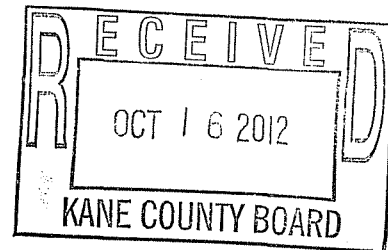


County of Kane
Office of County Board
Kane County Government Center



Karen McConnaughay
Chairman
630-232-5930



719 Batavia Avenue
Geneva, Illinois 60134
Fax 630-232-9188

DOCUMENT VET SHEET

for

**Karen McConnaughay
Chairman, Kane County Board**

Name of Document: This group of documents is all related to
2013 Liability insurance renewal and
Submitted by: includes coverages recommended by Gallagher
Date Submitted: as outlined in the attached program
structure

Examined by: Joseph Lulus
(Print name)

[Signature]
(Signature)

10-16-12
(Date)

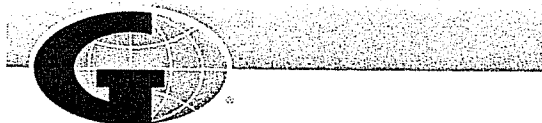
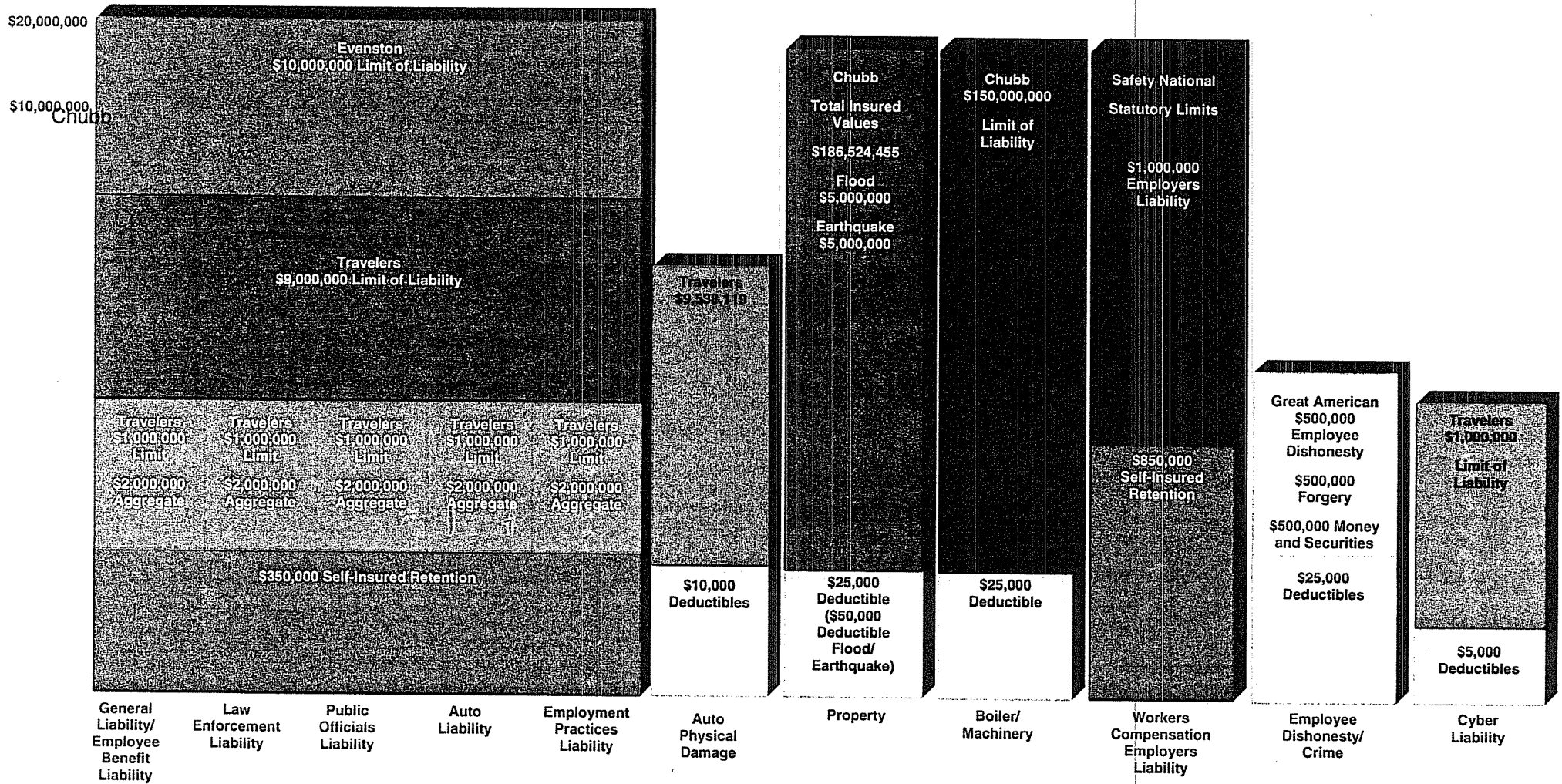
Post on Web: Yes No Atty. Initials [Signature]

Comments:

Chairman signed: Yes No October 25, 2012
(Date)

Document returned to: Sheila McCrewen

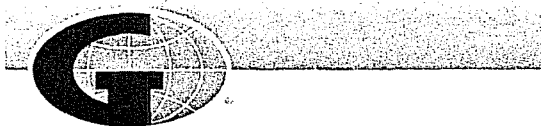
Recommended 2012-2013 Program Structure



Arthur J. Gallagher Risk Management Services, Inc.

Premiums/Fees Comparison: Expiring to Recommended Carriers

Line of Coverage	2011-2012 Expiring Program Travelers	Current Renewal Program - Travelers Option 1	Alternative Program - Alteris Option 2	Alternative Program - Alteris Option 3	Alternative Program - Brit Option 4	Alternative Program - Brit Option 5	Alternative Program - Munich Option 6	Recommended Renewal Program - Travelers Option 7
1. Package (Includes General Liability, Auto Liability, Auto Physical Damage, Public Official Liability, Employment Practices Liability, Law Enforcement Liability, Umbrella Liability, and Employee Benefits Liability)	\$216,998	\$196,542	\$212,876	\$212,876	\$219,350	\$219,350	\$290,000	\$196,542
2. Cyber Liability	5,165	4,269						4,269
3. Cyber Liability - Lexington Option			12,796	12,796	12,796	12,796	12,796	
4. Excess Liability (10M XS 10M)	25,000	27,500	27,500	27,500	27,500	27,500	27,500	27,500
5. Property - Current Program	79,832	83,824		83,824	88,211		88,211	
6. Property - Chubb Option			84,415			98,738		84,415
7. Boiler & Machinery - Current Program	5,683	5,500	5,500		5,500			
8. Boiler & Machinery - Chubb Option				5,381		5,381	5,381	5,381
9. Excess Workers Compensation	165,026	165,035	165,035	165,035	165,035	165,035	165,035	165,035
10. Employee Dishonesty/Crime	5,719	5,998	5,998	5,998	5,998	5,998	5,998	5,998
11. Brokerage/Agency Fee	32,000	33,280	33,280	33,280	33,280	33,280	33,280	33,280
12. Surplus Lines Taxes/Fees	0	0	0	0	Additional	Additional	Additional	0
13. Total Premium	\$535,423	\$521,948	\$547,400	\$546,690	\$557,670	\$568,078	\$628,201	\$522,420



Arthur J. Gallagher Risk Management Services, Inc.

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated September 26, 2012, Kane County accepts your insurance program subject to the following exceptions/changes:

Please bind all policies as checked below:

Package

- Travelers Indemnity Company
- Argonaut
- Brit/Lloyd's of London
- Munich Re

Property

- Federal Insurance Company
- Travelers Indemnity Company

Boiler & Machinery

- Federal Insurance Company
- Zurich American Insurance Company

Employee Dishonesty

- Great American Insurance Group

Cyber Liability

- Travelers Indemnity Company
- Lexington Insurance Company

Excess Workers Compensation

- Safety National Casualty Corporation
- New York Marine and General Insurance

Excess Liability

- Evanston Insurance Company

Crime

- Great American

Bind TRIA Terrorism coverage as quoted except for the following policies:

Provide quotations or additional information on the following coverages from the Coverages for Consideration page of this proposal.

It is understood this proposal provides only a summary of the details; the policies will contain the actual coverages. Kane County confirms the values, schedules, and other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately.

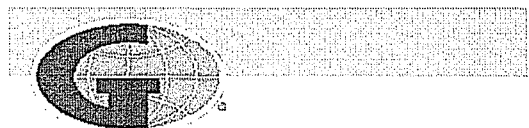
We agree that your liability to us arising from your negligent acts or omissions, whether related to the insurance placed pursuant to these binding instructions or not, shall not exceed \$20 million, in the aggregate. Further, without limiting the foregoing, we agree that in the event you breach your obligations, you shall only be liable for actual damages we incur and that you shall not be liable for any indirect, consequential or punitive damages.

Karen McConaughy

 Client Signature

OCTOBER 25, 2012

 Dated



Arthur J. Gallagher Risk Management Services, Inc.



**CRIME INSURANCE
RENEWAL APPLICATION**

1. Name and Address of Insured County of Kane
719 S. Batavia Ave.
Geneva, IL 60134

2. Since Last renewal, Have you changed

	Yes	No
A. Legal Entity Status:	<u> </u>	<u> ✓ </u>
B. External and Internal Controls:	<u> </u>	<u> ✓ </u>
C. Exposures of Money and Securities or property By more than 10%:		
D. Predominant business activity:	<u> </u>	<u> ✓ </u>

(Note: Please enclose documentation supporting **all** affirmative answers)

3. Financial Status (per latest FYE)

	Total	% Change from prior year
Annual Gross Assets:	<u>N/A</u>	<u> </u>
Annual Gross Sales:	<u>N/A</u>	<u> </u>
Net Profit:	<u>N/A</u>	<u> </u>
Net Worth:	<u>N/A</u>	<u> </u>

• Please submit the following information in support of this application: Latest Annual Fiscal Year End Audited Financials, CPA Letter to Management and Management Response.

4. Total Number of Locations: U.S./Canada: Non Retail Retail
Foreign: Non Retail Retail

5. Total Number of Employees:

Class 1 Employees (*)	U.S./Canada <u>300</u>	Foreign <u> </u>	% Change <u> </u>
All Others	U.S./Canada <u>951</u>	Foreign <u> </u>	% Change <u> </u>
Grand Total	U.S./Canada <u>1251</u>	Foreign <u> </u>	% Change <u> </u>

(*) Class one employees are all officers as well as other employees who handle, have custody or maintain records of money, Securities or other property.

6. Desired Coverage Changes (Limits/Deductibles) Explain:
Check if Same as Expiring ✓
• Please attach separate page if needed.

7. List all losses sustained during the past annual policy period, whether reimbursed or not. Check if No Losses ✓
If a loss has occurred, please provide the following information as part of your renewal submission:
Date of loss: Description of loss: Amount: Recovery: Corrective Measures:

• Please attach separate page if needed.

8. List all changes or revisions to audit or internal control procedures during the previous policy period. Check if No Changes ✓

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Applicant Joe McConomy Title COUNTY BOARD CHAIRMAN Date OCTOBER 25, 2012
10/97 ed.

INSURANCE FRAUD WARNING STATEMENT

This statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim is being made before executing and submitting either attached document to the Insurer or your agent.

ALASKA §21.36.380	All insurance claim forms: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA §20-466.03	All insurance claim forms: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS §23-66-503	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA §1871.2 §1879.2	All insurance claim forms: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
§1871.3	Claim forms pertaining to auto theft: False representations made on a claim form signed by the insured subject the insured to a penalty of perjury.
§5401.7	All workers' compensation claim forms: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.
COLORADO §10-1-128	All insurance applications, policy and claim forms: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
DELAWARE 11§913	All insurance claim forms: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
DISTRICT OF COLUMBIA §22-3225.9	All insurance applications and claim forms: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
FLORIDA §817.234 §440.105	All insurance applications and claim forms: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. All workers' compensation claim forms: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in §817.234.
HAWAII §431:10C-307.7	All auto insurance applications and claim forms: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
IDAHO §41-1331	All insurance claim forms; Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	All insurance claim forms: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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. All insurance application forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
LOUISIANA §40:1424	All insurance applications and claim forms: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<p>MAINE §2186(3)(A)</p>	<p>All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p>
<p>MINNESOTA §60a.955 §176.178</p>	<p>All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</p> <p>All workers' compensation claim forms: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.</p>
<p>NEW HAMPSHIRE §402:82</p>	<p>All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.</p>
<p>NEW JERSEY §17:33A-6</p>	<p>All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p> <p>All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
<p>NEW MEXICO §59A-16C-8</p>	<p>All insurance applications and claim forms: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.</p>
<p>NEWYORK §403(d) §403(e)</p>	<p>All insurance applications and claim forms except auto: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>All auto insurance applications and claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim of each violation.</p>
<p>OHIO §3999.21</p>	<p>All insurance applications and claim forms: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p>OKLAHOMA §3613.1</p>	<p>All insurance applications and claim forms: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>
<p>PENNSYLVANIA §18-4117 §75-1822</p>	<p>All insurance applications and claim forms: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.</p> <p>All auto applications, renewals and claim forms: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.</p>
<p>TENNESSEE: §56-53-111 §56-47-112</p>	<p>All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p> <p>All workers' compensation applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</p>
<p>TEXAS: §704.002(a)</p>	<p>All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p>
<p>UTAH: §34A-2-110</p>	<p>All workers' compensation applications and claim forms: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>
<p>VIRGINIA: §52-40</p>	<p>All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p>



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

ILLINOIS OFFER FORM

(To be completed and signed by Named Insured)

NAME:

COUNTY of KANE

ADDRESS:

719 S BATAVIA Avenue

Geneva, IL 60134

THIS FORM OFFERS YOU THE OPPORTUNITY TO PURCHASE VALUABLE COVERAGE WHICH, SUBJECT TO THE TERMS AND CONDITIONS OF YOUR POLICY, PROVIDES PROTECTION AGAINST UNINSURED AND UNDERINSURED MOTORISTS AT A RELATIVELY LOW COST. PLEASE READ IT CAREFULLY.

A. PROTECTION AGAINST UNINSURED AND UNDERINSURED MOTORISTS – BODILY INJURY

Uninsured Motorists Coverage for bodily injury provides protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of a motor vehicle which has no liability bond or policy which provides at least the amount required by applicable law, is a hit-and-run vehicle, or whose insurer is or becomes insolvent. Refer to your policy for the prevailing coverage provisions.

Underinsured Motorists Coverage for bodily injury provides protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of a motor vehicle for which the applicable limits of liability are at least in the amounts required by applicable law, but are less than the limit of the insured's Underinsured Motorists Coverage. Refer to your policy for the prevailing coverage provisions.

In accordance with Illinois law, your automobile policy will automatically include Uninsured and Underinsured Motorists Coverages for bodily injury with limits equal to the bodily injury liability limits of your policy, unless you reject these limits by selecting lower limits as described below. If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different election below.

You may select lower limits for Uninsured Motorists Coverage for bodily injury but not less than the minimum limits of \$20,000 for each person and \$40,000 each accident; or \$40,000 each accident Combined Single Limit (CSL). Your limits for Underinsured Motorists Coverage will equal your limits for Uninsured Motorists Coverage when these limits exceed the minimum. If the minimum limits are selected for Uninsured Motorists Coverage, then no Underinsured Motorists Coverage will be afforded. Please see the attached Appendix A for applicable premium rates for the specific limit options listed below. Please indicate your selection below:

[X] I reject Uninsured and Underinsured Motorists Coverages for bodily injury at limits equal to my policy Bodily Injury Liability limits and select Uninsured Motorists Coverage for bodily injury at the Minimum Financial Responsibility limits of \$20,000 each person/\$40,000 each accident; or \$40,000 combined single limit (CSL). By selecting the minimum limits for Uninsured Motorists Coverage, I understand that Underinsured Motorists Coverage will not be provided. The Uninsured Motorists Coverage limits will be either split (each person/each accident) or a combined single limit (CSL) consistent with the Bodily Injury Liability limits on my policy.

[] I select Uninsured and Underinsured Motorists Coverages for bodily injury at limits equal to my policy's Bodily Injury Liability limit.

I reject Uninsured and Underinsured Motorists Coverages for bodily injury at limits equal to my policy Bodily Injury Liability limits and select the following lower limits:

- Limits
- \$50,000
 - \$100,000
 - \$250,000
 - \$350,000
 - \$500,000
 - \$1,000,000
 - _____

B. PROTECTION AGAINST UNINSURED MOTORISTS – PROPERTY DAMAGE

Uninsured Motorists Coverage for property damage provides protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident.

Uninsured Motorists Coverage for property damage is available for private passenger automobiles and recreational motor vehicles designed for use on public highways, which are not covered by collision insurance under your policy. This coverage is available in the amount of the actual cash value or \$15,000, whichever is less, subject to a \$250 deductible. *If this is a **renewal** policy*, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different election below.

The absence of a premium payment for Uninsured Motorist Coverage for property damage or your rejection below, shall constitute conclusive proof that you have elected not to accept this coverage.

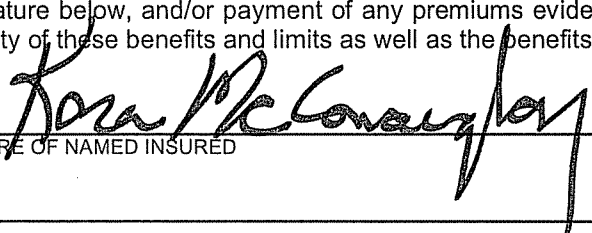
The premium rate for this coverage is listed in the attached Appendix A.

- Yes, I wish to purchase Uninsured Motorists Coverage for property damage for each applicable vehicle included in my policy.
- No, I do not wish to purchase Uninsured Motorists Coverage for property damage.

I understand that the coverage selection or rejection indicated above shall apply to the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected.

SIGNATURE OF NAMED INSURED



DATE

OCTOBER 25, 2012

ILLINOIS
APPENDIX A – ULTRA PAC RATES

Uninsured/Underinsured Motorists Coverage – Bodily Injury

Bodily Injury Limits	Private Passenger Types (\$)	All Other Autos (\$)	Non-Owned Autos Per Employee (\$)	Hired Autos Per \$100 of Cost of Hire \$
\$40,000	14.00	6.00	0.18	0.03
\$100,000	42.00	23.00	0.23	0.04
\$500,000	116.00	64.00	0.32	0.05
\$1,000,000	152.00	83.00	0.35	0.06
Individual or Married Couple (Other than Garage Risks) add per auto.		3.03		

Uninsured Motorists – Property Damage

Property Damage Limits	Private Passenger Types (\$)	All Other Autos (\$)
\$15,000	5.30	4.94

The above listed premiums for Uninsured Motorists Coverage for bodily injury and property damage, as well as, Underinsured Motorists Coverage, are subject to change annually. Premiums for any available limits not set forth can be developed and provided upon request.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

September 25, 2012

To Whom It May Concern:

We are required to send you this notice pursuant to federal legislation concerning terrorism insurance.

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.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

X	I hereby elect to purchase the Terrorism Coverage required to be offered under TRIPRA for a premium of \$125 (plus applicable taxes and fees). Action: Please sign and return this form with your payment for premium to your insurance agent.
	I decline to purchase the Terrorism Coverage required to be offered under TRIPRA. Action: Please sign and return this form to your insurance agent.

x *Jose P. Connaughay*
Policy Holder / Applicant's Signature

x KAREN McCONNAUGHAY
Print Name

Date: OCTOBER 25, 2012

Insured: County of Kane

Submission #: 688064 / bs