Rock Island Milan School District #41

Client Authorization to Bind Coverage

After careful consideration of Gallagher's proposal dated 12/01/2026, we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Coverage/Carrier
☒ Accept ☐ Reject	**Workers' Compensation (Encova Insurance) RECOMMENDED** Encova Insurance
Included*	**TRIA - Workers' Compensation (Encova Insurance)**
☐ Accept ☒ Reject	**Workers' Compensation (Great American)** Bridgefield Indemnity Insurance Company
Included*	**TRIA - Workers' Compensation (Great American)**
☐ Accept ☒ Reject	**Workers Compensation (Zenith)** Zenith Insurance Company
Included*	**TRIA - Workers Compensation (Zenith)**
☐ Accept ☒ Reject	**Workers Compensation (OLD Republic Bitco)** OLD Republic Bitco
Included*	**TRIA - Workers Compensation (OLD Republic Bitco)**
☐ Accept ☒ Reject	**Workers Compensation (Accident Fund Insurance Company of America)** Accident Fund Insurance Company of America
Included*	**TRIA - Workers Compensation (Accident Fund Insurance Company of America)**
☒ Accept ☐ Reject	**Cyber Liability (Westchester Fire Insurance Company)** Westchester Fire Insurance Company
	TRIA – Cyber Liability (Westchester Fire Insurance Company)

*For this coverage, TRIA cannot be rejected

Other Services to Consider

☐ Yes ☐ No - **CORE**360™ STEP

☐ Yes ☐ No – eRiskHub

Coverage Amendments and Notes:

_____

_____

Gallagher
Insurance | Risk Management | Consulting

Fee Breakdown:
Agency Bill Administration Fee: $100.00

By signing below, you are acknowledging that the fee listed above is fully earned and is NOT refundable. The fee is due and payable within thirty (30) days of your execution below. Any placements that require the payment of additional state or federal taxes and/or fees are the client's responsibility.

You further acknowledge and agree that the Proposal, this Client Authorization to Bind Coverage (including this agreement concerning the above referenced fee) reflect your understanding of the services to be provided by Gallagher as they have been discussed with and fully disclosed to you, and the above fee is consistent with your understanding. Any disputes arising out of the Proposal, this Client Authorization to Bind Coverage and/or the performance of services by Gallagher shall be governed by the laws of the State of Illinois.

Exposures and Values
You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

Additional Terms and Disclosures
Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed $20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at https://www.ajg.com/privacy-policy/.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

By: _____
Print Name (Specify Title)

_____
Company

_____
Signature

Date: _____