

September 6, 2016

Township of Lexington
Ms. Katherine Calamita
7227 Huron Ave., Ste. 200
Lexington, MI 48450



Dear Ms. Calamita:

Thank-you for entrusting your entity's property and casualty insurance to the Burnham & Flower Insurance Group. It has been our pleasure serving you this past year.

We understand that entities are feeling the crunch of Michigan's current economic issues and have concerns about meeting financial obligations. In these uncertain times, having a proven insurance program is more important than ever. The Michigan Township Participating Plan (MTPP) has been serving Michigan's Townships & other entities for 30 years and stands ready to serve your entity in 2016.

Please note the options listed on the invoice/bind request, if applicable.

To process your renewal, please do the following:

- select your desired coverage on the invoice/bind request
- sign the enclosed invoice/bind request where indicated
- complete & sign/date the NOTICE OF TERRORISM form (if applicable)
- sign & date the enclosed APPLICATION DECLARATION form (if applicable)
- return all signed forms with your premium payment in the enclosed return envelope

Or, to assist you with making the right decision for your entity in 2016, I will be more than happy to meet with you to explain your insurance program and options and answer any questions you might have.

Again, thank-you for your continued support!

Sincerely,

Larry Clever
Account Manager

INVOICE AND BIND REQUEST



Township of Lexington

BIND REQUEST EFFECTIVE: September 1, 2016

Michigan Township Participating Plan Package	\$10,301
Provident BOT AD&D for (5) Members	\$565
SUBTOTAL	\$10,866

PROGRAM COVERAGE OPTIONS

<input type="checkbox"/> Add Casualty Limited Terrorism Coverage	\$52 add'l
<input type="checkbox"/> Add Property Limited Terrorism Coverage	\$11 add'l
<input type="checkbox"/> Add Cyber & Privacy Liability Coverage (see attached for details)	\$808 add'l

**** If you have any questions please contact our office. Other higher limits of coverage available upon review****

TOTAL PREMIUM SUBMITTED: \$

PAYMENT DUE UPON RECEIPT

PLEASE SEND IN ONE COPY OF THIS BIND REQUEST WITH YOUR PAYMENT.

PLEASE MAKE PAYMENT TO:

BURNHAM & FLOWER AGENCY, INC.

315 SOUTH KALAMAZOO MALL

KALAMAZOO, MI 49007

THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!

SIGNATURE OF AUTHORIZED: _____ DATE: _____



Applicant Name: **LEXINGTON TOWNSHIP - SANILAC**
Policy Effective Date: 09/01/2016
Application Number: T000400045216

HCC Public Risk APPLICATION DECLARATION

I, as the authorized official of the applicant, to the best of my knowledge and belief, certify that the information provided in this application is true and that no material facts were withheld.

I understand that submitting this application does not bind me to complete the insurance but agree that should an insurance policy be issued, this application and the statements made therein shall form basis of the insurance policy.

Signature of authorized official: _____ Date _____

Print name of authorized official: _____

Title of authorized official: _____

**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 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 carrier 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the Terrorism Risk Insurance Act is scheduled to terminate, or the expiry date of the policy, whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

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% 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 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

LISTED BELOW IS THE ADDITIONAL PREMIUM TO PURCHASE TERRORISM COVERAGE, WHICH IS IN ADDITION TO THE PREMIUM WE HAVE QUOTED OTHERWISE. AT THE TIME OF BINDING YOUR NEW OR RENEWAL COVERAGE, THE FOLLOWING STATEMENT MUST BE COMPLETED AND SIGNED BY THE POLICYHOLDER.

ACCEPTANCE of Terrorism Coverage

_____	I hereby elect to purchase Casualty Terrorism Coverage for certified acts of Terrorism for a prospective premium of \$52 (Please check the box to the left and initial if this is your election)
_____	I hereby elect to purchase Property Terrorism Coverage for certified acts of Terrorism for a prospective premium of \$11 (Please check the box to the left and initial if this is your election)

REJECTION of Terrorism Coverage

_____	I hereby decline to purchase Casualty terrorism coverage for certified acts of Terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. (Please check the box to the left and initial if this is your election)
_____	I hereby decline to purchase Property terrorism coverage for certified acts of Terrorism. I understand that I will have no coverage for any losses resulting from certified acts of terrorism. (Please check the box to the left and initial if this is your election)

Policyholder/Applicant's Signature

Print Name

Date

U.S. Specialty Insurance Company

Insurance Company
HMTP-152865
09/01/2016 - 09/01/2017

Policy Number
LEXINGTON TOWNSHIP
SANILAC

Insured Name