



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: May 23, 2024

RE: *Approval of New Insurance Policies for Southern Nevada Health District's Commercial Property, Automobile, General Liability, and Professional Liability coverages for policy period 07/01/2024-07/01/2025*

PETITION #37-24

That the Southern Nevada District Board of Health *approves the new insurance policies for Southern Nevada Health District for Commercial Property (CHUBB), Automobile (CHUBB) and General Liability & Professional Liability (Vantage) coverages.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Heather Anderson-Fintak, General Counsel *HAF*

DISCUSSION:

In July 2016, the Health District joined Pool/PACT (Nevada Public Agency Insurance Pool) to cover both its insurance needs, as well as workers compensation. However, the cost of annual premiums has continued to increase due to other agencies in the pool, as well as the Health District's growing payroll, all while the Health District continued to maintain low claims. In order to review costs associated with coverage, the Health District engaged a new insurance broker and took our insurance needs out to the marketplace. Ten insurance applications were completed by staff for all insurance coverage.

On or about March 1, 2024, the Health District gave Pool/PACT proper notice, in accordance with its bylaws, that the Health District intended to leave the Pool and the PACT at the end of the plan year, June 30, 2024. However, Pool/PACT allows for rejoining prior to the expiration of the plan year. Thus, Pool/PACT submitted proposals to the Health District for continued coverage in fiscal year 2025.

In review the proposals from insurance companies, the Health District will save \$144,547 utilizing several different insurance policies in order to replace Pool's coverage. Therefore, the Health District has opted to utilize the following companies to replace Pool: CHUBB and Vantage Risk Specialty Insurance.



FUNDING:

General Funds.

CHUBB

Coverage:	Commercial Property	
Limits:	Each Professional Incident: Professional Aggregate:	\$1,000,000 \$3,000,000
Deductibles:	Each Professional Incident: Professional Aggregate:	\$25,00 N/A
Annual Cost:	\$172,500 (including fees)	\$172,500

CHUBB

Coverage:	Automobile	
Limits:	Each Professional Incident: Professional Aggregate:	\$1,000,000 N/A
Deductibles:	Each Professional Incident: Professional Aggregate:	\$3,000 N/A
Annual Cost:	\$160,847 (including fees)	\$153,907

Amwins Brokage on behalf of Vantage Risk Specialty Insurance

Coverage:	General & Professional Liability	
Limits:	Each Professional Incident: Professional Aggregate:	\$1,000,000 \$3,000,000
Deductibles:	Each Professional Incident: Professional Aggregate:	\$25,000 N/A
Annual Cost:	\$78,406.06 (including fees)	\$75,000

PREMIUM SUMMARY

<u>Policy Type</u>	<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
Commercial Property Federal Insurance Company Policy No.: TBD	\$172,500	15%	Direct Bill / Annual
Property	\$172,500		
Machinery Breakdown	Included in Property		
Taxes and Surcharges	\$0	0%	Prepaid
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TOTAL ACCOUNT PREMIUM	\$172,500		
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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

Property Est. \$9,777

*Ensuing Fire \$0

Machinery Breakdown Included in Property

**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.*

Should the insured not elect coverage for acts of Terrorism in any of the underlying insurance, and elects the option above which includes coverage for acts of terrorism in this quotation, we reserve the right to withdraw our offer for coverage to which this quotation pertains.

“**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: TBD
 Company: Federal Insurance Company
 Effective Date: July 1, 2024 to July 1, 2025

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

PROPERTY INSURANCE

Deductible: \$25,000

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	\$40,183,444
2.	Personal Property EDP Property on Premises	\$33,293,600

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 Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000		Blanket 1
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000		Blanket 2
EDP Property on Premises		Blanket 2

Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	
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Premises # 1 Bldg # 2: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
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Premises # 1 Bldg # 3: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
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Premises # 1 Bldg # 4: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Premises # 1 Bldg # 5: 280 S DECATUR BLVD, LAS VEGAS, NV 89107	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Premises # 2: 700 MARTIN LUTHER KING BLVD, LAS VEGAS, NV 89106	
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Building Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 1
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Personal Property Automatic Increase in Limits 5%	Blanket 2
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Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 3: 2953 WESTWOOD DR, LAS VEGAS, NV 89109	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 4: 2830 FREMONT ST, LAS VEGAS, NV 89104	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 5: 2500 N BUFFALO DR, SUITE 240, LAS VEGAS, NV 89128	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 6: 150 N YUCCA ST, SUITES 3 & 4, MESQUITE, NV 89027	
Personal Property Automatic Increase in Limits 5% Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
EDP Property on Premises Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2
Premises # 7: 3020 N WALNUT RD, LAS VEGAS, NV 89115	
Personal Property Automatic Increase in Limits 5% Inundation, Back-Up and Mudflow Peril Deductible \$25,000 Discharge of Water Peril Deductible \$50,000 Leakage Fire Prot Peril Deductible \$50,000	Blanket 2

PREMISES COVERAGES	LIMITS OF INSURANCE
Machinery Breakdown	INCLUDED

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

EARTHQUAKE	LIMITS OF INSURANCE
Policy Annual Aggregate Limit	\$5,000,000
<i>Earthquake</i>	
Premises 1, 2, 3, 4, 5, 6, 7	
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

FLOOD	LIMITS OF INSURANCE
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	
Premises Annual Aggregate Limit	\$5,000,000
Per Occurrence Limit	\$5,000,000
Per Occurrence Dollar Deductible	\$50,000

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

POLICY FORMS		
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
80-02-0005	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
80-02-1357	03-19	WATER DEDUCTIBLE OR WAITING PERIOD
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

AUTOMOBILE INSURANCE

Policy Number: TBD
 Company: FEDERAL INSURANCE COMPANY
 Effective Date: July 1, 2024 to July 1, 2025

<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
\$153,907.00	12.5%	Agent Billing/Prepaid
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:

IF ANY	Annual Cost of Hire - Excess Annual Cost of Hire - Primary
# of Employees:	1,174

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

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS		
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-020153I	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0282	02-04	COMPLIANCE W/APPLIC TRADE SANCTION LAWS
1622514	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
16020214-1	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-2	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-3	10-13	SCHEDULE OF COVERED AUTOS YOU OWN
16020214-4	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-5	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-6	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-7	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-8	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-10-0196	01-01	REDUCING AUTO LOSSES
16-10-0254	02-04	ADVISORY NOTICE TO POLICYHOLDERS - OFAC
99-10-0872	06-07	IMPORTANT NOTICE
CA 00 01	10-13	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.



Amwins Insurance Brokerage, LLC
6363 S Fiddlers Green Circle
Suite 600
Greenwood Village, CO 80111
amwins.com

April 9, 2024

Chase Marable
Connell Insurance
909 E. Republic Rd
Suite C200
Springfield, MO 65807

RE: Southern Nevada Health District

GENERAL LIABILITY – INCLUDING PROFESSIONAL (ALLIED & MISC HEALTHCARE)
QUOTATION

Dear Chase:

Please find the attached quotation for Southern Nevada Health District. Here is a summary of the terms and conditions:

INSURED: Southern Nevada Health District
MAILING ADDRESS: 280 S. Decatur Blvd
Las Vegas, NV 89107
CARRIER: Vantage Risk Specialty Insurance Company (Non-Admitted)
PROPOSED POLICY PERIOD: From 7/1/2024 to 7/1/2025
12:01 A.M. Standard Time at the Mailing Address shown above

Table with 2 columns: Policy Premium components and amounts. Total premium is \$78,406.06.

The calculation of S/L Taxes and Fees is based upon the inclusion of TRIA premium. If TRIA is rejected, the amount of S/L Taxes and Fees will be reduced accordingly.

TRIA FORMS: Signed acceptance/rejection required at binding.
MINIMUM EARNED PREMIUM: 35%
COMMISSION: 10.000% of premium excluding fees and taxes

- SUBJECTIVITIES: 1) SL Broker Letter (Amwins will satisfy)
2) Name and email address of the person we should send deductible invoices to in the event of a claim
3) Signed Application
4) Copy of Deeming Letter
5) NV SL State Packet- Attached

SURPLUS LINES TAX SUMMARY

HOME STATE: Nevada

FEES:

Fee	Taxable	Amount
Policy Fee	Yes	\$250.00
Total Fees		\$250.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Nevada	Surplus Lines Tax	\$75,213.00	\$250.00	\$75,463.00	3.500%	\$2,641.21
	Stamping Fee	\$75,213.00	\$250.00	\$75,463.00	0.400%	\$301.85
Total Surplus Lines Taxes and Fees						\$2,943.06

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Caileb Newby

Vice President

T 303.865.6965 | caileb.newby@amwins.com

Amwins Insurance Brokerage, LLC

In California: Amwins Brokerage Insurance Services | License 0F19710

6363 S Fiddlers Green Circle | Suite 600 | Greenwood Village, CO 80111 | amwins.com

SURPLUS LINES DISCLOSURE

Nevada

This insurance contract is issued pursuant to the Nevada insurance laws by an insurer neither licensed by nor under the supervision of the Division of Insurance of the Department of Business and Industry of the State of Nevada. If the insurer is found insolvent, a claim under this contract is not covered by the Nevada Insurance Guaranty Association Act.



Vantage Risk Specialty Insurance Company

123 N. Wacker Dr., Suite 1300
Chicago, IL 60606
Toll Free: 833-552-1772

QUOTE

Date: 04/09/2024 Producer: Amwins Brokerage Of The Midwest, LLC
Quote #: Q03HC0000140500 Producer Contact: Caileb Newby

Dear Caileb:

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

Named Insured and Address: Southern Nevada Health District
280 S Decatur Blvd
Las Vegas, NV 89107-2936
Insurer: Vantage Risk Specialty Insurance Company
Proposed Policy Period: 07/01/2024 TO 07/01/2025
Both dates at 12:01 a.m. local time at the address of the Insured stated above.

LIMITS OF LIABILITY AND PREMIUM

Table with 2 columns: Description and Amount. Title: HEALTHCARE PROFESSIONAL LIABILITY. Rows include Per Claim Limit (\$1,000,000), Aggregate Limit (\$3,000,000), Per Claim Deductible (\$25,000), Aggregate Deductible (\$0), Retroactive Date (08/01/2015), Defense Expenses (Defense Outside the Limits), and Deductible applies to (Loss and Expense).

Table with 2 columns: Description and Amount. Title: ABUSE OR MOLESTATION. Rows include Per Claim Limit (\$1,000,000), Aggregate Limit (\$1,000,000), Per Claim Deductible (\$25,000), Aggregate Deductible (\$0), and Retroactive Date (08/01/2015). Includes note: The above limits are shared with Professional Liability Limits.

Table with 2 columns: Description and Amount. Title: HEALTHCARE GENERAL LIABILITY. Rows include 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), General Aggregate Limit (\$3,000,000), and Products-Completed Operations Aggregate Limit (\$3,000,000).

HEALTHCARE GENERAL LIABILITY	
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

Total Premium Excluding Optional Coverages	\$75,000
Optional TRIA Coverage Premium	\$213
Total Premium including TRIA Coverage	\$75,213
<i>Premium does not include applicable Taxes, surcharges & fees, which are broker's responsibility.</i>	
Minimum Premium Earned at Inception: 35%	

TERMS AND CONDITIONS

- If this policy provides coverage to more than one Insured, but with different retroactive dates, they will be named with their applicable retroactive date on the Named Insured and Retroactive Date Endorsement.
- Cyber related claims are excluded.

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

- This quote is subject to receipt of signed and dated NOTICE OF TERRORISM INSURANCE COVERAGE (PN 00001 0122), prior to binding.
- 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.
- Signed Application
- Copy of Deeming Letter

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 1122	COVERAGE PART // HEALTHCARE PROFESSIONAL LIABILITY (CLAIMS MADE)
GL 00001 1122	COVERAGE PART // HEALTHCARE GENERAL LIABILITY (OCCURRENCE)
IL 00015 0122	ENDORSEMENT // TRADE OR ECONOMIC SANCTIONS
IL 00017 0224	ENDORSEMENT // SERVICE OF SUIT
HC 10017 1122	ENDORSEMENT // EXCLUSION - CORRECTIONAL MEDICINE
HC 10022 0123	ENDORSEMENT // EXCLUSION – SEX TRAFFICKING
HC 10029 0423	ENDORSEMENT // EXCLUSION– BIOMETRIC INFORMATION PRIVACY CLAIM
PL 10002 1122	ENDORSEMENT // ABUSE OR MOLESTATION SUB-LIMIT
PL 10007 0323	ENDORSEMENT // EXCLUSION - OPIOIDS - WITH INDIVIDUAL PLAINTIFF CARVEBACK
PL 10012 1122	ENDORSEMENT // EXCLUSION - ABSOLUTE COMMUNICABLE DISEASE

PL 10014 1122	ENDORSEMENT // WHO IS AN INSURED CHANGE – EMPLOYED PHYSICIANS
PL 10030 0123	ENDORSEMENT // EXCLUSION – FEDERAL TORT CLAIMS ACT
GL 10009 1122	ENDORSEMENT // WHO IS AN INSURED CHANGE - EMPLOYED PHYSICIANS
IL 00022 0122	ENDORSEMENT // CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM, If TRIA accepted

IMPORTANT NOTICES

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.

