



## RUTHERFORD COUNTY & RUTHERFORD COUNTY BOARD OF EDUCATION: 2015-2016

### EXPOSURES

PROPERTY	EXPIRING	RENEWAL	DIFFERENCE	PERCENTAGE
County- Building Values	\$169,793,401	\$171,601,056	\$1,807,655	1%
County- Content Values	\$10,429,130	\$10,556,582	\$127,452	1%
Schools-Building Values	\$844,959,042	\$863,810,162	\$18,851,120	2%
Schools-Contents Values	\$82,249,398	\$82,249,398	\$0	
Vehicles, Specific Amounts of Insurance-as per schedule	Included-Per schedule	\$3,239,397		
Miscellaneous Equipment	\$13,958,016	Included below		
Contractors Equipment	Included above	\$10,000,000	(\$718,619)	-5%
Musical Instruments	\$2,262,919	\$2,381,397	\$118,478	1%
Emergency Equipment-Fire, Rescue, Ambulance	Included above	Included above	Included above	0%
		\$1,403,148	\$1,403,148	
<b>Total Insured Values</b>	<b>\$1,123,651,906</b>	<b>\$1,145,241,140</b>	<b>\$21,589,234</b>	<b>2%</b>

### CASUALTY

	EXPIRING	RENEWAL	DIFFERENCE	PERCENTAGE
Vehicles	687	730	43	6%
Total Insured Value-Auto Physical Damage	\$23,803,857	\$26,680,265	\$2,876,408	11%
General Operating Budget	\$460,975,539	\$480,544,779	\$19,569,240	5%

### CRIME/PUBLIC OFFICIALS & EDUCATORS LEGAL LIABILITY

	EXPIRING	RENEWAL	DIFFERENCE	PERCENTAGE
Number of Employees	6,305	6,225	-80	(-2%)
Number of Students	40,958	40,350	-608	(-2%)



**2015-2016 RENEWAL QUOTES-RUTHERFORD COUNTY & RUTHERFORD COUNTY BOARD OF EDUCATION**

<b>PROPERTY</b>	<b>Travelers</b>	\$ 100,000,000.00	<b>\$ 100,000</b>	\$ 0.0396	\$ 1,123,651,905	\$ 445,439	<b>\$1,145,241,140</b>	\$ 0.0396	\$ 453,997
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<b>Inland Marine</b>	<b>Travelers</b>	<b>EXPIRING &amp; QUOTED LIMITS</b>	<b>RETENTION</b>	<b>EXPOSURE INCREASE</b>	<b>PREMIUM INCREASE</b>	<b>DIFFERENCE</b>
Earth Movement	"	\$10,000,000		2%	2%	0%
Flood	"	\$10,000,000				
Extra Expense	"	\$2,500,000				
Newly Acquired Property	"	\$2,500,000				
Miscellaneous Unnamed Locations	"	\$1,000,000				
Property in Course of Construction	"	\$3,000,000				
Demolition & Increased Cost of Construction	"	\$10,000,000				
Pollutant Cleanup & Removal	"	\$100,000				
Radioactive Contamination	"	\$25,000				
Expediting Expenses	"	\$1,000,000				
Leasehold Interest	"	\$250,000				
Accounts Receivable	"	\$1,000,000				
Rental Value	"	\$250,000				
Valuable Papers	"	\$10,000,000/\$10,000,000				
Property in Transit	"	\$100,000				
Service Interruption	"	\$500,000				
Ingress/Egress	"	\$1,000,000				
Fine Arts	"	\$1,000,000				
Contractors Equipment	"	\$10,000,000				
Musical Instruments	"	\$2,381,397				
Debris Removal	"	\$2,500,000				
EDP Equipment	"	\$2,500,000				



## 2015-2016 RENEWAL QUOTES-RUTHERFORD COUNTY & RUTHERFORD COUNTY BOARD OF EDUCATION

COVERAGE	CARRIER	EXPIRING LIMITS	EXPIRING RETENTION	EXPIRING PREMIUM	RENEWAL LIMITS	RENEWAL RETENTIONS	RENEWAL PREMIUM
<b>CASUALTY</b>							
General Liability	<b>BRIT GLOBAL</b>	\$5,000,000/\$10,000,000	\$350,000	<b>\$628,040</b>	\$5,000,000/\$10,000,000	\$350,000	<b>\$650,000</b>
Law Enforcement Liability	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Public Officials Liability	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Employment Practices Liability	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Educator's Legal Liability	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Auto Liability	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Auto Physical Damage	"	Per Schedule on file with company	\$25,000	incl.	Per Schedule on file with company	\$25,000	incl.
Sexual Abuse	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Sexual Harassment	"	\$5,000,000	\$350,000	incl.	\$5,000,000	\$350,000	incl.
Crime Coverage	"	\$475,000	\$25,000	incl.	\$475,000	\$25,000	incl.
<b>Optional Quote Terrorism Risk Insurance Act (TRIA)</b>				<b>Not Purchased</b>		<b>Optional Quote TRIA</b>	<b>\$5,266</b>

**EXPOSURE INCREASE**

5%

**PREMIUM INCREASE**

4%

**DIFFERENCE**

**(-1%)**



**PROVIDENT**

*Insuring America's Heroes Since 1928*

**Plans of Insurance for the  
Rutherford County Government Auxiliary Officers**

*Benefits apply while performing a Covered Activity.*

**Class 1:** All Part-Time Employees of the Sponsoring Organization.

**Class 2:** Career Personnel of the Sponsoring Organization.

**Section I: Death Benefits**

		<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
A.	Covered Injury Death Benefit	\$25,000	\$25,000	\$50,000
B.	Covered Illness Death Benefit	\$25,000	\$25,000	\$50,000
C.	HIV Positive Diagnosis Lump Sum Benefit	\$25,000	\$25,000	\$50,000
D.	Bereavement Benefit	Up to \$2,500	\$2,500	\$5,000
E.	Dependent Child Benefit (Per Child)	Up to \$10,000	\$10,000	\$10,000
F.	Seat Belt Benefit	\$6,250	\$6,250	\$12,500
	Airbag Benefit	Not Included	\$2,500	\$5,000
G.	Final Expenses Benefit	Up to Not Included	\$2,500	\$5,000
H.	Spousal Benefit	Not Included	\$5,000	\$5,000

**Section II: Impairment Benefits**

A.	Dismemberment, Loss of Speech or Hearing Benefit*	Up to \$25,000	\$25,000	\$50,000
B.	Vision Impairment Benefit*	Up to \$25,000	\$25,000	\$50,000
C.	Cosmetic Disfigurement from Burns Benefit*	Up to \$25,000	\$25,000	\$50,000
D.	Permanent Physical Impairment Benefit*	Up to \$25,000	\$25,000	\$50,000
E.	Felonious Assault Benefit	Up to \$12,500	\$12,500	\$25,000
F.	Impairment Modification Benefit*	Up to \$15,000	\$15,000	\$15,000
G.	Paralysis Benefit*	Up to Not Included	\$25,000	\$50,000

\* Benefits payable are based on the percentage of impairment or loss as defined in the Policy.

**Section III: Income Protection Benefits**

A.	Weekly Total Disability Benefits	Up to \$400	\$400	\$400
A.i.	Covered Injury Minimum Weekly Total Disability Benefit	\$50	\$50	\$50
A.ii.	Covered Illness Minimum Weekly Total Disability Benefit	\$50	\$50	\$50
A.iii.	Covered Injury Weekly Earned Income Replacement Benefit**	Up to \$350	\$350	\$350
A.iv.	Covered Illness Weekly Earned Income Replacement Benefit**	Up to \$350	\$350	\$350
B.	Partial Disability Benefit **	Up to \$400	\$400	\$400
C.	Cost of Living Adjustment	Up to \$1,200	\$1,200	\$1,200
D.	First Week Disability Benefit**	Up to \$1,000	\$1,000	\$1,000
E.	Transition Benefit	Up to \$400	\$400	\$400
F.	Retraining Benefit	Up to \$20,000	\$20,000	\$20,000

\*\* Benefits are payable in coordination with the Loss of Earnings Coverage as defined in the Policy.

**Plans of Insurance for the Rutherford County Government Auxiliary Officers**

*Benefits apply while performing a Covered Activity.*

**Section IV: Medical Expenses**

		<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
A.	Medical Expense Benefit***	Up to \$2,500	\$2,500	\$2,500
B.	Plastic Surgery Expense Benefit***	Up to \$10,000	\$10,000	\$10,000

\*\*\* We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under Workers' Compensation, no fault auto or similar insurance.

**Section V: Additional Benefits**

A.	Daily Hospital Confinement and Outpatient Treatment Benefit	\$20	\$20	\$20
B.	Daily Critical Care Benefit	\$40	\$40	\$40
C.	Family Expense Benefit	Up to \$5,000	\$5,000	\$10,000
D.	Occupational Rehabilitation Benefit	Up to \$2,500	\$5,000	\$5,000
E.	Mental Stress Management Benefit	Up to \$5,000	\$5,000	\$10,000
F.	Traumatic Incident Benefit	Up to \$2,500	\$2,500	\$5,000
G.	Health Insurance Premium Benefit	Up to \$12,000	\$12,000	\$12,000
H.	Surviving Spouse Education Benefit	Up to Not Included	\$10,000	\$10,000
I.	Dependent Child Education Benefit	Up to Not Included	\$10,000	\$10,000

<b>Annual Premium</b>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
	\$5,965	\$6,242	\$7,306

*The annual payment option offers a one-year rate guarantee.*

Preparation Date: April 22, 2015

Proposed Effective Date: July 1, 2015

Proposal ID: 6689

This proposal is valid for 90 days from the Preparation Date or until 1 day prior to the Renewal Date, whichever is later.

Underwritten by: AXIS Insurance Company



**PROVIDENT**

*Insuring America's Heroes Since 1928*

**Plans of Insurance for the  
Rutherford County Government Firefighters**

*Benefits apply while performing a Covered Activity.*

**Class 1:** All volunteer classes of membership including but not limited to a Volunteer Member, Emergency Volunteer, Auxiliary Member, Fire Corps, Community Volunteer, Board Member, Trustee, Administrative Personnel, Junior Member, Member in Training, Probationary Member, and Part-Time Employees of the Sponsoring Organization.

**Class 2:** Career Personnel of the Sponsoring Organization.

**Section I: Death Benefits**

		<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
A.	Covered Injury Death Benefit	\$50,000	\$50,000	\$75,000
B.	Covered Illness Death Benefit	\$50,000	\$50,000	\$75,000
C.	HIV Positive Diagnosis Lump Sum Benefit	\$50,000	\$50,000	\$75,000
D.	Bereavement Benefit	Up to \$5,000	\$5,000	\$7,500
E.	Dependent Child Benefit (Per Child)	Up to \$10,000	\$10,000	\$10,000
F.	Seat Belt Benefit	\$12,500	\$12,500	\$18,750
	Airbag Benefit	Not Included	\$5,000	\$7,500
G.	Final Expenses Benefit	Up to Not Included	\$5,000	\$7,500
H.	Spousal Benefit	Not Included	\$5,000	\$5,000

**Section II: Impairment Benefits**

A.	Dismemberment, Loss of Speech or Hearing Benefit*	Up to \$50,000	\$50,000	\$75,000
B.	Vision Impairment Benefit*	Up to \$50,000	\$50,000	\$75,000
C.	Cosmetic Disfigurement from Burns Benefit*	Up to \$50,000	\$50,000	\$75,000
D.	Permanent Physical Impairment Benefit*	Up to \$50,000	\$50,000	\$75,000
E.	Felonious Assault Benefit	Up to \$25,000	\$25,000	\$37,500
F.	Impairment Modification Benefit*	Up to \$15,000	\$15,000	\$15,000
G.	Paralysis Benefit*	Up to Not Included	\$50,000	\$75,000

\* Benefits payable are based on the percentage of impairment or loss as defined in the Policy.

**Section III: Income Protection Benefits**

A.	Weekly Total Disability Benefits	Up to \$400	\$400	\$450
A.i.	Covered Injury Minimum Weekly Total Disability Benefit	\$50	\$50	\$50
A.ii.	Covered Illness Minimum Weekly Total Disability Benefit	\$50	\$50	\$50
A.iii.	Covered Injury Weekly Earned Income Replacement Benefit**	Up to \$350	\$350	\$400
A.iv.	Covered Illness Weekly Earned Income Replacement Benefit**	Up to \$350	\$350	\$400
B.	Partial Disability Benefit **	Up to \$400	\$400	\$450
C.	Cost of Living Adjustment	Up to \$1,200	\$1,200	\$1,350
D.	First Week Disability Benefit**	Up to \$1,000	\$1,000	\$1,000
E.	Transition Benefit	Up to \$400	\$400	\$450
F.	Retraining Benefit	Up to \$20,000	\$20,000	\$20,000

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**Plans of Insurance for the Rutherford County Government Firefighters**

*Benefits apply while performing a Covered Activity.*

**Section IV: Medical Expenses**

		<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
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B.	Plastic Surgery Expense Benefit***	Up to \$10,000	\$10,000	\$10,000

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**Section V: Additional Benefits**

A.	Daily Hospital Confinement and Outpatient Treatment Benefit		\$20	\$20	\$20
B.	Daily Critical Care Benefit		\$40	\$40	\$40
C.	Family Expense Benefit	Up to	\$5,000	\$5,000	\$10,000
D.	Occupational Rehabilitation Benefit	Up to	\$2,500	\$5,000	\$5,000
E.	Mental Stress Management Benefit	Up to	\$5,000	\$5,000	\$10,000
F.	Traumatic Incident Benefit	Up to	\$2,500	\$2,500	\$5,000
G.	Health Insurance Premium Benefit	Up to	\$12,000	\$12,000	\$12,000
H.	Surviving Spouse Education Benefit	Up to	Not Included	\$15,000	\$25,000
I.	Dependent Child Education Benefit	Up to	Not Included	\$15,000	\$25,000

**Annual Premium**

*The annual payment option offers a one-year rate guarantee.*

<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
\$3,819	\$4,053	\$5,046