
CA 23 85	10-13	EXCL OF TERRORISM INVOLVING NUC/BIO/CHEM
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 54	10-13	COVERED AUTO DESIGNATION SYMBOL
IL U 020	07-18	NV UM COV & MED PAY COV SEL/REJ

**Coverage for terrorism involving nuclear, biological or chemical terrorism will be excluded.**

Changes to the vehicle schedule which we receive subsequent to this quote may affect Experience Rating calculations and, therefore, the premium shown on the Premium Summary page above.

Schedule of Automobiles:

Auto No.	Yr & Model	Last 5 of VIN#	Liability Limit (In Thousands)	PIP Limit	APIP Limit	Med Pay Limit	Uninsured Limit (In Thousands)	Underinsured Limit (In Thousands)	Comp Ded	Coll Ded	Towing Limit	Rental Limit/ # of Days Varies
NV-5	15 Toyo	34362	1000			10000	100	100	3000	3000		
NV-6	17 Ford	39469	1000			10000	100	100	3000	3000		
NV-8	19 Chev	01251	1000			10000	100	100	3000	3000		
NV-9	20 Chev	18706	1000			10000	100	100	3000	3000		
NV-10	13 Chev	41275	1000			10000	100	100	3000	3000		
NV-11	20 Chev	97544	1000			10000	100	100	3000	3000		
NV-12	24 Toyo	02364	1000			10000	100	100	3000	3000		
NV-13	24 Toyo	23842	1000			10000	100	100	3000	3000		
NV-16	16 Chev	97866	1000			10000	100	100	3000	3000		
NV-17	16 Chev	97868	1000			10000	100	100	3000	3000		
NV-18	16 Chev	95608	1000			10000	100	100	3000	3000		
NV-19	16 Chev	95058	1000			10000	100	100	3000	3000		
NV-20	16 Chev	98075	1000			10000	100	100	3000	3000		
NV-21	16 Chev	96580	1000			10000	100	100	3000	3000		
NV-22	16 Chev	59634	1000			10000	100	100	3000	3000		
NV-23	21 Ford	00916	1000			10000	100	100	3000	3000		
NV-24	21 Ford	00920	1000			10000	100	100	3000	3000		
NV-25	20 Chev	98457	1000			10000	100	100	3000	3000		
NV-26	21 Chev	04270	1000			10000	100	100	3000	3000		
NV-27	21 Chev	01726	1000			10000	100	100	3000	3000		
NV-28	21 Chev	99180	1000			10000	100	100	3000	3000		
NV-29	21 Chev	01627	1000			10000	100	100	3000	3000		
NV-30	21 Chev	01658	1000			10000	100	100	3000	3000		
NV-31	22 Hond	10812	1000			10000	100	100	3000	3000		

Schedule of Automobiles:

Auto No.	Yr & Model	Last 5 of VIN#	Liability Limit (In Thousands)	PIP Limit	APIP Limit	Med Pay Limit	Uninsured Limit (In Thousands)	Underinsured Limit (In Thousands)	Comp Ded	Coll Ded	Towing Limit	Rental Limit/ # of Days Varies
NV-32	22 Ram	64008	1000			10000	100	100	3000	3000		
NV-33	18 Chev	49703	1000			10000	100	100	3000	3000		
NV-34	23 Chev	09467	1000			10000	100	100	3000	3000		
NV-35	23 Chev	09704	1000			10000	100	100	3000	3000		
NV-36	23 Chev	09152	1000			10000	100	100	3000	3000		
NV-37	23 Chev	09356	1000			10000	100	100	3000	3000		
NV-38	23 Chev	09267	1000			10000	100	100	3000	3000		
NV-39	05 Trai	27577	1000			10000			3000	3000		
NV-40	08 Trai	88102	1000			10000			3000	3000		
NV-41	08 Trai	88101	1000			10000			3000	3000		
NV-42	08 Trai	88065	1000			10000			3000	3000		
NV-43	24 Chev	62647	1000			10000	100	100	3000	3000		
NV-44	24 Air-	02092	1000			10000			3000	3000		
NV-45	25 Chev	77443	1000			10000	100	100	3000	3000		
NV-46	25 Chev	87690	1000			10000	100	100	3000	3000		
NV-47	25 Chev	15089	1000			10000	100	100	3000	3000		
NV-48	25 Ford	01831	1000			10000	100	100	3000	3000		
NV-49	25 Ford	02350	1000			10000	100	100	3000	3000		
NV-50	25 Ford	02324	1000			10000	100	100	3000	3000		
NV-51	26 Toyo	39580	1000			10000	100	100	3000	3000		
NV-52	26 Chev	82255	1000			10000	100	100	3000	3000		
NV-53	26 Chev	02777	1000			10000	100	100	3000	3000		



# Burns & Wilcox BROKERAGE

1 California St, Suite 800, San Francisco, CA 94111  
(415) 349-4945

**To:** Higginbotham Insurance Agency, Inc.

**Insured Name:** Southern Nevada Health District

**Mailing Address:** 280 Souther Decatur Boulevard, Las Vegas, NV 89107

**Application/Policy Number:** APP153231281

Attached please find the quotation for the above named insured.  
Please review this quotation carefully for coverages and special terms and conditions.

**Proposed Policy Term:** 07/01/2026 - 07/01/2027

**Insurance Carrier:** Vantage Risk Specialty Insurance Company

**Line of Business:** PROFESSIONAL LIABILITY

**Risk Address:** 280 Souther Decatur Boulevard, Las Vegas, NV 89107

**If applicable, additional location addresses can be found in the policy documents.**

Premium	Fees (Fully Earned)	Taxes
\$70,000.00	\$250.00 BROKERAGE FEE	\$281.00 STAMPING TAX \$2,458.75 SURPLUS LINES TAX

**Total:** \$72,989.75

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

**Agent Commission:** 12.00%

**Additional Subjectivities required for binding:**

1. Receipt of signed and dated Surplus Lines Broker Letter (Letter 001 0722), prior to binding.
2. Name and email address of the person we should send deductible invoices to in the event of a claim.

We appreciate the opportunity to offer this quotation and look forward to binding this for you.

Caileb J Newby  
cailebnewby@burns-wilcox.com



**Vantage Risk Specialty Insurance Company**

123 N. Wacker Dr., Suite 1300  
Chicago, IL 60606

**QUOTE**

<b>Quote #:</b>	Q03HC0000060832	<b>Producer:</b>	Burns & Wilcox, Ltd
<b>Renewal of Policy #:</b>	P03HC0000060831	<b>Producer Contact:</b>	Caileb J. Newby
		<b>Producer Email:</b>	cailebnewby@burns-wilcox.com

Dear Caileb:

We are pleased to offer the following Quotation on the captioned account:

<b>Named Insured and Address:</b>	Southern Nevada Health District 280 S Decatur Blvd Las Vegas, NV 89107-2936
<b>Insurer:</b>	Vantage Risk Specialty Insurance Company
<b>Proposed Policy Period:</b>	07/01/2026 TO 07/01/2027 Both dates at 12:01 a.m. local time at the address of the Insured stated above.

**LIMITS OF LIABILITY AND PREMIUM**

HEALTHCARE PROFESSIONAL LIABILITY	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$3,000,000
Each Claim Deductible	\$25,000
Aggregate Deductible	\$0
Retroactive Date	08/01/2015
Defense Expenses	Defense Outside the Limits
Deductible applies to	Loss and Expense

ABUSE OR MOLESTATION	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Each Claim Deductible	\$25,000
Aggregate Deductible	\$0
Retroactive Date	08/01/2015
<i>The above limits are shared with Professional Liability Limits.</i>	

HEALTHCARE GENERAL LIABILITY	
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to you Limit	\$100,000
Medical Payments	\$5,000

HEALTHCARE GENERAL LIABILITY	
General Aggregate Limit	\$3,000,000
Products-Completed Operations Aggregate Limit	\$3,000,000
Bodily Injury & Property Damage Deductible	\$25,000
Personal and Advertising Injury Deductible	\$25,000
Aggregate Deductible	\$0
Defense Expenses	Defense Outside the Limits
Deductible applies to	Loss and Expense

PREMIUM	
Total Premium	\$70,000
TRIA Coverage Premium	Included
<i>Premium does not include applicable Taxes, surcharges &amp; fees, which are broker's responsibility.</i>	
Minimum Premium Earned at Inception: 35%	

### TERMS AND CONDITIONS

- Coverage offered under the Terrorism Risk Insurance Act is included.
- Cyber related claims are excluded.

### THIS QUOTATION IS SUBJECT TO RECEIPT AND UNDERWRITING APPROVAL OF THE FOLLOWING

- Receipt of signed and dated Surplus Lines Broker Letter (Letter 001 0722), prior to binding.
- Name and email address of the person we should send deductible invoices to in the event of a claim.

### THE FOLLOWING WILL BE ATTACHED TO THE POLICY

HC DS 001 1222	DECLARATIONS // HEALTHCARE - COMMON
PL DS 001 1222	DECLARATIONS // HEALTHCARE PROFESSIONAL LIABILITY COVERAGE
GL DS 001 1222	DECLARATIONS // HEALTHCARE GENERAL LIABILITY COVERAGE
IL 00012 0122	SIGNATURE PAGE
IL 00002 0122	SCHEDULE // FORMS AND ENDORSEMENTS
HC 00001 1122	COMMON POLICY CONDITIONS
PL 00001 0824	COVERAGE PART // HEALTHCARE PROFESSIONAL LIABILITY (CLAIMS MADE)
GL 00001 0824	COVERAGE PART // HEALTHCARE GENERAL LIABILITY (OCCURRENCE)
IL 00015 0122	ENDORSEMENT // TRADE OR ECONOMIC SANCTIONS
IL 00017 1224	ENDORSEMENT // SERVICE OF SUIT
IL 00022 0122	ENDORSEMENT // CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
HC 10004 0824	ENDORSEMENT // NAMED INSURED AND RETROACTIVE DATE
HC 10012 1122	ENDORSEMENT // NOTICE OF CANCELLATION – CERTIFICATE HOLDERS
HC 10017 1122	ENDORSEMENT // EXCLUSION - CORRECTIONAL MEDICINE
HC 10022 1225	ENDORSEMENT // EXCLUSION – HUMAN TRAFFICKING

HC 10029 0925	ENDORSEMENT // EXCLUSION– BIOMETRIC INFORMATION OR GENETIC INFORMATION PRIVACY CLAIM
HC 10042 0824	ENDORSEMENT // WHO IS AN INSURED CHANGE
PL 10002 0824	ENDORSEMENT // ABUSE OR MOLESTATION SUB-LIMIT
PL 10003 1122	ENDORSEMENT // ADDITIONAL PROTECTED INDIVIDUAL OR ORGANIZATION
PL 10007 0323	ENDORSEMENT // EXCLUSION - OPIOIDS - WITH INDIVIDUAL PLAINTIFF CARVEBACK
PL 10012 1122	ENDORSEMENT // EXCLUSION - ABSOLUTE COMMUNICABLE DISEASE
PL 10030 0123	ENDORSEMENT // EXCLUSION – FEDERAL TORT CLAIMS ACT
GL 10001 1122	ENDORSEMENT // PRIMARY AND NON-CONTRIBUTORY INSURANCE WHERE REQUIRED BY WRITTEN CONTRACT(S)
GL 10002 1122	ENDORSEMENT // ADDITIONAL PROTECTED INDIVIDUAL OR ORGANIZATION
GL 10029 0823	ENDORSEMENT // ADDITIONAL PROTECTED INDIVIDUAL OR ORGANIZATION FOR DESIGNATED EVENT

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### IMPORTANT NOTICES

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Please review this quote as it may differ from your requested coverage specifications. This quote is valid until the inception date of the policy period or 30 days after the date of this quote listed on page 1, whichever is sooner.

This Quotation is provided on the basis that all information given to Insurer by or on behalf of the Insured in its underwriting submission and/or in its responses to the underwriter's requests for information is reliable, truthful, and complete to the best of the Insured's information and knowledge. The Insurer relies on the "duty of disclosure" as it exists under applicable law and rejects any attempt to negate that duty wholly or partially.

The Insured, by accepting this Quotation, waives the effect of any purported disclaimers of the Insured's duty to disclose to underwriters all material facts to the best of its knowledge that may be contained in such submission or in its responses to questions or requests for information, or in emails, cdroms, or internet websites or any other sources used in providing or transmitting underwriting information. The terms and conditions of this offer of coverage may be amended or withdrawn should there be discovery of a material change to the submitted information.

Please feel free to contact me if you have any questions regarding this quotation. We appreciate the opportunity to quote this account.

*Melissa Salza*

## NOTICE // DISCLOSURE OF TERRORISM INSURANCE PREMIUM

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Vantage Risk Specialty Insurance Company

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**Applicant’s Signature**

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**Insurance Company**

Southern Nevada Health District

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**Print Name of the Signatory**

---

**Named Insured**

---

**Date**



# Burns & Wilcox BROKERAGE

1 California St, Suite 800, San Francisco, CA 94111  
(415) 349-4945

**Date:** 05/20/2026

**To:** Higginbotham Insurance Agency, Inc.

**Insured Name:** Southern Nevada Health District

**Mailing Address:** 280 Souther Decatur Boulevard, Las Vegas, NV 89107

**Application/Policy Number:** APP153306281

Attached please find the quotation for the above named insured.

Please review this quotation carefully for coverages and special terms and conditions.

**Proposed Policy Term:** 07/01/2026 - 07/01/2027

**Insurance Carrier:** Travelers Excess and Surplus Lines Co

**Line of Business:** CYBER LIABILITY

**Risk Address:** 280 Souther Decatur Boulevard, Las Vegas, NV 89107

**If applicable, additional location addresses can be found in the policy documents.**

Premium	Fees (Fully Earned)	Taxes
\$43,403.00	\$250.00 BROKERAGE FEE	\$174.61 STAMPING FEE \$1,527.86 SURPLUS LINES TAX

**Total:** \$45,355.47

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

**Agent Commission:** 12.00%

**Additional Subjectivities required for binding:**

- TRIA Waiver if coverage is rejected (attached to quote).
- Submitted Corvus application signed and dated within 60 days of the renewal effective date.

We appreciate the opportunity to offer this quotation and look forward to binding this for you.

Caileb J Newby  
cailebnewby@burns-wilcox.com

# CORVUS

| BY TRAVELERS 

## Smart Cyber Insurance <sup>TM</sup>

Quote

for Southern Nevada Health District

### **Producer**

Caileb Newby, Burns & Wilcox  
cailebnewby@burns-wilcox.com

### **Underwriter**

Amanda Cooper

### **Corvus Insurance**

655 Atlantic Avenue, Suite 1700, Boston, MA 02111  
www.corvusinsurance.com

## Southern Nevada Health District scores **97** out of 100 overall

Our proprietary non-invasive scan looks at your public-facing website, embedded software, and domains to better understand your risk profile. The score (out of 100) predicts how protected your organization is from existing cyber threats.



Scanned: Apr 27, 2026

### Preview of Recommendations

■  
**Medium**  
**Impact**

## Consider Migrating to a Cloud Hosted Email Provider

### Finding

The Cyber Risk Scan detected the presence of on-premise email infrastructure at your organization.

# Travelers Cyber Risk Services

Monitoring, tools and services that help to predict and prevent cyber threats – so that you can focus on growing your business, not responding to cyberattacks.

## TRAVELERS CYBER POLICIES INCLUDE:

### Always-On Threat Monitoring and Alerts

- Take action with same-day threat alerts that help to identify attacks before they escalate.
- Review step-by-step actions tailored to your organization.

### Expert Guidance from Our In-House Cyber Risk Services Team

- Get personalized guidance to strengthen security and reduce risk.
- Maximize the effectiveness of your security investments.

### 24/7 Cyber Risk Dashboard

- Check your cyber exposure and view custom security recommendations anytime.
- Access a network of preferred cybersecurity vendors.

### Personalized Policy Onboarding

- Meet your Travelers Cyber Risk Services team and get familiar with your service offerings.
- Review your current security report and receive actionable recommendations.

## ORGANIZATIONS THAT ENGAGE WITH THESE SERVICES WERE SHOWN TO:

- Be nearly **20%** less likely to experience a cyber breach
- See nearly **27%** lower total claim costs per cyber breach

\*The frequency and severity of cyber insurance claims were found to be lower on average across all policyholder organizations that met a minimum threshold for engaging with the service offerings described above by registering their account on the Cyber Risk Dashboard

## CUSTOMER STORY



Policyholder virtual private network (VPN) credentials are seen for sale on a dark web marketplace



Within minutes, Travelers has reached the policyholder and broker



VPN is taken offline to prevent the spread of an attack



Travelers helps the policyholder set up multifactor authentication (MFA) on their VPN accounts



Major ransomware attack averted, avoiding potential interruption to operations, reputational harm and an estimated \$250,000+ claim

## HOW IT WORKS:

- 1. Get Started:** After your policy is issued, we'll send an email inviting you to register for the Travelers Cyber Risk Dashboard.
- 2. Onboarding Call:** Once you've registered your dashboard account, send us an email at the address below to schedule your Onboarding Call.<sup>†</sup>
- 3. Year-Round Support:** Schedule an eligible service from the menu below by sending us an email or going to the Risk Services page in your Dashboard.

You and your insurance representative can reach us at [cyberservices@travelers.com](mailto:cyberservices@travelers.com).

Online Tools and Always-On Services	All Travelers Cyber Policyholders
Cyber Risk Dashboard	✓
External perimeter scanning	✓
Personalized alerts for emerging cyber threats	✓
Continuous dark web monitoring	✓
Cyber expert security consultations	✓ Up to 5 calls
Multifactor authentication implementation support	✓ Up to 5 calls
Self-service risk assessment	✓
Employee security awareness training	✓
Discounted vendor rates	✓
Cyber newsletters and webinars	✓

Expert Support <i>Available to policyholders with \$1M+ cyber limit and the gross annual revenue shown in each column</i>	Under \$50M Revenue	\$50-100M Revenue	\$100M+ Revenue
Policy onboarding call	✓ 30-min call	✓ 30-min call	✓ 30-min call
Meet the data breach coach	✓ 1-hr call	✓ 1-hr call	✓ 1-hr call
Post-incident consultation	✓ 1-hr call	✓ 1-hr call	✓ 1-hr call
Scan reports for third-party vendors		✓ 15 scans	✓ 15 scans
Expert NIST-based risk assessment		✓ 1-hr call	✓ 1-hr call
Incident Response Tabletop Exercise**		✓ 30-min prep call	✓ 2-hr virtual + prep call
Incident Response Planning (IRP)	Template and guide	Template and guide	✓ 1-hr call
Business Continuity Planning (BCP)	Template and guide	Template and guide	✓ 1-hr call

To access a full description of each service and its benefits, scan the QR code:



<sup>†</sup>Available to policyholders with \$1M+ cyber limit

\*\*On-site tabletops are available via third-party vendors at a reduced cost



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Travelers Casualty and Surety Company of America and its property casualty affiliates. One Tower Square, Hartford, CT 06183

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# SMART CYBER INSURANCE™ QUOTE

<b>Named Insured</b>	<p><b>Southern Nevada Health District</b> 280 S. Decatur Blvd Las Vegas, NV 89107</p>
<b>Producer of Record</b>	<p><b>Burns &amp; Wilcox</b> 111 S Wacker Dr, Suite 3900 Chicago, IL 60606</p> <p>Through <b>Corvus Insurance Agency, LLC</b></p>
<b>Policy Period</b>	<p>From <b>07/01/2026</b> to <b>07/01/2027</b> Both dates at 12:01 a.m. Standard Time at the address of the named Insured as stated herein.</p>
<b>Retroactive Date</b>	<p>None; Full Unknown Prior Acts</p>
<b>Insurer</b>	<p>Travelers Excess and Surplus Lines Company (Non-Admitted, AM Best "A++" Superior)</p>
<b>Breach Response Hotline</b>	<p>Corvus Smart Cyber Insurance® 24/7 Breach Response Hotline: (855) 248-2150</p>

Third Party Insuring Agreements	Limit	Retention
<input checked="" type="checkbox"/> A. Network Security and Privacy Liability	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
<input checked="" type="checkbox"/> B. Regulatory Investigations, Fines and Penalties	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
<input checked="" type="checkbox"/> C. Media Liability	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
<input checked="" type="checkbox"/> D. PCI DSS Assessment Expenses	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim
<input checked="" type="checkbox"/> E. Breach Management Expenses	\$2,000,000 Each Claim / Aggregate	\$25,000 Each Claim

First Party Insuring Agreements	Limit	Retention, Waiting Period, & Period of Indemnity
<input checked="" type="checkbox"/> A. Business Interruption See Video: <a href="http://www.corvusinsurance.com/bi">www.corvusinsurance.com/bi</a>	\$2,000,000 Each Loss / Aggregate	Waiting Period: 8 Hours Period of Indemnity: 6 Months
<input checked="" type="checkbox"/> B. Contingent Business Interruption See Video: <a href="http://www.corvusinsurance.com/bi">www.corvusinsurance.com/bi</a>	\$2,000,000 Each Loss / Aggregate	Waiting Period: 8 Hours Period of Indemnity: 6 Months
<input checked="" type="checkbox"/> C. Digital Asset Destruction, Data Retrieval and System Restoration	\$2,000,000 Each Loss / Aggregate	\$25,000 Each Loss
<input checked="" type="checkbox"/> D. System Failure Coverage	\$2,000,000 Each Loss / Aggregate	Waiting Period: 8 Hours Period of Indemnity: 6 Months
<input checked="" type="checkbox"/> E. Social Engineering & Cyber Crime Coverage See Video: <a href="http://www.corvusinsurance.com/1st-party">www.corvusinsurance.com/1st-party</a>	\$250,000 Each Loss / Aggregate	\$25,000 Each Loss
<input checked="" type="checkbox"/> F. Reputational Loss Coverage	\$2,000,000 Each Loss / Aggregate	Waiting Period: 2 Weeks Period of Indemnity: 6 Months
<input checked="" type="checkbox"/> G. Cyber Extortion and Ransomware	\$2,000,000	\$25,000 Each Loss

First Party Insuring Agreements	Limit	Retention, Waiting Period, & Period of Indemnity
Coverage See Video: <a href="http://www.corvusinsurance.com/1st-party">www.corvusinsurance.com/1st-party</a>	Each Loss / Aggregate	
<input checked="" type="checkbox"/> H. Breach Response and Remediation Expenses See Video: <a href="http://www.corvusinsurance.com/1st-party">www.corvusinsurance.com/1st-party</a>	\$2,000,000 Each Loss / Aggregate	\$25,000 Each Loss
<input checked="" type="checkbox"/> I. Court Attendance Costs	\$250,000 Each Loss / Aggregate	\$25,000 Each Loss
<b>Maximum Policy Aggregate Limit: \$2,000,000</b>		

Endorsements	Limit
CB-336-002 Add Coverage for SEC Reporting Costs Endorsement	
CB-171-004 AmWins Cyber Amendatory	
CB-328-003 Artificial Intelligence Endorsement	
CB-107-002 Bodily Injury Claims	\$250,000
CB-126-002 Bricking	\$2,000,000
CB-194-001 California Consumer Privacy Act	
CB-202-001 Coverage for Certified Acts of Terrorism	
CB-123-001 Criminal Reward Expenses	\$50,000
CB-136-001 Forensic Accounting Coverage	\$50,000
CB-111-003 GDPR Coverage	
CB-297-001 Healthcare Smart Cyber Amendatory	
CB-133-001 Invoice Manipulation Loss	\$250,000

**Endorsements**

**Limit**

CB-128-001	Loss of Funds Exclusion Carveback	
CB-320-001	Non-IT Contingent Business Interruption Coverage Sublimit	
CB-280-001	Pixel and Tracking Code Exclusion	
CB-174-001	Property Damage	\$250,000
CB-288-003	Retention Reduction Endorsement	
CB-274-003	Smart Cyber Insurance Amendatory Endorsement	
CB-120-001	Solicitation Claims	\$50,000
CB-146-001	Specified Claim(s) Exclusion	
CB-159-003	Utility Fraud Coverage	
CB-167-001	War Exclusion Cyber Terrorism Carveback	

**Premium, Taxes & Fees**

Premium	\$42,973
TRIA	\$430
<b>Total</b>	<b>\$43,403</b>

## POLICY FORM

Corvus Smart Cyber Policy Form #CB-101-001

## SUBJECTIVITIES

The proposed quoted terms are valid through the expiration date of the current policy and subject to the receipt, review, and acceptance of the following information and are based on the representation that there are no open or unreported claims, unless previously addressed herein, as of the date of this quote. The applicant must also pass a sanctions list check which Corvus will perform prior to binding. If at any time before binding we are made aware that a claim was reported, we reserve the right to rescind or revise the terms of this quote.

### **Due prior to binding coverage:**

- TRIA Waiver if coverage is rejected (attached to quote).
- Submitted Corvus application signed and dated within 60 days of the renewal effective date.

### **Due within 7 days of binding coverage:**

- A completed Surplus Lines Filing Form.

## TAXES & FEES

If the risk is subject to surplus lines tax, you must arrange for the filing of the affidavit and for payment of applicable state tax and fees, in addition to the premium.

# Surplus Lines Filing Form

By completing, you certify that you are a properly licensed surplus lines producer. Additionally, you agree to comply with all applicable laws and regulatory provisions including those relating to the payment of surplus lines taxes, fees, filing requirements, and all other surplus lines producer obligations.

Insured Name

Corvus Policy Number

Filing State

SL Filing Agency

Name

Address

SL Filer / License

Name

License Number (must be for filing state)

Individual Completing This Form

Name

Title

Signature

Date



# Policyholder Disclosure: Notice of Terrorism Insurance Exclusion and Coverage Option

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you now have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT FOR SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

You have the right to accept or reject any coverage that might be provided under provisions of the Act and under the terms, conditions and exclusions of the policy. If you decide to purchase a policy from us and wish to take advantage of any terrorism coverage that might be provided, you will have to pay an additional premium for terrorism coverage in the amount of:

Limit Each Trigger	Aggregate Limit	Retention Each Trigger	Base Premium*	Additional Premium for Certified Acts of Terrorism Coverage* (1% of Base)
\$2,000,000	\$2,000,000	\$25,000	\$42,973	\$430

\* does not include surplus lines taxes and/or fees

Even if you do decide to take advantage of any terrorism coverage that might be provided under terms of the Act, we will exclude coverage for losses not eligible for federal reinsurance under the Act, which include losses due to domestic acts of terrorism and losses due to acts of terrorism to property located outside the United States. Further, as respects all losses, even losses eligible for federal reinsurance under the Act, the actual coverage available under our policies for acts of terrorism will still be limited by all of the terms, conditions, exclusions and endorsements of the policy and by generally applicable rules of law. This means that even if you decide to pay the additional premium to buy terrorism coverage to the extent provided under the Act, all terms, conditions and exclusions in the policy, will apply, even if they prevent coverage for losses resulting from terrorism.

If you decide not to accept this offer of terrorism coverage to the extent provided by the Act and not otherwise excluded by the policy, you must sign below to waive such coverage and return the original of this document to us.

**Waiver of Coverage**

I/we hereby waive all rights to any coverage for terrorism that may have been available under the Terrorism Risk Insurance Act and authorize Travelers Excess and Surplus Lines Company to fully exclude terrorism coverage under the policy issued or to be issued to me/us.

Proposed Named Insured

Proposed Named Insured Address

Applicant's Signature

Date

Print Name

Title



# Burns & Wilcox BROKERAGE

1 California St, Suite 800, San Francisco, CA 94111  
(415) 349-4945

**Date:** 05/20/2026

**To:** Higginbotham Insurance Agency, Inc.

**Insured Name:** Southern Nevada Health District

**Mailing Address:** 280 Souther Decatur Boulevard, Las Vegas, NV 89107

**Application/Policy Number:** APP153311281

Attached please find the quotation for the above named insured.

Please review this quotation carefully for coverages and special terms and conditions.

**Proposed Policy Term:** 07/01/2026 - 07/01/2027

**Insurance Carrier:** Evanston Insurance Company

**Line of Business:** PROFESSIONAL LIABILITY

**Risk Address:** 280 Souther Decatur Boulevard, Las Vegas, NV 89107

**If applicable, additional location addresses can be found in the policy documents.**

Premium	Fees (Fully Earned)	Taxes
\$30,400.00	\$250.00 BROKERAGE FEE	\$122.60 STAMPING TAX \$1,072.75 SURPLUS LINES TAX

**Total:** \$31,845.35

This quotation is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.

**Agent Commission:** 12.00%

**Additional Subjectivities required for binding:**

We appreciate the opportunity to offer this quotation and look forward to binding this for you.

Caileb J Newby  
cailebnewby@burns-wilcox.com

# Management Liability Quote

## General information

Date	05/20/2026	Deal number	6176502-1
Producer	Burns & Wilcox Brokerage 1 California Street, Suite 800 San Francisco, CA 94111	Applicant	Southern Nevada Health District 280 South Decatur Boulevard Las Vegas, NV 89107-2936
Attention	Caileb Newby		
Issuing company	Evanston Insurance Company	Quote expiration	07/01/2026
Effective date	07/01/2026	Expiration date	07/01/2027

## Quote limits and pricing

	Option 1	Option 2
<b>Premium</b>	<b>\$30,400</b>	<b>\$25,100</b>
<b>Employment practices liability</b>		
Limits of liability		
Each claim	\$1,000,000	\$1,000,000
Aggregate	\$1,000,000	\$1,000,000
Coinsurance	0%	0%
Retention (each claim)	\$50,000	\$75,000
Pending or prior date	07/01/2024	07/01/2024
Duty to defend	Yes	Yes
<b>Third party discrimination liability</b>		
Limits of liability		
Each claim	\$1,000,000	\$1,000,000
All claims	\$1,000,000	\$1,000,000
Coinsurance	0%	0%
Retention (each claim)	\$50,000	\$75,000
Pending or prior date	07/01/2024	07/01/2024
Duty to defend	Yes	Yes
<b>Coverage extension limits</b>		
A. All coverage parts		
Additional policy aggregate limit of liability for claim expenses	Not Purchased	Not Purchased

	Option 1	Option 2
B. Directors and officers and organization coverage part		
1. Additional non-indemnifiable loss aggregate limit of liability	Not Purchased	Not Purchased
2. Inquiry sublimit	Not Purchased	Not Purchased
3. HIPAA claims sublimit	Not Purchased	Not Purchased
4. IRS fines and penalties sublimit	Not Purchased	Not Purchased
5. Excess benefit transaction tax sublimit	Not Purchased	Not Purchased
6. Books and records demand sublimit	Not Purchased	Not Purchased
7. Pre-claim expenses sublimit	Not Purchased	Not Purchased
8. Crisis management expenses sublimit	Not Purchased	Not Purchased
9. Employed lawyers sublimit	Not Purchased	Not Purchased
C. Employment practices and third party discrimination liability coverage part		
1. Workplace violence expenses sublimit	\$250,000	\$250,000
2. Immigration claims expenses sublimit	\$150,000	\$150,000
D. Fiduciary liability coverage part		
1. HIPAA claims and COBRA claims sublimit	Not Purchased	Not Purchased
2. PPACA claims sublimit	Not Purchased	Not Purchased
3. Disclosure provision penalties sublimit	Not Purchased	Not Purchased
4. Settlor capacity claims sublimit	Not Purchased	Not Purchased
5. 4975 penalties sublimit	Not Purchased	Not Purchased

No Retention shall apply to Non-Indemnifiable Loss incurred by Insured Person under any Coverage Part, except as required by state law.

**Combined aggregate limit of liability**

Insuring agreements designated below by "X" (☒) share the combined aggregate limit of liability.

	Option 1	Option 2
Combined aggregate limit of liability	\$1,000,000	\$1,000,000
Directors and officers and company liability	<input type="checkbox"/>	<input type="checkbox"/>
Employment practices and third party discrimination liability	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary liability	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Premium for extended reporting period**

1 year(s) at 125% | 3 year(s) at 175% | 6 year(s) at 225% of the annual premium.

**Notices/Disclosures**

1. This policy contains provisions that reduce the limits of liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the retention, unless the policy is amended by endorsement.

**Markel West Insurance Services (#0D95581)**

21600 Oxnard Street, Suite 900  
Woodland Hills, CA, 91367  
www.markel.com

## Conditions

1. The underwriter reserves the right to amend or withdraw terms upon review of additional information.
2. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn by the underwriter.

## Coverage forms and endorsements

MJIL 1000 08 10	Policy Jacket
MPIL 1007 01 20	Privacy Notice
MPIL 1083 04 15	US Treasury Dept's Office Of Foreign Assets Control ("OFAC") Notice
MPIL 5007 02 23	Cyber Perils Disclosure Notice
MPML 1003 01 15	Policyholder Disclosure Notice Of Certified Acts of Terrorism
MDML 1001 01 24	Not-For-Profit Management Liability Policy Declarations
MDIL 1001 08 11	Forms Schedule
MML 1004 01 24	General Terms And Conditions
MML 1006 01 24	Employment Practices and Third Party Discrimination Liability Coverage Part
MEIL 1200 03 23	Service Of Suit
MIL 1214 09 17	Trade Or Economic Sanctions
MIL 1219 09 20	Cap On Losses From Certified Acts Of Terrorism
MML 1342 01 24	Exclusion - Reduction in Force
MML 1347 01 24	Exclusion – Specific Matter Specific Matter: per expiring but will be updated to show claimant(s) v. NI matter reported on XXX with Stars Enterprises claim no. XXX.
MML 1365 01 24	Exclusion – Consumer Protection Violations
MML 1605 01 24	Exclusion - Consumer Data
MML 1622 01 24	Exclusion - Sexual Misconduct

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