

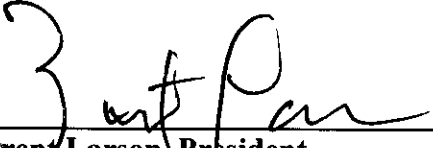
**ORDER: AUTHORIZE MASIT POLICY FOR PROPERTY, GENERAL LIABILITY,
AUTO, ERRORS AND OMISSIONS, AND CYBER INSURANCE**

Motion was made by Greg Bynum, duly seconded by Tim Gordon, to authorize MASIT Policy for Property, General Liability, Auto, Errors and Omissions, and Cyber Insurance.


The vote on the motion was as follows:

Supervisor Brent Larson, voted yes
Supervisor John Morgan, voted yes
Supervisor Tim Gordon, voted yes
Supervisor Scott Allen, voted yes
Supervisor Greg Bynum, voted yes

After the vote, President Larson, declared the motion carried, this the 18th day of March, 2024.



**Brent Larson, President
Board of Supervisors**



Mike Roberts, Chancery Clerk

Premium Summary

Description Of Coverage	Expiring Premium	Proposed Premium
Property-Including Auto PD & Equip Breakdown	\$ 118,448.50	\$ 235,655.81
Crime-Included	\$ 0	\$ 0
General Liability	\$ 22,894.12	\$ 23,100.00
Business Auto	\$ 166,268.99	\$ 83,300.00
Public Officials Errors & Omissions Liability	\$ 57,837.78	\$ 55,440.00
Cyber	\$ 3,811.50	\$ 3,003.00
Total Estimated Annual Premium*	\$ 369,260.89	\$ 400,498.81

*All quoted premiums are annual estimates and may change due to year end audits or mid-term policy changes.

**Carrier may apply a short-rate penalty should you request a policy be cancelled mid-term.

- Property Deductibles have increased from \$15k to \$25k-Higher Deductible is based on a TIV of \$40,000,000 or greater. (a \$50k property deductible would lower premium to \$108,045)
- Your overall loss ratio from 04/01/2018-03/31/2023 is 57.53%
- 1% minimum of \$50k deductible for Severe Convective and Named Storm
- Unscheduled sublimits have been removed for First Party Property. All property must be scheduled if you desire coverage.

Please note the policy language below concerning attorney fees.

- The amount the Fund will pay for damages includes the attorneys' fees of the person or organization making a Claim or bringing a Suit if such fees are awarded, or paid in a settlement, for Bodily Injury, Property Damage, Personal Injury, and Advertising Injury to which this coverage applies.

MASIT

MAS Insurance Trust

Miss. Code Ann. §83-11-101 provides that no automobile liability insurance policy shall be issued unless it contains provisions undertaking to pay the insured all sums which the insured shall become legally entitled to recover as damages for (1) bodily injury or death and (2) property damage from the owner or operator of an uninsured motor vehicle, within limits which shall be no less than those set forth in the Mississippi Motor Vehicle Safety Responsibility Law, as amended, under provisions approved by the Commissioner of Insurance.

The Code also provides that the named insured in the policy is permitted to reject such coverage in writing, either in its entirety or partially, that is, the damage for bodily injury or death and the property damage coverage may be rejected or the property damage only may be rejected. The law does not allow you to reject the damage for bodily injury or death and elect only the property damage coverage.

Uninsured Motorist ("UM") Insurance is recoverable by you under your liability insurance policy should the owner or operator of an uninsured or underinsured vehicle be found to be legally at fault for injuries or damages sustained by that person. Your rejection of UM insurance would mean that the county would not be covered by its insurance company for damages sustained by it from an owner or operator of an uninsured or underinsured vehicle. The selection or rejection of this coverage in whole or in part should be made by you after knowingly and intelligently considering the matter.

The rejection/selection indicated below shall apply to this policy and all future renewals of such policy. The rejection or selection indicated below shall also apply to all future policies issued to you by this Company because of a change of vehicle or coverage, or because of an interruption of coverage, until you notify MASIT if it is your intention to change the coverage requirements.

The rejection/selection indicated below shall apply to this policy and all future renewals of such policy. The rejection or selection indicated below shall also apply to all future policies issued to you by this Company because of a change of vehicle or coverage, or because of an interruption of coverage, until you notify MASIT if it is your intention to change the coverage requirements.

To be certain that your policy is issued correctly, please indicate your choice of the options available by checking your selection, then sign and date this form as an acknowledgement of your choice.

The undersigned insured(s) make the following choice(s):

- I hereby reject Uninsured Motorist Coverage for both bodily injury and property damage.
- I hereby reject only the property damage of Uninsured Motorist Coverage.
- I hereby select only the following Uninsured Motorist Coverage limit of liability:

Single Limit of Liability:

\$250,000 each accident

I hereby warrant, by my signature below, that I have specific authority by any corporation or other party named as a name insured to select or reject uninsured motorist coverage in behalf of the corporation or other party for whom this selection is made.

[Signature]
Signature of Name Insured

R859-MASIT-2024-1
Policy Number

3/18/24
Date

NOTICE TO BIND

To bind coverage, indicate your coverage selection by marking the appropriate boxes below and signing where indicated. Return signed forms via email to Renada Skannal at rskannal@massup.org. This proposal expires 10 days after issue date. Additional proposals are available upon request. This proposal includes 10% agent commission.

Lafayette County Board of Supervisors

Coverage Summary

Annual Contribution

I. Property Including Auto Physical Damage Equipment Breakdown Coverage	\$235,655.81 Included
II. Crime	Included
III. General Liability & Law Enforcement Liability	\$23,100.00
IV. Public Officials Errors & Omissions Liability	\$55,440.00
V. Automobile Liability	\$83,300.00
VI. Cyber Privacy or Security Event Liability	\$3,003.00
Total Contribution	\$400,498.81

Please indicate your choice(s) below:

- Property and Casualty (I. - V.)
- Cyber Risk (VI.)
- Casualty Only (III., IV., and V.)
- Property Only (I., and II.)

I hereby acknowledge all selections and rejections contained herein.

Please note that the actual annual premium may differ based on policy changes submitted prior to the renewal date.



Authorized Signature

Lisa Caruyle

Printed Name

County Administrator

Position

3/18/24

Date

Confirmation to Bind

CONFIRMATION TO BIND AGREEMENT

I, Lafayette County, acknowledge that we have reviewed the enclosed proposal and confirm HUB's acknowledgment to bind the programs described within:

As Proposed:

Changes as Follows:

Binding Subjectivities:

-
-

Accepted By:


Name & Title

Date:

3/18/24