



**Great American Insurance Co.**  
 Property & Inland Marine Division  
 Tel: 407-659-4326  
 Fax: 513-629-5021  
**Kathryn Reddell**  
 Commercial Property & Inland Marine Underwriter  
 kreddell@gaic.com  
**9/7/2010**

**To:** Lisa Hall  
**Company:** Hunt Insurance Group LLC  
**Re:** Lake County Sheriff's Office, IMP 176-46-28

I have reviewed the renewal file for the above referenced account effective 10/01/2010, and have developed the following renewal quote:

**Special Floater Coverage with Flood and Earthquake:** RC valuation, 100% coinsurance  
**Limits of insurance:** \$3,837,854. (per current schedule on file) ✓  
**Deductible(s):** \$30,000.  
**Rates:** Special Floater .55, Flood.05, Earthquake .05  
**Commission:** 15% ✓

**Endorsements:** Flood Endorsement CM7805, Earthquake Endorsement CM 7661, Deductible Endorsement, Replacement Cost Endorsement, Schedule of Covered Property Endorsement.

**Note:** Our quote does not include flood coverage for flood zones A, AE, B or V ✓

**Conditions** \$1,000. Minimum Earned Premium  
 Water Damage Coverage is excluded from rain, sleet, snow and hail ✓  
 Terrorism will not be covered under this policy if the property policy is not providing terrorism coverage

**Premium:**

|   | With<br>Terrorism   | Without<br>Terrorism |
|---|---------------------|----------------------|
| Special Floater                                   | \$ 21,108.00        | \$ 21,108.00         |
| Flood   | \$ 1,919.00         | \$ 1,919.00          |
| Earthquake  | \$ 1,919.00         | \$ 1,919.00          |
| Terrorism:  | \$ 211.00           | \$ 0.00              |
| FL Hurricane Cat. Fund Emergency Assessment:      | \$ 213.19           | \$ 211.08            |
| FL P&C Ins. Guaranty Assn. Assessment (10/01/09): | \$ 42.64            | \$ 42.22             |
| FL P&C Ins. Guaranty Assn. Assessment (06/01/10): | \$ 213.19           | \$ 211.08            |
| <b>Total Premium:</b>                             | <b>\$ 25,626.02</b> | <b>\$ 25,410.38</b>  |

Signed: *Kathryn Reddell* Date: 9/27/10

APPROVED BY  
 GENERAL COUNSEL  
  
 SEP 24 2010

*This renewal quote is subject to no changes in the insured property and/or operations as currently covered under above captioned policy. If otherwise please advise ASAP.*

My file indicates that this insured has had **no losses during the last year**. If you or your agency become aware of any loss/claims activity on this account, please notify me prior to the effective date of this renewal, so that I may reevaluate the terms of my quote. Loss or claims activity includes but is not limited to, losses not yet reported, losses not covered by this current policy or self-insured losses, and losses below their deductible. If you have any questions, please call me at 407-659-4326, and thank you for the opportunity to better serve you and your client.

Sincerely,  
Kathryn Reddell  
Commercial Property & Inland Marine Underwriter

## POLICYHOLDER DISCLOSURE OFFER OF TERRORISM COVERAGE

The Terrorism Risk Insurance Act establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The Terrorism Risk Insurance Act, as amended in 2007, 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.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act.

### DISCLOSURE OF PREMIUM

If you **elect to purchase** Terrorism Coverage for acts of terrorism that are certified under the federal program as an act of terrorism, the additional premium for this coverage is \$211. (This additional premium will be included with the total premium shown on your policy's Declarations page.)

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

### REJECTION OF TERRORISM INSURANCE COVERAGE

You may choose to reject this offer of coverage by signing the following rejection statement and returning it to us:

**I hereby reject the offer of terrorism coverage.** I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

  
Policyholder/Applicant's Signature

9/27/10  
Date

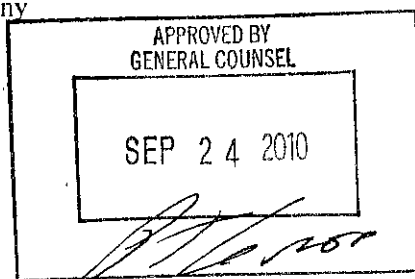
Gary S. Borders  
Print Name

Great American Insurance Co

IMP 176-46-28

Insurance Company

Policy Number



**ACORD** COMMERCIAL INSURANCE APPLICATION  
 APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

|  |  |                                       |                                 |                      |                  |
|--|--|---------------------------------------|---------------------------------|----------------------|------------------|
| AGENCY<br>Hunt Insurance Group, LLC<br>3606 Maclay Boulevard South<br>Tallahassee FL 32312<br>CODE: 15442<br>AGENCY CUSTOMER ID: 15442 | PHONE (A/C, No, Ext): (850) 385-3636<br>FAX (A/C, No.): (850) 385-2124 | CARRIER                               | NAIC CODE:                      | UNDERWRITER          | UNDERWRITER OFF. |
| POLICIES OR PROGRAM REQUESTED<br>Equipment Floater   |  | POLICY NUMBER                         |                                 |                      |                  |
| INDICATE SECTIONS ATTACHED   |  | <input checked="" type="checkbox"/> X | EQUIPMENT FLOATER               |                      |                  |
| PROPERTY   |  | <input type="checkbox"/>              | INSTALLATION/BUILDERS RISK      |                      |                  |
| GLASS AND SIGN   |  | <input type="checkbox"/>              | ELECTRONIC DATA PROC            |                      |                  |
| ACCOUNTS RECEIVABLE/<br>VALUABLE PAPERS  |  | <input type="checkbox"/>              | COMMERCIAL<br>GENERAL LIABILITY |                      |                  |
| CRIME/MISCELLANEOUS CRIME  |  | <input type="checkbox"/>              | BUSINESS AUTO                   |                      |                  |
| TRANSPORTATION/<br>MOTOR TRUCK CARGO   |  | <input type="checkbox"/>              | TRUCKERS/MOTOR CARRIER          |                      |                  |
| SUB CODE:  |  | <input type="checkbox"/>              |                                 | GARAGE AND DEALERS   |                  |
|  |  | <input type="checkbox"/>              |                                 | VEHICLE SCHEDULE     |                  |
|  |  | <input type="checkbox"/>              |                                 | BOILER & MACHINERY   |                  |
|  |  | <input type="checkbox"/>              |                                 | WORKERS COMPENSATION |                  |
|  |  | <input type="checkbox"/>              |                                 | UMBRELLA             |                  |

|                                       |                                       |   |  |              |              |
|---------------------------------------|---------------------------------------|---|--|--------------|--------------|
| STATUS OF TRANSACTION                 |                                       | PACKAGE POLICY INFORMATION                |  |              |              |
| <input type="checkbox"/> QUOTE        | <input type="checkbox"/> ISSUE POLICY | <input checked="" type="checkbox"/> RENEW | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. |              |              |
| BOUND (Give Date and/or Attach Copy): |                                       | PROPOSED EFF DATE                         | PROPOSED EXP DATE  | BILLING PLAN | PAYMENT PLAN |
| CHANGE DATE                           | TIME                                  |   |  | DIRECT BILL  |              |
| CANCEL                                |                                       | 10/1/2010                                 | 10/1/2011  | AGENCY BILL  |              |

|  |  |   |                                    |  |                       |
|--|--|---|------------------------------------|--|-----------------------|
| APPLICANT INFORMATION  |  | FEIN OR SOC SEC # (of First Named Insured):                                       |                                    | MAILING ADDRESS INCL. ZIP+4 (of First Named Insured) |                       |
| NAME (First Named Insured & Other Named Insureds)<br>Lake County Sheriffs Office |  | PHONE (A/C, No, Ext):   |                                    | 360 West Ruby St<br>Tavares FL 32778                 |                       |
| E-MAIL ADDRESS(ES):  |  | OR BUREAU NAME  |                                    | WEBSITE ADDRESS(ES):                                 |                       |
| <input type="checkbox"/> INDIVIDUAL  | <input type="checkbox"/> CORPORATION   | <input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG | <input type="checkbox"/> LLC       | ID NUMBER  | DATE BUS STARTED      |
| <input type="checkbox"/> PARTNERSHIP   | <input type="checkbox"/> JOINT VENTURE | NO. OF MEMBERS AND MANAGERS   |                                    |  |                       |
| INSPECTION CONTACT<br>Charlene Brown   |  | PHONE (A/C, No, Ext): (352) 343-9570  | ACCOUNTING RECORDS CONTACT<br>Same |  | PHONE (A/C, No, Ext): |

| PREMISES INFORMATION |       |                                    |             |          |          |             |               |
|----------------------|-------|------------------------------------|-------------|----------|----------|-------------|---------------|
| LOC #                | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | # EMPLOYEES | PART OCCUPIED |
|                      |       | See attached                       | INSIDE      | OWNER    |          |             |               |
|                      |       |                                    | OUTSIDE     | TENANT   |          |             |               |
|                      |       |                                    | INSIDE      | OWNER    |          |             |               |
|                      |       |                                    | OUTSIDE     | TENANT   |          |             |               |

|  |  |
|--|--|
| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)<br>Sheriff's Office | Equipment Total Insured Value<br>\$3,837,854. <sup>00</sup> / <sub>100</sub> |
|--|--|

|   |  |                                       |                                       |   |  |     |                                       |
|---|--|---------------------------------------|---------------------------------------|---|--|-----|---------------------------------------|
| GENERAL INFORMATION   |  | YES                                   | NO                                    | EXPLAIN ALL "YES" RESPONSES   |  | YES | NO                                    |
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?  |  |                                       | <input checked="" type="checkbox"/> X | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?   |  |     | <input checked="" type="checkbox"/> X |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?   |  |                                       | <input checked="" type="checkbox"/> X | 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). |  |     | <input checked="" type="checkbox"/> X |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?   |  | <input checked="" type="checkbox"/> X |                                       | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS?  |  |     | <input checked="" type="checkbox"/> X |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?   |  | <input checked="" type="checkbox"/> X |                                       | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?  |  |     | <input checked="" type="checkbox"/> X |
| 4. ANY CATASTROPHE EXPOSURE?  |  |                                       | <input checked="" type="checkbox"/> X | 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:   |  |     | <input checked="" type="checkbox"/> X |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?  |  |                                       | <input checked="" type="checkbox"/> X |   |  |     |                                       |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO) |  |                                       | <input checked="" type="checkbox"/> X |   |  |     |                                       |

REMARKS/PROCESSING INSTRUCTIONS  
 Various equipment located at various locations throughout county

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|                           |                 |                      |                          |
|---------------------------|-----------------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE<br> | DATE<br>9/27/10 | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|---------------------------|-----------------|----------------------|--------------------------|

APPROVED BY  
 GENERAL COUNSEL  
  
 SEP 24 2010

**PRIOR CARRIER INFORMATION**

| LINE#                       | CATEGORY                   | CLAIMS MADE     |                   | OCCURRENCE |  | CLAIMS MADE |  | OCCURRENCE |  | CLAIMS MADE |  | OCCURRENCE |  | CLAIMS MADE |  | OCCURRENCE |  |
|-----------------------------|----------------------------|-----------------|-------------------|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
|                             |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| <b>GENERAL LIABILITY</b>    | CARRIER                    |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | POLICY NUMBER              |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | POLICY TYPE                |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | RETRO DATE                 |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | EFF-EXP DATE               |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | GENERAL AGGREGATE          |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | PRODUCTS COMP OP AGGREGATE |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | PERSONAL & ADV INJ         |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | EACH OCCURRENCE            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | FIRE DAMAGE                |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | MEDICAL EXPENSE            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | BODILY INJURY              | OCCURRENCE      |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             |                            | AGGREGATE       |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | PROPERTY DAMAGE            | OCCURRENCE      |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | AGGREGATE                  |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| COMBINED SINGLE LIMIT       |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| MODIFICATION FACTOR         |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| TOTAL PREMIUM               |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| <b>AUTOMOBILE LIABILITY</b> | CARRIER                    |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | POLICY NUMBER              |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | POLICY TYPE                |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | EFF-EXP DATE               |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | COMBINED SINGLE LIMIT      |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | BODILY INJURY              | EA PERSON       |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             |                            | EA ACCIDENT     |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | PROPERTY DAMAGE            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | MODIFICATION FACTOR        |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | TOTAL PREMIUM              |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| <b>PROPERTY</b>             | CARRIER                    |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | POLICY NUMBER              |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | POLICY TYPE                |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | EFF-EXP DATE               |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | BUILDING                   | AMT             |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | PERS PROP                  | AMT             |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | MODIFICATION FACTOR        |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                             | TOTAL PREMIUM              |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| CARRIER                     | Great American             | Great American  | Great American    |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| POLICY NUMBER               | IMP176462806               | IMP176462807    | IMP176462807      |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| POLICY TYPE                 | IM                         | IM              | IM                |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| EFF-EXP DATE                | 10/1/07 10/1/08            | 10/1/08 10/1/09 | 10/01/09 10/01/10 |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| LIMIT                       |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| MODIFICATION FACTOR         |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| TOTAL PREMIUM               |                            |                 |                   |            |  |             |  |            |  |             |  |            |  |             |  |            |  |

**LOSS HISTORY**

| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)   |      |   |  |  |               |             | ✓                                   | CHK HERE IF NONE | SEE ATTACHED LOSS SUMMARY |
|--|------|---|--|--|---------------|-------------|-------------------------------------|------------------|---------------------------|
| DATE OF OCCURRENCE   | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM |  |  | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED                     | CLAIM STATUS     |                           |
|  |      | No losses                               |  |  |               |             |                                     | OPEN             |                           |
|  |      |   |  |  |               |             |                                     | CLOSED           |                           |
|  |      |   |  |  |               |             |                                     | OPEN             |                           |
|  |      |   |  |  |               |             |                                     | CLOSED           |                           |
| REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY   |      |   |  |  |               |             | ATTACHMENTS                         |                  |                           |
|  |      |   |  |  |               |             | STATE SUPPLEMENT(S) (if applicable) |                  |                           |
| COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)   |      |   |  |  |               |             |                                     |                  |                           |
| NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. |      |   |  |  |               |             |                                     |                  |                           |

ACORD 125 (2003/01)

INS125 (0302)

AMS

# ACORD™ EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

|   |   |  |                                 |                                  |                       |
|---|---|--|---------------------------------|----------------------------------|-----------------------|
| AGENCY<br>Hunt Insurance Group, LLC<br>3506 Maclay Boulevard South<br>Tallahassee FL 32312<br>CODE:<br>AGENCY CUSTOMER ID | PHONE<br>(A/C, No, Ext): (800) 763-4868 | APPLICANT<br>Lake County Sheriffs Office |                                 |                                  |                       |
|   | FAX<br>(A/C, No): (850) 385-2124        | PROPOSED EFF. DATE<br>10/1/2010          | PROPOSED EXP. DATE<br>10/1/2011 | BILLING PLAN<br>AGENCY<br>DIRECT | PAYMENT PLAN<br>AUDIT |
| TERRITORY OF OPERATION<br>Lake County, FL   |   | TYPE OF OPERATION<br>Sheriff's Office    |                                 |                                  |                       |

|  |
|--|
| COVERAGE/DEDUCTIBLE<br>\$30,000 deductible |
|--|

| EQUIPMENT STORAGE<br><table border="1"> <thead> <tr> <th rowspan="2">LOC. #</th> <th rowspan="2">MO. IN STORAGE</th> <th colspan="2">MAXIMUM VALUE</th> <th rowspan="2">TYPE OF SECURITY</th> </tr> <tr> <th>IN BUILDING</th> <th>OUTSIDE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> <td></td> </tr> </tbody> </table> | LOC. #       | MO. IN STORAGE    | MAXIMUM VALUE  |               | TYPE OF SECURITY | IN BUILDING      | OUTSIDE |  |  | \$ | \$ |  |  |  | \$ | \$ |  |  |  | \$ | \$ |  | UNSCHEDULED EQUIPMENT<br><table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>MAXIMUM ITEM</th> <th>AMT. OF INSURANCE</th> <th>% COINS</th> </tr> </thead> <tbody> <tr> <td>Misc Equipment</td> <td></td> <td>3,837,853.89</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | DESCRIPTION | MAXIMUM ITEM | AMT. OF INSURANCE | % COINS | Misc Equipment |  | 3,837,853.89 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------|-------------------|----------------|---------------|------------------|------------------|---------|--|--|----|----|--|--|--|----|----|--|--|--|----|----|--|---|-------------|--------------|-------------------|---------|----------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| LOC. #   |              |                   | MO. IN STORAGE | MAXIMUM VALUE |                  | TYPE OF SECURITY |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | IN BUILDING  | OUTSIDE           |                |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              | \$                | \$             |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              | \$                | \$             |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              | \$                | \$             |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DESCRIPTION  | MAXIMUM ITEM | AMT. OF INSURANCE | % COINS        |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Misc Equipment   |              | 3,837,853.89      |                |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                   |                |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                   |                |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                   |                |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                   |                |               |                  |                  |         |  |  |    |    |  |  |  |    |    |  |  |  |    |    |  |   |             |              |                   |         |                |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |  |                        |  |
|---|--|------------------------|--|
| ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary) |  |                        |  |
| NAME & ADDRESS  |  | NAME & ADDRESS         |  |
| INTEREST  |  | INTEREST               |  |
| CERTIFICATION REQUIRED  |  | CERTIFICATION REQUIRED |  |
| NAME & ADDRESS  |  | NAME & ADDRESS         |  |
| INTEREST  |  | INTEREST               |  |
| CERTIFICATION REQUIRED  |  | CERTIFICATION REQUIRED |  |

| GENERAL INFORMATION   |   |     |    |    |                              |     |    |
|---|---|-----|----|----|------------------------------|-----|----|
| #   | EXPLAIN ALL "YES" RESPONSES.                                    | YES | NO | #  | EXPLAIN ALL "YES" RESPONSES. | YES | NO |
| 1.  | EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS? |     | X  | 3. | PROPERTY USED UNDERGROUND?   |     | X  |
| 2.  | IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?               |     | X  | 4. | ANY WORK DONE AFLOAT?        |     | X  |
| REMARKS<br>See attached Location Value Report; Total value \$3,837,853.89 |   |     |    |    |                              |     |    |

SCHEDULED EQUIPMENT

% COINSURANCE

| #  | TYPE         | ID # / SERIAL NO. | NEW / USED | CAPACITY | DATE PURCHASED                         |
|----|--------------|-------------------|------------|----------|--|
| 1  | Jail         | Various           |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 594,078.56   |
| 2  | Work         | Farm              |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 46,018.97    |
| 3  | Hawthorn     | Sub Station       |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ -0-          |
| 4  | SIB          |                   |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 142,490.56   |
| 5  | South        | Sub Station       |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 174,665.67   |
| 6  | Shooting     | Range             |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 49,911.16    |
| 7  | Property     | Annex             |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 54,883.25    |
| 8  | Institut     | of Public Safety  |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 117,805.49   |
| 9  | Vehicle      | Shop              |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 317,918.74   |
| 10 | Sheriff      | Admin Bldg        |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 2,287,764.10 |
| 11 | Lake SQ      | Mall Office       |            |          |  |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$ 52,317.39    |
|    | TYPE         | ID # / SERIAL NO. | NEW / USED | CAPACITY | DATE PURCHASED                         |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$              |
|    | TYPE         | ID # / SERIAL NO. | NEW / USED | CAPACITY | DATE PURCHASED                         |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$              |
|    | TYPE         | ID # / SERIAL NO. | NEW / USED | CAPACITY | DATE PURCHASED                         |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$              |
|    | TYPE         | ID # / SERIAL NO. | NEW / USED | CAPACITY | DATE PURCHASED                         |
|    | MANUFACTURER | MODEL             | MODEL YEAR | OTHER    | AMOUNT OF INSURANCE<br>\$              |

TIV \$3837,855.89

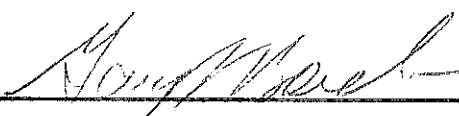
**RENEWAL QUOTATION**  
**Lake County Sheriff's Office**  
**Pol#IMP176-46-28**  
**Renewal Date: 10/01/2010**

|                                  |  |
|----------------------------------|--|
| <b>NAMED INSURED:</b>            | Lake County Sheriff's Office   |
| <b>INSURER:</b>                  | Great American Insurance Company   |
| <b>Special EQUIPMENT Floater</b> | \$3,837,854  |
| <b>DEDUCTIBLE:</b>               | \$30,000.  |
| <b>ANNUAL PREMIUM:</b>           | <b>\$25,410.38</b> without Terrorism Coverage<br><br><b>\$25,626.02</b> with Terrorism Coverage  |
|                                  | <b>AGENCY COMMISSION 15%</b>   |
| <b>TERMS &amp; CONDITIONS:</b>   | <b>See Copy of Company Quote</b>   |
| <b>EXCLUSIONS</b>                | See Copy of Company Quote for complete listing<br><br>> Flood Coverage EXCLUDED for Zones A, AE, B or V<br>> \$1,000. Minimum Earned Premium<br><br>> <b>FOR BINDING CONDITIONS, REFER TO BIND REQUIREMENTS LISTED BELOW</b><br>> Acord Application Reviewed and <b>Signed</b><br>> Review <b>sign</b> company specific Terrorism form with your selection to <b>EXCLUDE</b> or <b>INCLUDE</b> terrorism coverage marked<br>> <b>RETURN ALL SIGNATURE PAGES BEFORE 10/1/2010 TO ASSURE RENEWAL WITHOUT A LAPSE</b> |

**Please BIND the above policy as quoted.**

You also understand that Hunt Insurance Group LLC/Willis will be paid the commission percentage stated for the placement of your insurance as indicated, and will receive the same commission percentage for all subsequent renewals of this policy.

*If at a future date the commission percentage changes, Hunt Insurance Group LLC/Willis will notify you prior to the policy renewal and shall seek your consent in writing.*

**Signed:**  **Date:** 9/27/10

APPROVED BY  
 GENERAL COUNSEL

SEP 24 2010

