DEPARTMENT OF FINANCE RISK MANAGEMENT DIVISION

Jacksonville
Where Florida Begins.

MEMORANDUM

November 9, 2016

TO: Gregory Pease, Chairman
Professional Services Evaluation Committee

FROM: Twane Duckworth, Chief
Risk Management Division

Ann Willis, Property and Casualty Compliance Administrator
Finance and Administration Department/Risk Management Division

SUBJECT: P-52-16 Crime Insurance

The Risk Management Division has negotiated with the number one ranked consultant that submitted a proposal and was selected to provide the Crime Insurance for the City of Jacksonville resulting in the attached Scope of Services, Exhibit A and Contract Fee Schedule, Exhibit B.

Accordingly, this is to recommend that the City of Jacksonville enter into a contract with Brown and Brown, Inc. to provide the Crime Insurance for the City that incorporates the attached Scope of Services identified as Exhibit A and Fee Schedule identified as Exhibit B. The initial contract period will be for 1 year from date of execution of contract to September 30, 2017, with _4 (four) 1(one) year renewals. The maximum indebtedness is a not-to-exceed amount of $38,051.00. All other terms and conditions of the Contract are per the City's standard contract language and as provided in the Request for Proposals.

Attachments: Exhibits A & B

cc: Alex Baker, PSEC Specialist

Scope of Services

Exhibit A

RFP #P-52-16

Crime Insurance

For

THE CITY OF JACKSONVILLE

City of Jacksonville
Procurement Division
Attn: Professional Services Specialist
214 N. Hogan Street Suite 105
Jacksonville, Florida 32202

PREPARED BY:

Brown & Brown of Florida, Inc.
10151 Deerwood Park Blvd, Building 100, Suite 100
Jacksonville, Florida 32256
Phone (904) 565-8254 / Fax (904) 565-2440

Due Date and Time: Wednesday, September 7, 2016 2:00 PM

RFP #P-52-16

Crime Insurance

For

THE CITY OF JACKSONVILLE

City of Jacksonville
Procurement Division
Attn: Professional Services Specialist
214 N. Hogan Street Suite 105
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Due Date and Time: Wednesday, September 7, 2016 2:00 PM

9/7/2016

Form 5
RESPONDER'S WARRANTY
SIGNATURE REQUIRED

The undersigned, by the undersigned signature affixed hereon, warrants that:

A. The undersigned is an authorized representative of the Proposer, and has submitted the answers and data on behalf of the Proposer;
B. This Proposal is offered in full compliance with the Minimum Qualifications of Proposer set forth in Section 1. of the RFP;
C. The undersigned has been specifically authorized to offer a contract in full compliance with all terms, coverages, endorsements, conditions, and requirements, as set forth in this RFP other than those deviations noted above;
D. This Proposal is not subject to any mandatory recommendations or deviations, other than those noted above;
E. If this Proposal is accepted, the contract will be issued as proposed;
F. The undersigned authorizes the City, its staff and consultants to contact any of the references provided in this Proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the Proposer offering this Proposal;
G. The undersigned has not divulged, discussed, or compared the Proposal with other Proposers and has not colluded with any other Proposer or parties to the Proposal;
H. The undersigned acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws;
I. The undersigned has carefully reviewed all of the answers and data provided in this Proposal on behalf of the Proposer, and, after specific inquiry, believes all of the answers and data to be true and correct;
J. The undersigned acknowledges receipt of the entire RFP and the following addenda [indicate addenda numbers or, if applicable, none]. None

Signature of Authorized Representative — Date: 9/2/2016

Brenda Lewis-Lipscomb
Name of Authorized Representative

Vice President
Title of Authorized Representative

Brown & Brown of Florida, Inc.
Typed Name of Proposer

Form 6
DEVIATION FROM MODEL PROGRAM REQUESTED IN RFP FORM

Each Proposal should clearly outline the benefits and services requested in this RFP. Any deviations from the RFP requested insurance, inability to provide specific services, or any situation that may be deemed a deviation must be listed on this form.

Nondisclosure of deviations and/or additional fees will be assumed to the included in the Proposal and the Proposal will be deemed responsible for providing the assumed level of services requested in the RFP.

Indicate whether your Proposal (1) can comply, (2) can comply but with deviations, or (3) cannot comply with the additional requirements described in the following sections of the Request for Proposals.

The absence of any notation will be presumed to indicate full compliance.

Additional Requirements	Yes, Can Comply	Yes, Can Comply But with Deviation	No, Cannot Comply
Section 1 - Specific Information Regarding This RFP	X		
Section 2 - General Instructions	X		
Section 3 - General Terms and Conditions of Agreement	X		
Section 4 - Description of Model Program	X		
4.1. Scope of Coverage	X		
4.2. Contract Period	X		
4.3. Insurer Minimum Qualifications	X		
4.4. Loss Data	X		
4.5. Payment Terms		X	
4.6. Insurance Endorsements	X	X	
4.7. Agent/Broker Services	X		
Attachment D - Sample Contract	X		
Attachment of Policies (Section 1.15)	X		

Deviations from Model Program

Please describe all deviations in your response to the requested Model Program from the RFP.

We are unable to provide 30 days notice of cancellation of our insurance coverage by insurance company endorsement. Our office will endeavor to provide the City of Jacksonville with 30 days notice of coverage cancellation.

Premium payment is due within 30 days of binding the coverage.

Endorsements - We do comply with all endorsements requested except the Severability of Interest and the Waiver of Subrogation Endorsements. Those endorsements are not on the expiring policy and we do not believe they are applicable to this coverage. They are not included.

Enhancement - The deductibles requested in the RFP are lower than the deductibles on the expiring policy. The proposed coverage is offered at the lowe deductibles requested in the RFP.

Enhancement - Impersonation Fraud Coverage has been included in our proposed coverage with a limit of $100,000 subject to a per occurrence deductibl of $25,000. The endorsement is included with the policy forms.

A. Crime Coverage – Indicate below where proposed coverage terms are more restrictive or broader than those currently provided by ACE Insurance Company, #G25536204 006.

Coverage proposed is as broad as the expiring coverage. The deductibles are lower than the expiring policy. Coverage for Impersonation Fraud with a limit of $100,000 subject to a per occurrence deductible of $25,000 has been added.

C. Agent/Broker Services – Indicate below where your firm may not be able to provide the Agent/Broker services requested in Section 4.7 of the RFP (including F., which requests an exhibit with a premium cost breakdown by individual vessel, trailer, department or location, as requested by the City).

Our firm will provide the services requested within this RFP with respect to Crime coverage. The second sentance above does not pertain to this RFP, so we are not commenting on the premium allocation request for the watercraft.

Miscellaneous Deviations:

Please list any deviations in your response that do not fit into the above categories.

I certify that the information in this form is true and accurate.

Failure to sign this form shall result in disqualification of this Proposal.

Proposer's Signature

Title Vice President

Date 9/2/2016

Form 7
Drug Free Workplace Form
Signature Required

The undersigned vendor hereby certifies that Brown & Brown of Florida, Inc. does:
(name of company)

Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

1. Inform employees about the damages of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.

2. Give each employee engaged in providing commodities or contractual services that are under bid a copy of the statement specified in paragraph 1.

3. In the statement specified in paragraph 1, notify the employees that as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contender to, any violation of chapter 1893 or any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than (5) days after such conviction.

4. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is so convicted.

5. Make a good faith effort to maintain a drug-free workplace through implementation of paragraphs 1 through 5.

As the person authorized to sign this statement, I certify that this firm complies fully with the requirements above.

Failure to sign this form shall result in the disqualification of this Proposal.

Proposer's Signature	
Title	Vice President
Date	9/2/2016
Position Held:	Vice President/Primary Account Executive
Position or Relationship with Bidder:	Vice President/Primary Account Executive

SCHEDULE OF SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION

Name of Bidder: Brown & Brown of Florida, Inc.- Jacksonville

Project Title: Crime Insurance

Bid Number: P52-16 Total Base Bid Amount: _____

***Please list all JSEBs**

Full Company Name	Classification (Optional) (African-American, Women, Asian or Hispanic)	Type of Work to be Performed	Total Contract Value
None			$
			$
			$
			$
			$
			$
			$
			$
			$

Attach additional list of subcontractors/sub-consultants as needed

The undersigned will enter into a formal Agreement with the MBE Suppliers/Consultants/Subcontractors identified herein for work listed in this schedule conditioned upon execution of a contract with the City of Jacksonville. Under penalties of perjury I declare that I have read the foregoing conditions and instructions and the facts are true to the best of my knowledge and beliefs.

Prime Contractor [signature] Title: Vice President Date 09/02/2016

Print Name: Brenda Lewis-Lipscomb

Exhibit D
Insurance Requirements

Without limiting its liability under this Contract, Proposer shall at all times during the term of this Contract procure prior to commencement of work and maintain at its sole expense during the life of this Contract (and Proposer shall require its contractors, subcontractors, laborers, materialmen and suppliers to provide, as applicable), insurance of the types and limits not less than amounts stated below:

Insurance Coverages

Schedule	Limits
Worker's Compensation	Florida Statutory Coverage
Employer's Liability	$ 100,000 Each Accident
	$ 500,000 Disease Policy Limit
	$ 100,000 Each Employee/Disease

This insurance shall cover the Proposer (and, to the extent they are not otherwise insured, its subcontractors) for those sources of liability which would be covered by the latest edition of the standard Workers' Compensation policy, as filed for use in the State of Florida by the National Council on Compensation Insurance (NCCI), without any restrictive endorsements other than the Florida Employers Liability Coverage Endorsement (NCCI Form WC 09 03), those which are required by the State of Florida, or any restrictive NCCI endorsements which, under an NCCI filing, must be attached to the policy (i.e., mandatory endorsements). In addition to coverage for the Florida Workers' Compensation Act, where appropriate, coverage is to be included for the Federal Employers' Liability Act, USL&H and Jones, and any other applicable federal or state law.

Commercial General Liability	$2,000,000	General Aggregate
	$2,000,000	Products & Comp. Ops. Agg.
	$1,000,000	Personal/Advertising Injury
	$1,000,000	Each Occurrence
	$ 50,000	Fire Damage
	$ 5,000	Medical Expenses

Such insurance shall be no more restrictive than that provided by the most recent version of the standard Commercial General Liability Form (ISO Form CG 00 01) as filed for use in the State of Florida without any restrictive endorsements other than those reasonably required by the City's Office of Insurance and Risk Management.

Automobile Liability $1,000,000 Combined Single Limit
(Coverage for all automobiles, owned, hired or non-owned used in performance of the Services)

Such insurance shall be no more restrictive than that provided by the most recent version of the standard Business Auto Coverage Form (ISO Form CA0001) as filed for use in the State of Florida without any restrictive endorsements other than those which are required by the State of Florida, or

equivalent manuscript form, must be attached to the policy equivalent endorsement as filed with ISO (i.e., mandatory endorsement).

Professional Liability	$5,000,000 Per Claim and Aggregate

Such insurance shall be on a form acceptable to the City and shall cover for those sources of liability arising out of the rendering or failure to render the services required in this Contract. Such coverage must be provided on an Occurrence Form or, if on a Claims Made Form, the retroactive date must be no later than the first date of this Contract and such claims-made coverage must respond to all claims reported within three years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis.

Additional Insurance Provisions

A. Additional Insured: All insurance except Worker's Compensation and Professional Liability shall be endorsed to name the City of Jacksonville and City's members, officials, officers, employees and agents as Additional Insured. Additional Insured for General Liability shall be in a form no more restrictive than CG2010, Automobile Liability CA2048.

B. Waiver of Subrogation. All required insurance policies shall be endorsed to provide for a waiver of underwriter's rights of subrogation in favor of the City of Jacksonville and its members, officials, officers employees and agents.

C. Proposer's Insurance Primary. The insurance provided by the Proposer shall apply on a primary basis to, and shall not require contribution from, any other insurance or self-insurance maintained by the City or any City members, officials, officers, employees and agents.

D. Deductible or Self-Insured Retention Provisions. All deductibles and self-insured retentions associated with coverages required for compliance with this Contract shall remain the sole and exclusive responsibility of the named insured Proposer. Under no circumstances will the City of Jacksonville and its members, officers, directors, employees, representatives, and agents be responsible for paying any deductible or self-insured retentions related to this Agreement.

E. Proposer's Insurance Additional Remedy. Compliance with the insurance requirements of this Contract shall not limit the liability of the Proposer or its Subcontractors, employees or agent to the City or others. Any remedy provided to City or City's members, officials, officers, employees or agents shall be in addition to and not in lieu of any other remedy available under this Contract or otherwise.

F. Waiver/Estoppel. Neither approval by City nor failure to disapprove the insurance furnished by Proposer shall relieve Proposer of Proposer's full responsibility to provide insurance as required under this Contract.

G. Certificates of Insurance. Proposer shall provide the City Certificates of Insurance that shows the corresponding City Contract Number in the Description, if known, Additional Insureds as provided above and waivers of subrogation. The certificates of insurance shall be mailed to the City of Jacksonville (Attention: Chief of Risk Management), 117 W. Duval Street, Suite 335, Jacksonville, Florida 32202.

H. Carrier Qualifications. The above insurance shall be written by an insurer holding a current certificate of authority pursuant to chapter 624, Florida State or a company that is declared as an approved Surplus Lines carrier under Chapter 626 Florida Statutes. Such Insurance shall be written by an insurer with an A.M. Best Rating of A- VII or better.

I. Notice. The Proposer shall provide an endorsement issued by the insurer to provide the City thirty (30) days prior written notice of any change in the above insurance coverage limits or cancellation, including expiration or non-renewal. If such endorsement is not available then the Proposer, as applicable, shall provide said a thirty (30) days written notice of any change in the above coverages or limits, coverage being suspended, voided, cancelled, including expiration or non-renewal.

J. Survival. Anything to the contrary notwithstanding, the liabilities of the Proposer under this Contract shall survive and not be terminated, reduced or otherwise limited by any expiration or termination of insurance coverage.

K. Additional Insurance. Depending upon the nature of any aspect of any project and its accompanying exposures and liabilities, the City may reasonably require additional insurance coverages in amounts responsive to those liabilities, which may or may not require that the City also be named as an additional insured.

BROWN-3 OP ID: LE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/02/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Brown & Brown of Florida, Inc.
Daytona Beach Office
P.O. Box 2412
Daytona Beach, FL 32115-2412
M. Decker Youngman

CONTACT NAME: LAURIE KOHLER #16095
PHONE (A/C, No, Ext): 386-239-7242 FAX (A/C, No): 386-323-9159
E-MAIL ADDRESS: lkohler@bbdaytona.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Prop & Cas of Amer	25674
INSURER B: Continental Casualty Co	20443
INSURER C: Travelers Indemnity	25658
INSURER D: XL Specialty Ins Inc.	37885
INSURER E:	
INSURER F:	

INSURED
BROWN & BROWN INC ETAL
P O BOX 2412
DAYTONA BEACH, FL 32115

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	TC2JGLSA9527B87416	01/01/2016	01/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	ANY AUTO			TC2JCAP9527B86216	01/01/2016	01/01/2017	BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$	5,000,000
B	EXCESS LIAB / CLAIMS-MADE			6011849429	01/01/2016	01/01/2017	AGGREGATE	$	5,000,000
	DED / RETENTION $							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A	X	TC2JUB9517B58016	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	$	1,000,000
C	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TRKUB9518B76116	01/01/2016	01/01/2017	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	INS AGENTS E&O			ELU142465-16	01/01/2016	01/01/2017	LIMIT		5,000,000
							AGGREGATE		25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NAMED INSURED: BROWN & BROWN OF JACKSONVILLE; RFP# P-52-16
CITY OF JACKSONVILLE IS ADDITIONAL INSURED REGARDING GENERAL LIABILITY ON A PRIMARY AND NON-CONTRIBUTORY BASIS PER FORM CGD24480805, CGD0370405. WAIVER OF SUBROGATION IN FAVOR OF CITY OF JACKSONVILLE APPLIES TO THE GENERAL LIABILITY PER FORM CG24041093 AND WORKERS COMPENSATION PER FORM WC000313001.

CERTIFICATE HOLDER

CITYJA3

CITY OF JACKSONVILLE
ATTN: CHIEF OF RISK MANAGEMENT
117 W DUVAL STREET STE 335
JACKSONVILLE, FL 32202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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State of Florida
Department of State

I certify from the records of this office that BROWN & BROWN OF FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on April 3, 1947.

The document number of this corporation is 150616.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 1, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of April, 2016

Ken Detzner

Secretary of State

Tracking Number: CU7701705968

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

LICENSES

Name of Licensee: LEWIS-LIPSCOMB, BRENDA BARNES
License #: A154702
Business Location: JACKSONVILLE,FLORIDA

Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
GENERAL LINES (PROP & CAS)(0220)	1/11/1999	YES
HEALTH(0240)	1/11/1999	YES

Name of Licensee: DUVALL, LORI LYNN
License #: E034070
Business Location: JACKSONVILLE,FLORIDA

Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
SURPLUS LINES(0120)	9/23/2013	YES
LIFE INCL VAR ANNUITY & HEALTH(0215)	7/18/2002	YES
GENERAL LINES (PROP & CAS)(0220)	3/20/2003	YES

Name of Licensee: RENDZIO, STACY O'CONNELL
License #: E149353
Business Location: JACKSONVILLE,FLORIDA

Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
GENERAL LINES (PROP & CAS)(0220)	11/22/2004	YES

Name of Licensee: TURNER, MICHELLE DELOS
License #: P074198
Business Location: JACKSONVILLE,FLORIDA

Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
GENERAL LINES (PROP & CAS)(0220)	2/19/2009	YES

Brown & Brown INSURANCE

LICENSES - OFFICE

Name of Licensee: **Brown & Brown of Florida, Inc.**
License #: L008121
Business Location: JACKSONVILLE,FL
Agent In Charge Name : JOSHUA BECKSMITH
Agent In Charge License Number: D062474

Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
AGENCY LICENSURE(2105)	8/7/2006	Appointments are not required for insurance agencies

CRIME AND FIDELITY
CR DS 04 08 07
POLICY NUMBER:
00-000-00-00
REPLACEMENT OF
POLICY NUMBER:
N/A

GOVERNMENT CRIME POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

Coverage Is Written:

☒ Primary ☐ Excess ☐ Coindemnity ☐ Concurrent

Company Name Area:	*National Union Fire Insurance Company of Pittsburgh, Pa.*
Producer Name Area:	*BROWN & BROWN, INC. - JACKSONVILLE* *10151 DEERWOOD PARK BLVD.* *B100 S100* *JACKSONVILLE, FL 32256*
Named Insured:	*CITY OF JACKSONVILLE*
(including any Employee Welfare or Benefit Plans)	
Mailing Address:	*117 W DUVAL ST FL MESS* *JACKSONVILLE, FL 32202-3737*
Policy Period	
From:	*October 1, 2016*
To:	*October 1, 2017* 12:01 A.M. at your mailing address shown above.

Insurance Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft - Per Loss Coverage	*$5,000,000*	*$50,000*
2. Employee Theft - Per Employee Coverage	*$3,000,000*	*$5,000*
3. Forgery Or Alteration	*$3,000,000*	*$5,000*
4. Inside The Premises - Theft Of Money And Securities	*$3,000,000*	*$5,000*
5. Inside The Premises - Robbery Or Safe Burglary Of Other Property	*$3,000,000*	*$5,000*
6. Outside The Premises	*$3,000,000*	*$5,000*
7. Computer Fraud	*$3,000,000*	*$5,000*
8. Funds Transfer Fraud	*$3,000,000*	*$5,000*
9. Money Orders And Counterfeit Money	*$3,000,000*	*$5,000*

If "Not Covered" is inserted above opposite any Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

1621316 ***Draft Copy - 09/06/2016***

©ISO Properties, Inc., 2006

CRIME AND FIDELITY
CR DS 04 08 07
POLICY NUMBER:
00-000-00-00
REPLACEMENT OF
POLICY NUMBER:
N/A

GOVERNMENT CRIME POLICY DECLARATIONS

Endorsements Forming Part Of This Policy When Issued:
#1,#2,#3,#4,#5,#6,#7,#8,#9,#10,#11,#12,#13,#14,#15,#16,#17,#18,#19,#20

Cancellation Of Prior Insurance Issued By Us:
By acceptance of this Policy you give us notice cancelling prior policy Nos. *N/A;* the cancellation to be effective at the time this Policy becomes effective.

Premium:

Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative. This Policy shall not be valid unless signed below at the time of issuance by an authorized representative of the insurer.

PRESIDENT

SECRETARY

AUTHORIZED REPRESENTATIVE

1621316 *Draft Copy - 09/06/2016*

©ISO Properties, Inc., 2006

FLORIDA ADDENDUM TO THE DECLARATIONS

If you have questions about your insurance policy, or questions about claims relating to your insurance policy, please contact your insurer at the following:

AIG
175 Water Street
New York, NY 10038
(212) 458-5000

ENDORSEMENT# 1

This endorsement, effective 12:01 am October 1, 2016 forms a part of
policy number 00-000-00-00
issued to CITY OF JACKSONVILLE

by National Union Fire Insurance Company of Pittsburgh, Pa.

FORMS INDEX ENDORSEMENT

The contents of the Policy is comprised of the following forms:

FORM NUMBER	EDITION DATE	FORM TITLE
CRDS04	08/07	GOVERNMENT CRIME POLICY DECLARATIONS
74825	01/13	FLORIDA ADDENDUM TO DECLARATIONS
CR0027	05/06	GOVERNMENT CRIME POLICY (LOSS SUSTAINED FORM)
78859	10/01	FORMS INDEX ENDORSEMENT
99758	08/08	NOTICE OF CLAIM (REPORTING BY E-MAIL)
CR 02 06	02/12	FLORIDA CHANGES
113013	10/12	PROTECTED INFORMATION EXCLUSION
113024	10/12	INDIRECT OR CONSEQUENTIAL LOSS EXCLUSION
119679	09/15	ECONOMIC SANCTIONS ENDORSEMENT
CR2520	08/07	ADD CREDIT, DEBIT OR CHARGE CARD FORGERY
CR2519	05/06	ADD FAITHFUL PERFORMANCE OF DUTY COVERAGE FOR GOVERNMENT EMPLOYEES
95417	08/07	ADDITIONAL NAMED INSURED
95427	08/07	CRIME ADVANTAGE
95432	08/07	FIDELITY RESEARCH & INVESTIGATIVE SETTLEMENT CLAUSE (FRISC)
SYSLIB	10/05	F.R.I.S.C. LIST (COMMERCIAL AND NATIONAL ACCOUNTS)
95439	08/07	OMNIBUS NAMED INSURED
104043	02/10	RELIANCE ON APPLICATION SIGNED BY INSURED'S AGENT ENDORSEMENT - STATE OF FLORIDA
95419	08/07	BONDED EMPLOYEES EXCLUSION DELETED
MNSCPT		EXCLUDE SPECIFCI ENTITIES
CR2512	08/07	INCLUDE TREASURER OR TAX COLLECTORS AS EMPLOYEES
CR2540	08/07	INCLUDE EXPENSES INCURRED TO ESTABLISH AMOUNT OF COVERED LOSS
CR2541	08/07	INCLUDE DESIGNATED PERSONS OR CLASSES OF PERSONS AS EMPLOYEES

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END 001

ENDORSEMENT# *1*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

FORMS INDEX ENDORSEMENT

The contents of the Policy is comprised of the following forms:

FORM NUMBER	EDITION DATE	FORM TITLE
116956	04/15	IMPERSONATION FRAUD COVERAGE

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

AUTHORIZED REPRESENTATIVE

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END 001

ENDORSEMENT# *2*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of policy number *00-000-00-00* issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

NOTICE OF CLAIM
(REPORTING BY E-MAIL)

In consideration of the premium charged, it is hereby understood and agreed as follows:

1. *Email Reporting of Claims*: In addition to the postal address set forth for any Notice of Claim Reporting under this policy, such notice may also be given in writing pursuant to the policy's other terms and conditions to the Insurer by email at the following email address:

   c-claim@AIG.com

   Your email must reference the policy number for this policy. The date of the Insurer's receipt of the emailed notice shall constitute the date of notice.

   In addition to Notice of Claim Reporting via email, notice may also be given to the Insurer by mailing such notice to: AIG, Financial Lines Claims, P.O. Box 25947, Shawnee Mission, KS 66225 or faxing such notice to (866) 227-1750.

2. *Definitions*: For this endorsement only, the following definitions shall apply:

   (a) "Insurer" means the "Insurer," "Underwriter" or "Company" or other name specifically ascribed in this policy as the insurance company or underwriter for this policy.

   (b) "Notice of Claim Reporting" means "notice of claim/circumstance," "notice of loss" or other reference in the policy designated for reporting of claims, loss or occurrences or situations that may give rise or result in loss under this policy.

   (c) "Policy" means the policy, bond or other insurance product to which this endorsement is attached.

3. This endorsement does not apply to any Kidnap & Ransom/Extortion Coverage Section, if any, provided by this policy.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

AUTHORIZED REPRESENTATIVE

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This endorsement, effective 12:01 am October 1, 2016 forms a part of policy number 00-000-00-00
issued to CITY OF JACKSONVILLE

by National Union Fire Insurance Company of Pittsburgh, Pa.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY
GOVERNMENT CRIME POLICY
GOVERNMENT EMPLOYEE THEFT AND FORGERY POLICY
KIDNAP/RANSOM AND EXTORTION POLICY

A. Paragraph **(2)** of the **Cancellation Of Policy** Condition is replaced by the following:

(2) Cancellation Of Policies In Effect

(a) 90 Days Or Less

If this policy has been in effect for 90 days or less, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

(i) 10 days before the effective date of cancellation, if we cancel for nonpayment of premium;

(ii) 20 days before the effective date of cancellation, if we cancel for any other reason, except we may cancel immediately if there has been:

i. A material misstatement or misrepresentation; or

ii. A failure to comply with underwriting requirements established by the insurer.

(b) For More Than 90 Days

If this policy has been in effect for more than 90 days, we may cancel this policy only for one or more of the following reasons:

(i) Nonpayment of premium;

(ii) The policy was obtained by a material misstatement;

(iii) There has been a failure to comply with underwriting requirements established by the insurer within 90 days of the effective date of coverage;

(iv) There has been a substantial change in the risk covered by the policy;

(v) The cancellation is for all Insureds under such policies for a given class of Insureds; or

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(vi) The cancellation of some or all of our policies is necessary to protect the best interests of the public or policyholders and such cancellation is approved by the Florida Office of Insurance Regulation.

If we cancel this policy for any of these reasons, we will mail or deliver to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

i. 10 days before the effective date of cancellation if cancellation is for the reason stated in **(b)(i)** above; or

ii. 45 days before the effective date of cancellation if cancellation is for the reasons stated in **(b)(ii)**, **(iii)**, **(iv)**, **(v)** or **(vi)** above.

B. Paragraph **(5)** of the **Cancellation Of Policy** Condition is replaced by the following:

(5) If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect. The cancellation will be effective even if we have not made or offered a refund.

C. The following is added and supersedes any other provision to the contrary:

Nonrenewal

1. If we decide not to renew this policy, we will mail or deliver to the first Named Insured written notice of nonrenewal, accompanied by the reason for nonrenewal, at least 45 days prior to the expiration of this policy or if nonrenewal is for the reason stated in Paragraph **C.3.**
2. Any notice of nonrenewal will be mailed or delivered to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.
3. We may refuse to renew the policy if nonrenewal of some or all of our policies is necessary to protect the best interests of the public or policyholders and such nonrenewal is approved by the Florida Office of Insurance Regulation.

D. Under the Commercial Crime Policy, Government Crime Policy, Employee Theft And Forgery Policy and Government Employee Theft And Forgery Policy, the **Legal Action Against Us** Condition is replaced by the following:

Legal Action Against Us

You may not bring any legal action against us involving loss:

1. Unless you have complied with all the terms of this policy;
2. Until 90 days after you have filed proof of loss with us; and
3. Unless brought within five years from the date you "discover" the loss.

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E. Under the Kidnap/Ransom And Extortion Policy, the **Legal Action Against Us** Condition is replaced by the following:

Legal Action Against Us

You may not bring any legal action against us involving loss:

1. Unless you have complied with all the terms of this policy;
2. Until 90 days after you have filed proof of loss with us; and
3. Unless brought within five years from the date you reported the loss to us.

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ENDORSEMENT# *4*

This endorsement, effective at *12:01 am* *October 1, 2016* forms a part of
Policy number *00-000-00-00*
Issued to: *CITY OF JACKSONVILLE*

By: *National Union Fire Insurance Company of Pittsburgh, Pa.*

PROTECTED INFORMATION EXCLUSION

This endorsement modifies insurance provided under the following:

ISO COMMERCIAL CRIME POLICY
ISO GOVERNMENT CRIME POLICY

In consideration of the premium charged, it is hereby understood and agreed that this policy does not cover loss resulting directly or indirectly from the: (i) "theft," disappearance or destruction of; (ii) unauthorized use or disclosure of; (iii) unauthorized access to; or (iv) failure to protect any:

(1) confidential or non-public; or
(2) personal or personally identifiable;

information that any person or entity has a duty to protect under any law, rule or regulation, any agreement or any industry guideline or standard.

This exclusion shall not apply to the extent that any unauthorized use or disclosure of a password enables a "theft" by your "employee" of your "money," "securities" or "other property" or that you are holding for a third party; provided, however, this exception shall not apply to the extent that such unauthorized use or disclosure of a password enables a "theft" of or disclosure of information.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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END 004

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ENDORSEMENT# 5

This endorsement, effective at *12:01 am* *October 1, 2016* forms a part of
Policy number *00-000-00-00*
Issued to: *CITY OF JACKSONVILLE*

By: *National Union Fire Insurance Company of Pittsburgh, Pa.*

INDIRECT OR CONSEQUENTIAL LOSS EXCLUSION

This endorsement modifies insurance provided under the following:

ISO COMMERCIAL CRIME POLICY
ISO GOVERNMENT CRIME POLICY

It is agreed that:

1. Clause D.1.f. Indirect Loss Exclusion is deleted in its entirety and replaced with the following:

   f. Indirect or Consequential Loss

   Loss that is an indirect or consequential result of an "occurrence", including but not limited to loss resulting from:

   (1) Your inability to realize income that you would have realized had there been no loss of or damage to "money", "securities" or "other property".
   (2) Payment of damages of any type for which you are legally liable.
   (3) Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this policy.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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END 005

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ENDORSEMENT# 6

This endorsement, effective at 12:01 am October 1, 2016 forms a part of
Policy number 00-000-00-00
Issued to: CITY OF JACKSONVILLE

By: National Union Fire Insurance Company of Pittsburgh, Pa.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

Coverage shall only be provided and payment of loss under this policy shall only be made in full compliance with enforceable United Nations economic and trade sanctions and the trade and economic sanction laws or regulations of the European Union and the United States of America, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# 7

CRIME AND FIDELITY
CR 25 20 08 07

This endorsement, effective 12:01 am October 1, 2016 forms a part of
policy number 00-000-00-00
issued to CITY OF JACKSONVILLE

by National Union Fire Insurance Company of Pittsburgh, Pa.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD CREDIT, DEBIT OR CHARGE CARD FORGERY

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM
COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY
GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY

and applies to the Forgery Or Alteration Insuring Agreement:

SCHEDULE

Limit Of Insurance	Covered Instruments
$3,000,000	[X] **Includes written instruments required in conjunction with any credit, debit or charge card issued to you or any "employee" for business purposes.**
	[ ] **Limited to written instruments required in conjunction with any credit, debit or charge card issued to you or any "employee" for business purposes.**
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1. Covered Instruments either includes or is limited to, whichever is indicated as applicable in the Schedule, written instruments required in conjunction with any credit, debit or charge card issued to you or any "employee" for business purposes.
2. The most we will pay in any one "occurrence" is the Limit of Insurance shown in the Schedule.
3. The following exclusion is added to Section **D.**:

   The Forgery Or Alteration Insuring Agreement does not apply to:

   NON-COMPLIANCE WITH CREDIT, DEBIT OR CHARGE CARD ISSUER'S REQUIREMENTS

   Loss arising from any credit, debit or charge card if you have not complied fully with the provisions, conditions or other terms under which the card was issued.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# 8

CRIME AND FIDELITY
CR 25 19 05 06

This endorsement, effective 12:01 am October 1, 2016 forms a part of
policy number 00-000-00-00
issued to CITY OF JACKSONVILLE

by National Union Fire Insurance Company of Pittsburgh, Pa.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD FAITHFUL PERFORMANCE OF DUTY COVERAGE FOR GOVERNMENT EMPLOYEES

This endorsement modifies insurance provided under the following:

GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY

and applies to the Insuring Agreements designated below:

SCHEDULE

	Insuring Agreement	Limit Of Insurance
☒	Employee Theft - Per Loss Coverage	$5,000,000
☒	Employee Theft - Per Employee Coverage	$5,000,000
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

1. The following is added to the Employee Theft Insuring Agreement designated above:

   We will pay for loss or damage to "money", "securities" and "other property" resulting directly from the failure of any "employee" to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of your covered property. The most we will pay for loss arising out of any one "occurrence" is the Limit of Insurance shown in the Schedule. That Limit, is part of, not in addition to, the Limit of Insurance shown in the Declarations.

2. The following exclusions are added to Section **D.2. Exclusions:**

   a. Loss resulting from the failure of any entity acting as a depository for your property or property for which you are responsible.

   b. Damages for which you are legally liable as a result of:

      (1) The deprivation or violation of the civil rights of any person by an "employee"; or

      (2) The tortious conduct of an "employee", except the conversion of property of other parties held by you in any capacity.

3. The **Indemnification** Condition is replaced by the following:

   We will indemnify any of your officials who are required by law to give bonds for the faithful performance of their duties against loss through the failure of any "employee" under the supervision of that official to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of your covered property.

4. Part **(I)** of the **Termination As To Any Employee** Condition is replaced by the following:

   (1) As soon as:

      (a) You; or

      (b) Any official or employee authorized to manage, govern or control your "employees" learn of any act committed by the "employee" whether before or after becoming employed by you which would constitute a loss covered under the terms of the Employee

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Theft Insuring Agreement, as amended by this endorsement.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# *9*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

ADDITIONAL NAMED INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME POLICY
GOVERNMENT CRIME POLICY

Schedule

The following Insured(s) is/are added as Named Insured(s):

NAMED INSURED

Jacksonville Aviation Authority
Jacksonville Port Authority
Jacksonville Housting Authority
All Volunteer Fire Departments in Duval County
Clerk of the Circuit Court
City of Jacksonville Retirement System
General Employees Pension Plan
Jacksonville Police & Fire Pension Plan
All Employee Benefit Plan

No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# *10*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

CRIME ADVANTAGE℠

This endorsement modifies insurance provided under the following:

GOVERNMENT CRIME POLICY

1. **E. Conditions, Conditions Applicable To Insuring Agreements A.1. And A.2., Termination As To Any Employee**, section (2) is deleted in its entirety and replaced with the following:

   (2) On the date specified in a notice mailed to the first Named Insured. That date will be at least *45* days after the date of mailing.

   We will mail or deliver notice to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

2. **E. Conditions, Conditions Applicable To All Insuring Agreements, Cancellation Of Policy**, section (2) is deleted in its entirety and replaced with the following:

   (2) We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:

   (a) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or

   (b) *90* days before the effective date of cancellation if we cancel for any other reason.

3. **F. Definitions, "Employee," a. (1)(a)** is deleted in its entirety and replaced with the following:

   (a) While in your service and for the first *45* days immediately after termination of service, unless such termination is due to "theft" or any other dishonest act committed by the "employee";

4. **F. Definitions, "Employee," a.** is amended by adding the following at the end thereof:

   "Employee" is also deemed to include:

   (a) Any of your directors, trustees or non-compensated officers while performing acts within the scope of the usual duties of an "employee"

   (b) Any of your directors or trustees who are members of any of your elected or appointed committees to perform on your behalf specific, as distinguished from general, directorial acts

   (c) Students gaining work experience

   (d) Any non-compensated natural person other than one who is a fund solicitor, while performing service for you that are usual to the duties of an "employee"

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(e) Any of your part-time "employees"

(f) Any natural person, whether or not compensated, while performing services for you as the chairman, or a member of any committee

5. With respect to a loss for which coverage is provided by this policy and which is sustained partly during the period of other policies providing coverage for such loss issued to you or to any predecessor in interest of yours and terminated or canceled or allowed to expire as of the inception date of this policy, the amount of the deductible that is applicable to the portion of the loss sustained during this Policy Period shall be reduced, in whole or in part, by:

   (a) The amount of the loss which is sustained by you during the period of such other policies if such loss is less than the amount of the deductible applicable to that loss under such other policies, or

   (b) The amount of the deductible applicable to the loss sustained by you during the period of such other policies if the applicable deductible is less than the amount of the loss sustained during such period.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

AUTHORIZED REPRESENTATIVE

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ENDORSEMENT# *11*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

FIDELITY RESEARCH & INVESTIGATIVE SETTLEMENT CLAUSE (FRISC)

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME POLICY
GOVERNMENT CRIME POLICY

Clause E. Conditions, 1. Conditions Applicable To All Insuring Agreements is hereby amended by deleting the subparagraphs entitled **Duties in the Event of Loss** and **Legal Action Against Us** in their entirety and replacing them with the following:

The Fidelity Research & Investigative Settlement Clause (FRISC)

Upon knowledge or discovery of loss or of an occurrence which may give rise to a claim for loss, you shall:

- give written notice to us or any of our authorized agents as soon as practicable, but not later than 90 days after discovery.
- cooperate with us in the investigation and settlement of the claim, including providing us with all requested information and documents pertaining to the claim.

An independent Investigative Specialist will investigate the facts and determine the quantum of loss. The report issued by the Investigative Specialist will be definitive as respects the facts and the quantum.

After a joint review of the investigative report, if you and we cannot agree upon the settlement of loss, we, at your request, shall submit the dispute to mediation and/or arbitration (if applicable). The rules of the American Arbitration Association shall apply to this proceeding except for the selection of the mediator and/or arbitrator.

You shall choose an Investigative Specialist and a Mediator and/or Arbitrator from the enclosed listing, provided the choice does not present a clear conflict of interest. We and you will share equally the cost of the Investigative Specialist. The Deductible Amount is not applicable to the cost of the Investigative Specialist and the expense paid by us will be a part of, and not in addition to, the limit of liability.

We may amend the listing of Investigative Specialists, Mediators and Arbitrators. However, no changes shall be made to the listing attached to this endorsement during the Policy Period unless the amendments are at your request.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# *12*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

LIST OF INVESTIGATIVE SPECIALISTS/MEDIATORS AND ARBITRATORS
FOR F.R.I.S.C.
(COMMERCIAL/NATIONAL ACCOUNTS)

Names	Address	Telephone No.	Profession
INVESTIGATIVE SPECIALISTS			
U.S.A.			
BDO Seidman LLP	330 Madison Avenue New York, NY 10017-5001 Attention: Glen Pomerantz	(212) 885-8379	Accountants
Charles R. Barstow, CPA	15 Timothy Avenue San Anselmo, CA 94960 Attention: Chuck Barstow	(415) 455-0767	Accountants
Carranza, Cowheard & Associates	3625 N.W. 82nd Avenue Building 2, Suite 306 Miami, FL 33166 Attention: Luis O. Carranza	(305) 463-7978	Accountants
Grant Thornton	1101 Walnut Street Kansas City, MO 64106 Attention: Larry Redler	(816) 412-2426	Accountants
Hagen, Streiff, Newton & Oshiro LLP	1990 N. California Boulevard Suite 320 Walnut Creek, CA 94956 Attention: Mark Newton And 595 Putnum Pike Greenville, RI 02828 Attention: Peter Fogarty	(925) 941-1050 (401) 949-8001	Accountants Accountants
Kinsel Accountancy CPAs	503 North Central Avenue Glendale, CA 91203 Attention: Stacy A. Kinsel	(818) 240-3300	Accountants

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INVESTIGATIVE SPECIALISTS			
U.S.A. (Cont'd)			
Kroll, Inc.	8 Penn Center, Suite 1600 1628 JFK Boulevard Philadelphia, PA 19103 Attention: John Slavik	(215) 568-8313	Accountants
RSM McGladrey	One Valley Square, Ste 250 512 Township Line Road Blue Bell, PA 19422-2700 Attention: Charles (Bud) Herman	(215) 641-8610	Accountants
RGL Forensic Accountants	300 Montgomery Street San Francisco, CA 94101 Attention: Steven A. Rosenthal	(800) 669-8323	Accountants
CANADA			
Alberta:			
Cunningham Lindsey	807 Manning Road NE Suite 100 Calgary, Alberta T2E-7M8 Attention: Scott Stiles	(403) 269-2069	General Adjusters
British Columbia:			
Baker, Bertrand, Chasse & Goguen Claim Services	Madison Centre, 1901 Rosser Ave., Suite 410 Burnaby, BC V5C-6R6 Attention: James O'Connor	(604) 742-9929	Fidelity Adjusters
Schumka Craig & Moore	600-1111 Melville Street Vancouver, BC V6E-3V6 Attention: Michael Parsons	(604) 681-6331	General Adjusters
James P. Blatchford Consulting	1311 Howe Street Suite 200 Vancouver, BC V6Z 2P3 Attention: James Blatchford	(604) 691-1777	Accountant

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Manitoba:			
Cunningham Lindsey	631- B Marion Street Winnipeg, Manitoba R2J- 0J9 Attention: Denis Rivard	(204) 985- 1777 Ext. 772	General Adjusters
Maritimes:			
Cunningham Lindsey	Park Place Corporate Campus 238 A Brownlow Avenue, Suite 210 Dartmouth, Nova Scotia B3B- 2B4 Attention: Nick MacDonald	(902) 421- 1519	General Adjusters
Ontario:			
Baker, Bertrand, Chasse & Goguen Claim Services	3660 Hurontario Street 6th Floor Mississauga, ON L5B- 3C4 Attention: Ted Baker	(905) 279- 8880 Ext. 224	Fidelity Adjusters
BDO Hayes Smith	2005 Shepard Avenue East Suite 302 Toronto, Ontario M5J 5B4 Attention: David L. Smith	(416) 498- 6010	Accountant
LBC Int'l Investigative Accounting	40 University Avenue Suite 1003 Toronto, ON M5J- 1T1 Attention: Phil Turner	(416) 596- 1000	Accountants
Cleveland Shaw Ltd.	6 Haddington Ave. Toronto, ON M5M 2N7 Attention: Leslie Cleveland	(416) 322- 8168	Accountants
Kroll, Inc. (forensic accountants in Toronto)	BCE Plance- Canada Trust Tower 161 Bay Street Toronto, Ontario M5J 1T1 Attention: John Slavik (Phil., PA)	(215) 568- 8313	Accountants
Quebec:			

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Baker, Bertrand, Chasse & Goguen Claim Services	1200 Boulevard Chomedey Bureau 700 Laval, Quebec H7V- 3Z3 Attention: Michel Prud'homme	(450) 688- 3113 Ext. 225	Fidelity Adjusters
LBC Int'l Investigative Accounting	1440 St. Catherine Street, West Suite 710 Montreal, Quebec H3G- 1R8 Attention: Emil Basilla	(514) 866- 5431	Accountants
CENTRAL & SOUTH AMERICA			
Carranza, Cowheard & Associates	3625 N.W. 82nd Avenue Building 2, Suite 306 Miami, FL. 33166 Attention: Luis O. Carranza	(305) 463- 7978	Accountants
Kroll, Inc. (forensic accountants in Argentina, Brazil & Mexico)	8 Penn Center, Suite 1600 1628 JFK Boulevard Philadelphia, PA 19103 Attention: John Slavik	(215) 568- 8313	Accountants
Grant Thornton	1101 Walnut Street Kansas City, MO 64106 Attention: Larry Redler	(816) 412- 2426	Accountants
U.K. & EUROPE			
Adjusting Services	11 Baden Place, Crosby Row London, UK SE1 1YW Attention: David Ledger	44 (20) 7357- 7631	Adjusters & Accountants
LBC Int'l Investigative Accounting	Lloyds Avenue House 6 Lloyds Avenue London, UK EC3N 3AX Attention: Oliver Tiemann	44 (20) 7680- 1131	Accountants
Crawford & Company THG	Trinity Court 42 Trinity Square London, UK EC 3N 4TH Attention: Suzanne Kearney	44 (20) 625- 4000	Investigators

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RGL Forensic Accountants (forensic accountants in the UK and Germany)	17 Devonshire Square London, UK EC2M 4SQ Attention: Anthony Levitt	44 (20) 7247-4804	Accountants
Kroll, Inc. (forensic accountants in the UK)	8 Penn Center, Suite 1600 1628 JFK Boulevard Philadelphia, PA 19103 Attention: John Slavik	(215) 568-8313	Accountants
Grant Thornton (forensic accountants in the UK)	1101 Walnut Street Kansas City, MO 64106 Attention: Larry Redler	(816) 412-2426	Accountants
ASIA, AFRICA & AUSTRALIA			
Crawford & Company THG	Trinity Court 42 Trinity Square London, UK EC3N 4TH Attention: Suzanne Kearney	44 (20) 7625-4000	Investigators
RGL Forensic Accountants (forensic accountants in Austrailia and Japan)	Level 39, 2 Park Street Sydney, NSW 2000 Australia Attention: Kimberly Dailey	61 (02) 9268-0711	Accountants
Kroll, Inc. (forensic accountants in Shanghai)	Suite 1600 1628 JFK Boulevard Philadelphia, PA 19103 Attention: John Slavic	(215) 568-8313	Accountants
Grant Thornton (forensic accountants in Australia)	1101 Walnut Street Kansas City, MO 64106 Attention: Larry Redler	(816) 412-2426	Accountants
MEDIATORS & ARBITRATORS			
U.S.A.			
Anderson, McPharlin & Connors	444 South Flower Street 31st Floor Los Angeles, CA 90071 Attention: David DiBiasi	(213) 236-1618	Attorney

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Beirne, Maynard & Parsons LLP	1300 Post Oak Boulevard Suite 2500 Houston, TX 77056-3000 Attention: Jeff Parsons, Esq.	(713) 623-0887	Attorney
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ENDORSEMENT# *12* (continued)

Nicholl Paskell-Mede	630 Boulevard Rene-Levesque Ouest Bureau 1700 Montreal, Quebec H3B 1S6 Attention: John Nicholl	(514) 843-3777	Attorney

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# *13*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

OMNIBUS NAMED INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME POLICY
GOVERNMENT CRIME POLICY

1. The Item of the DECLARATIONS entitled NAMED INSURED is amended by addition of the following:

   and any interest hereafter owned, controlled or operated by any one of those named as Insured.

2. With respect to the Commercial Crime Policy only, this amendment is subject to Clause **E. Conditions, Consolidation - Merger or Acquisition.**

3. Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limitations, conditions or agreements of the attached policy other than as above stated.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# *14*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

RELIANCE ON APPLICATION SIGNED BY INSURED'S AGENT ENDORSEMENT - STATE OF FLORIDA

In consideration of the premium charged, it is hereby understood and agreed that Clause **E. Conditions**, Section **1. Conditions Applicable To All Insuring Agreements** is amended by adding the following to the end thereof:

RA-1. Reliance On Application Signed By Insured's Agent

If you submit an application to us which has been completed and signed by your agent(s), rather than your Chairman of the Board or President (or equivalent position), then we shall, for all intents and purposes, treat any and all representations made therein as if such representations were made directly by you.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.

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END 014

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ENDORSEMENT# *15*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

BONDED EMPLOYEES EXCLUSION DELETED

This endorsement modifies insurance provided under the following:

GOVERNMENT CRIME POLICY

In Section **D. Exclusions**, subparagraph 2., the exclusion entitled **Bonded Employees** is deleted in its entirety.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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END 015

Draft Copy - 09/06/2016

ENDORSEMENT# *16*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

EXCLUDE SPECIFCI ENTITIES

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END 16

AUTHORIZED REPRESENTATIVE

ENDORSEMENT# 17

CRIME AND FIDELITY
CR 25 12 08 07

This endorsement, effective 12:01 am October 1, 2016 forms a part of
policy number 00-000-00-00
issued to CITY OF JACKSONVILLE

by National Union Fire Insurance Company of Pittsburgh, Pa.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE TREASURERS OR TAX COLLECTORS AS EMPLOYEES

This endorsement modifies insurance provided under the following:

GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY

SCHEDULE

Treasurers Or Tax Collectors
All
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

1. The definition of "employee" is amended to include your treasurers or tax collectors shown in the Schedule.
2. Exclusion D.2.d. Treasurers Or Tax Collectors is deleted.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

AUTHORIZED REPRESENTATIVE

END 017

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ENDORSEMENT# 18

CRIME AND FIDELITY
CR 25 40 08 07

This endorsement, effective 12:01 am October 1, 2016 forms a part of
policy number 00-000-00-00
issued to CITY OF JACKSONVILLE

by National Union Fire Insurance Company of Pittsburgh, Pa.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE EXPENSES INCURRED TO ESTABLISH AMOUNT OF COVERED LOSS

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM
COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY
GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY

and applies to the Insuring Agreement(s) designated below:

SCHEDULE

[X] **Employee Theft Insuring Agreement**	
Costs, Fees Or Other Expenses	
Limit Of Insurance	**Covered Loss**
$50,000	100 %
[X] **Computer Fraud Insuring Agreement**	
Costs, Fees Or Other Expenses	
Limit Of Insurance	**Covered Loss**
$50,000	100 %
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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The following condition is added to Paragraph **E. Conditions:**

1. We will pay for reasonable costs, fees or other expenses that you incur and pay to an independent accounting, auditing or other service used to determine the amount of loss covered under this insurance.
2. The most that we will pay for reasonable costs, fees or other expenses is limited to the lesser of the:
   a. Limit of Insurance; or
   b. Percentage of the Covered Loss;
   shown in the Schedule.
3. We will pay for reasonable costs, fees or other expenses after settlement of covered loss.
4. We will have no liability to pay any such costs, fees or other expenses if the amount of the covered loss does not exceed the Deductible Amount of the applicable Insuring Agreement.
5. The amount that we will pay is part of, not in addition to, the Limit of Insurance for the applicable Insuring Agreement.
6. Paragraph (3) of the **Indirect Loss** Exclusion is replaced by the following:
   Payment of costs, fees or other expenses you incur in establishing the existence of loss under this insurance.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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ENDORSEMENT# *19*

CRIME AND FIDELITY
CR 25 41 08 07

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE DESIGNATED PERSONS OR CLASSES OF PERSONS AS EMPLOYEES

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM
COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY
GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY

and applies to the Employee Theft Insuring Agreement:

SCHEDULE

Persons Or Classes Of Persons
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The definition of "employee" is amended to include any natural person or group of persons named or described in the Schedule.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

AUTHORIZED REPRESENTATIVE

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ENDORSEMENT# *20*

This endorsement, effective *12:01 am* *October 1, 2016* forms a part of
policy number *00-000-00-00*
issued to *CITY OF JACKSONVILLE*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

IMPERSONATION FRAUD COVERAGE

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END 20

AUTHORIZED REPRESENTATIVE

National Union Fire Insurance Company of Pittsburgh, PA.
Executive Offices
175 Water Street
New York, NY 10038

September 6, 2016

SIGNATURE REQUEST TO PRODUCER

BROWN & BROWN, INC. - JACKSONVILLE
10151 DEERWOOD PARK BLVD.
B100 S100
JACKSONVILLE, FL 32256

RE: *CITY OF JACKSONVILLE*

POLICY NUMBER: *CF 00-000-00-00*

Dear Producer:

ATTENTION: COUNTERSIGNATURE REQUIRED

The Insured's State's Department of Insurance requires that all policies issued in the state contain the signature of a licensed producer (holding either a resident *or* non-resident license in your state).

In order to comply with the State DOI's requirements, please sign and date the "Countersignature & Date" line on the enclosed Declarations Page. You will also receive an email reminder from AIG for this countersignature.

Please return a copy of *only* the signed Declarations Page to AIG by either:
1. Replying to the AIG email reminder and attaching a scanned copy
2. Emailing the underwriter a scanned copy

Please do *not* return a copy of the entire policy to us. Please retain a copy of the signed document(s) for your records.

Thank you in advance for your prompt attention to this matter.

Sincerely,

LISA POWER
Branch Manager

Enc.

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Draft Copy - 09/06/2016

This endorsement, effective at 12:01 AM forms a part of

Policy number

Issued to:

By:

IMPERSONATION FRAUD COVERAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME POLICY (DISCOVERY FORM)
COMMERCIALCRIME POLICY (LOSS SUSTAINED FORM)
GOVERNMENT CRIME POLICY (DISCOVERY FORM)
GOVERNMENT CRIME POLICY (LOSS SUSTAINED FORM)

It is agreed that in consideration of the additional premium of $[0], the policy is hereby amended as follows:

1. Insuring Agreement "Funds Transfer Fraud" is amended by adding the following to the end thereof:

   Impersonation Fraud Coverage

   We will also pay for loss of "funds" resulting directly from a "fraudulent instruction" directing a financial institution to transfer, pay or deliver "funds" from your "transfer account."

   Notwithstanding the above requirement that the loss of "funds" result directly from a "fraudulent instruction," we will also pay for the loss of "funds" resulting from your receipt of a fraudulent phone call or email from a purported vendor, which advises you that the vendor's bank account information has been changed and you suffer a loss of "funds," because you issued a payment or payments to this fraudulent bank account, based upon your confirmation controls, you believed the fraudulent instruction to change the vendor's bank account information to be valid.

2. Solely with respect to Impersonation Fraud Coverage provided by this endorsement, in Section F. Definitions, the definition of "Fraudulent Instruction" is deleted in its entirety and replaced with the following:

   "Fraudulent instruction" means an electronic, telegraphic, cable, teletype, telefacsimile, telephone or written instruction communicated by you or your "employee" based upon an instruction received and relied upon by you or your "employee" which was transmitted:

   a. by a purported director, officer, partner, member or sole proprietor of yours or by another "employee"—or by an individual acting in collusion with such purported director, officer, partner, member, sole proprietor or other "employee"—but which was in fact fraudulently transmitted by someone else without your or your "employee's" knowledge; or

b. by a purported director, officer, partner, member, sole proprietor or employee of your "vendor" or "client"—or by an individual acting in collusion with such purported director, officer or employee—but which was in fact fraudulently transmitted by someone else without your or your "employee's" knowledge; provided, however, "fraudulent instruction" shall not include any such instruction transmitted by an actual director, officer, partner, member, sole proprietor or employee of your "vendor" or "client" who was acting in collusion with any third party in submitting such instruction.

3. Solely for purposes of this endorsement, the following definitions are added:

   Vendor means any entity, firm, company, organization, association or individual which has a legitimate pre-existing arrangement or written agreement to provide goods or services to you.

   Client means an entity, firm, company, organization, association or individual to whom you provide goods or services for a fee pursuant to a written contract.

4. Our total liability for coverage provided by this endorsement for all loss arising from a single act or series of related acts is $[100,000] ("Impersonation Fraud Limit"). All amounts paid by us pursuant to this endorsement will be part of, and not in addition to, the applicable Limit of Insurance shown in the Declarations.

5. Solely with respect to coverage provided by this endorsement, the applicable per occurrence Deductible Amount is $[25,000].

6. Solely for purposes of this endorsement, the following exclusion shall apply:

   The coverage afforded by this endorsement does not apply to any loss occurring prior to [10/01/2016].

7. The most we will pay for all loss resulting directly from an "occurrence" under this endorsement is the Impersonation Fraud Limit shown in Section 4 above.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

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AUTHORIZED REPRESENTATIVE

Contract Fee Schedule

Exhibit B.

Form 1 - Price Sheet

NAME OF CONSULTANT Brown & Brown of Florida, Inc.-Jacksonville

Proposal Number P-52-16

SCHEDULE OF PROPOSED PRICES/RATES

1 Proposed Annual Premium(including Commissions) $ 38,051
Commission % 15

Outline ALL variable costs which are not included above.

None

9/7/2016