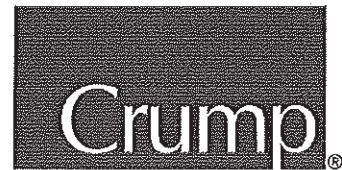


Crump Insurance Services, Inc.



QUOTATION

Date Issued: July 22, 2010

PRODUCER:

Debbie Matas
The Horton Group
10320 Orland Parkway
Orland Park, IL 60467
Email: Debbie.matas@thehortongroup.com

INSURED: Village of Orland Park

EVENT: Taste of Orland Park

ADDRESS: 14700 South Ravinia
Orland Park, IL 60462

INSURER: Capitol Specialty Insurance Corporation – (Non-Admitted)

POLICY NO.: TBD

COVERAGE: Commercial General Liability - Occurrence

POLICY PERIOD: August 6, 2010 to August 8, 2010

LIMITS OF LIABILITY:

\$1,000,000	Per Occurrence
\$2,000,000	General Aggregate
\$2,000,000	Products & Completed Operations Aggregate
\$1,000,000	Personal & Advertising Injury
\$ 100,000	Fire Damage Legal Liability
\$ 5,000	Medical Expense
Liquor Liability	
\$1,000,000	Each common cause
\$1,000,000	Aggregate
Assault/Battery	
\$ 100,000	Assault & Battery Each Injury-Sublimit
\$ 100,000	Assault & Battery Annual Aggregate-Sublimit (Defense is inside the sublimit)

DEDUCTIBLE:

\$ 5,000.00	Premises/Operations Bodily Injury and Property Damage Each Claim
\$ 5,000.00	Products/Completed Operations Bodily Injury and Property Damage Each Claim
\$ 5,000.00	Liquor Each Common Cause

Crump Insurance Services, Inc. – Chicago
Formerly Known as Tri-City Brokerage
550 W. Van Buren | Ste.1500 | Chicago, IL 60607
TEL: 312.876.1414 FAX: 312.876.1394
www.crumpins.com

PREMIUM:

Excluding Terrorism	\$ 7,000.00	Minimum and Deposit/Flat
<u>FEES:</u>	\$ 225.00	Service Fee (Market)
<u>TAXES:</u>	\$ 252.00	3.6% Illinois Surplus Lines Tax and Stamping Fee
<u>TOTAL:</u>	\$ 7,477.00	

PREMIUM:

Including Terrorism	\$ 7,047.00	Minimum & Deposit
<u>FEES:</u>	\$ 225.00	Service Fee (Market)
<u>TAXES:</u>	\$ 254.00	3.6% Illinois Surplus Lines Tax and Stamping Fee
<u>TOTAL:</u>	\$ 7,526.00	

The charge for terrorism, included in the premium above, is \$47.

☐ Taxes Do Not Apply.

☒ State Surplus Lines Taxes & Fees must be added to annual premium.

☐ Your Agency is responsible for all filings.

☒ Tri-City is responsible for all filings.

FORM SCHEDULE:

FORM	EDITION	DESCRIPTION
CICG 174	0708	Common Policy Declarations
CGE 112	0496	Important Notice
CGE 263	1209	Policyholder Audit Information
CICG 176	1093	Location Schedule
CGE 261	0306	Service of Suit- Illinois
IL 0017	1198	Common Policy Conditions
IL 0021	0908	Nuclear Energy Liability Exclusion Endorsement
IL 01 62	0406	Illinois Changes- Defense Costs
BJP190	0306	Commercial Lines Policy Jacket
CICL 042	0708	General Liability Declarations
CICL 043	0608	General Liability Schedule
CG 03 00	0196	Deductible Liability Insurance
CGL 318	1203	Combination Endorsement – Special Events
CG 00 01	1207	Commercial General Liability Coverage Form
CG 2150	0989	Amendment of Liquor Liability Exclusion
CG 2160	0998	Exclusion- Year 2000 Computer-Related and Other Electrical Problems
CG 21 73	0108	Exclusion of Certified Acts of Terrorism
CGL 176	0298	Exclusion – Bodily Injury to Independent Contractors
CGL 288	0803	Amendment- Contractual Liability
CGL 292	0306	Combination Endorsement 1
CGL 322	0404	Limitation Classification
CGL 367	0708	Exclusion- Inflatable Amusement Device
CICL 029	1193	Exclusion – Described Hazards- Exhibitions
CICL 037	1193	Exclusion- Described Hazards- Fireworks
CICL 077	0708	Liquor Liability Coverage Part Declarations
CG 00 33	1207	Liquor Liability Coverage Form
CG 21 73	0108	Exclusion of Certified Acts of Terrorism
CG 31 22	0902	Illinois Changes- Liquor Liability
CLQ 004	0198	Exclusion- Punitive or Statutory Damages

SUBJECT TO:

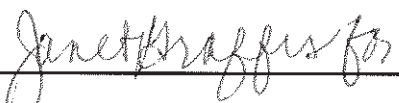
Signed application at binding.

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**PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM EFFECTIVE DATE
UNLESS OTHERWISE STIPULATED**

You may elect to prepare unaltered ACORD certificates of insurance. As you are aware, certificates merely evidence the coverage placed for this account and do not grant coverage. The terms and conditions of the policy will control. Crump does not review certificates of insurance for accuracy and many carriers no longer will accept or acknowledge their receipt. It is, therefore, recommended that you retain copies of all certificates for your records rather than forwarding them to Crump.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNADERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAYBE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING. THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CAREFULLY AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.



Susan Malatt, CPCU ARM
Senior Vice President

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you 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 concurrence with the Secretary of State, 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.

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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% 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 THAT MAY BE 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 OF 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐	I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____.
☐	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date