



Firm Stop Loss Proposal

City of Coppel
(Stop Loss Proposal ONLY)



Plan Sponsor: City of Coppel
Effective: 10/01/2025

Prepared By: Mackenzie Anderson
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Stop Loss Terms	Current	Renewal	Option 2	Option 3
MGU (If MGU not identified then a direct carrier)				
Stop Loss Carrier	Liberty	Liberty	Liberty	Liberty
Network	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus
Months in Contract	12	12	12	12
Specific Terms				
Specific Deductible	\$150,000	\$150,000	\$175,000	\$200,000
Aggregating Specific Deductible	\$50,000	\$50,000	\$50,000	\$50,000
Maximum Coverage Limit	Unlimited	Unlimited	Unlimited	Unlimited
Contract	24/12	Paid - 36/12	Paid - 36/12	Paid - 36/12
Coverages	Med, Rx	Med, Rx	Med, Rx	Med, Rx
Run-In / Run-Out Limit	N/A	N/A	N/A	N/A
Terminal Liability Provision	No	No	No	No
Renewal Rate Cap (No New Laser)	NNLRC - 50%	NNLRC - 50%	NNLRC - 50%	NNLRC - 50%
Plan Mirroring Coordination approved	Yes	Yes	Yes	Yes
Advance Funding	Yes	Yes	Yes	Yes
Transplants Carved Out	No	No	No	No
HUB Infused Cedar Gate Analytics	\$0.56 PEPM Carrier Paid	\$0.56 PEPM Carrier Paid	\$0.56 PEPM Carrier Paid	\$0.56 PEPM Carrier Paid
Aggregate Terms				
Annual Maximum	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductible Corridor	125%	125%	125%	125%
Contract	24/12	Paid - 36/12	Paid - 36/12	Paid - 36/12
Coverages	Med, Rx	Med, Rx	Med, Rx	Med, Rx
Aggregate Accomodation Quoted	No	No	No	No
Terminal Liability Provision Quoted	No	No	No	No
Run-In / Run-Out Limit	N/A	\$999,000	\$1,002,100	\$1,005,000
Stop Loss Premium (Fixed)				
Specific Employee 191	\$55.29	\$59.81	\$49.72	\$43.66
Specific Family-2 tier 383	\$143.35	\$148.51	\$122.65	\$107.15
Annual Specific Premium	\$785,561	\$819,636	\$677,658	\$592,530
Aggregate Premium 383	\$5.08	\$3.50	\$3.86	\$4.22
Annual Aggregate Premium	\$23,348	\$16,086	\$17,741	\$19,395
Total Annual Premium	\$808,909	\$835,722	\$695,398	\$611,925
% Increase		3.31%	-14.03%	-24.35%
Annual Fixed Cost	\$808,909	\$835,722.48	\$695,398.20	\$611,925.24
Aggregate Claim Liability				
Aggregate Employee 191	\$616.79	\$756.65	\$759.04	\$761.22
Family-2 tier 383	\$1,812.53	\$2,137.83	\$2,144.60	\$2,150.77
Maximum Claim Liability	\$9,744,071	\$11,559,708	\$11,596,301	\$11,629,655
% Increase		18.63%	19.01%	19.35%
Fixed Cost and Maximum Claim Liability	\$10,552,980	\$12,395,431	\$12,291,699	\$12,241,580
% Increase		17.46%	16.48%	16.00%
Quote Status	-	FIRM	FIRM	FIRM
Firm Thru	-	August 29, 2025	August 29, 2025	August 29, 2025
Service Fee / Broker Commission (included in the rates)				
Service Fee - Paid to SA Benefit Services	6%	6%	6%	6%
Qualifications and Contingencies *Please review actual proposal contingencies regarding each stop loss carrier option.				



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Stop Loss Terms		Current	Option 4	Option 5	
MGU (If MGU not identified then a direct carrier)					
Stop Loss Carrier		Liberty	PartnerRe	PartnerRe	
Network		UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	
Months in Contract		12	12	12	
Specific Terms					
Specific Deductible		\$150,000	\$150,000	\$175,000	
Aggregating Specific Deductible		\$50,000	\$50,000	\$50,000	
Maximum Coverage Limit		Unlimited	Unlimited	Unlimited	
Contract		24/12	24/12	24/12	
Coverages		Med, Rx	Med, Rx	Med, Rx	
Run-In / Run-Out Limit		N/A	N/A	N/A	
Terminal Liability Provision		No	No	No	
Renewal Rate Cap (No New Laser)		NNLRC - 50%	NNLRC - 50%	NNLRC - 50%	
Plan Mirroring Coordination approved		Yes	Yes	Yes	
Advance Funding		Yes	Yes	Yes	
Transplants Carved Out		No	No	No	
HUB Infused Cedar Gate Analytics		\$0.56 PEP Carrier Paid	Pending Confirmation	Pending Confirmation	
Aggregate Terms					
Annual Maximum		\$1,000,000	\$1,000,000	\$1,000,000	
Deductible Corridor		125%	125%	125%	
Contract		24/12	24/12	24/12	
Coverages		Med, Rx	Med, Rx	Med, Rx	
Aggregate Accomodation Quoted		No	No	No	
Terminal Liability Provision Quoted		No	No	No	
Run-In / Run-Out Limit		N/A	\$855,252	\$860,480	
Stop Loss Premium (Fixed)					
Specific Employee		191	\$55.29	\$55.58	\$52.73
Specific Family-2 tier		383	\$143.35	\$127.83	\$121.29
Annual Specific Premium			\$785,561	\$714,896	\$678,306
Aggregate Premium		383	\$5.08	\$5.15	\$6.60
Annual Aggregate Premium			\$23,348	\$23,669	\$30,334
Total Annual Premium			\$808,909	\$738,565	\$708,640
% Increase			-8.70%	-12.40%	
Annual Fixed Cost		\$808,909	\$ 738,565.44	\$ 708,639.60	
Aggregate Claim Liability					
Aggregate Employee		191	\$616.79	\$901.31	\$906.82
Family-2 tier		383	\$1,812.53	\$2,073.01	\$2,085.68
Maximum Claim Liability			\$9,744,071	\$11,593,356	\$11,664,217
% Increase			18.98%	19.71%	
Fixed Cost and Maximum Claim Liability		\$10,552,980	\$12,331,922	\$12,372,856	
% Increase			16.86%	17.25%	
Quote Status		-	FIRM	FIRM	
Firm Thru		-	August 29, 2025	August 29, 2025	
Service Fee / Broker Commission (included in the rates)					
Service Fee - Paid to SA Benefit Services		6%	6%	6%	
Qualifications and Contingencies *Please review actual proposal contingencies regarding each stop loss carrier option.					



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Proposal Number: 57734

Coppell, City of

Effective Dates: 10/01/2025 – 09/30/2026

Presented By: Afore Insurance Services dba SA Benefit Services

Administrator: UMR

SPECIFIC STOP LOSS COVERAGE		Renewal Option 1	Renewal Option 2	Renewal Option 3
Coverages		Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Specific Deductible per Individual		\$ 150,000	\$ 175,000	\$ 200,000
Aggregating Specific Deductible		\$ 50,000	\$ 50,000	\$ 50,000
Contract Basis		Paid	Paid	Paid
No New Laser Option		Included	Included	Included
Specific Rate(s) Per Month	Enrollment			
Single	191	\$ 59.81	\$ 49.72	\$ 43.66
Family	192	\$ 148.51	\$ 122.65	\$ 107.15
Estimated Monthly Premium		\$ 39,938	\$ 33,045	\$ 28,912
Estimated Policy Period Premium		\$ 479,252	\$ 396,544	\$ 346,942
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited
Maximum Policy Period Reimbursement		Unlimited	Unlimited	Unlimited
Quoted Rate(s) include Commission of		0.00 %	0.00 %	0.00 %

AGGREGATE STOP LOSS COVERAGE		Renewal Option 1	Renewal Option 2	Renewal Option 3
Coverages		Medical, Rx Card	Medical, Rx Card	Medical, Rx Card
Contract Basis		Paid	Paid	Paid
Loss Limit per Individual		\$ 150,000	\$ 175,000	\$ 200,000
Maximum Policy Period Reimbursement		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Rate per Month	Enrollment			
Composite	383	\$ 3.50	\$ 3.86	\$ 4.22
Combined Gross Monthly Rate				
Estimated Policy Period Premium		\$ 16,086	\$ 17,741	\$ 19,395
Quoted Rate(s) include Commission of		0.00 %	0.00 %	0.00 %
Monthly Aggregate Claim Factors	Enrollment			
Medical, Rx Card				
Single	191	\$ 756.65	\$ 759.04	\$ 761.22
Family	192	\$ 2,137.83	\$ 2,144.60	\$ 2,150.77
Run-In Limited To		\$ 999,000	\$ 1,002,100	\$ 1,005,000
Aggregate Deductible		\$ 6,659,802	\$ 6,680,878	\$ 6,700,090
Minimum Aggregate Deductible		\$ 6,659,802	\$ 6,680,878	\$ 6,700,090
OVERALL COST SUMMARY		Renewal Option 1	Renewal Option 2	Renewal Option 3
Total Fixed Cost		\$ 495,338	\$ 414,285	\$ 366,337
Specific Variable		\$ 50,000	\$ 50,000	\$ 50,000
Aggregate Variable		\$ 6,659,802	\$ 6,680,878	\$ 6,700,090
Maximum Policy Period Liability		\$ 7,205,140	\$ 7,145,163	\$ 7,116,427

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

Quoted terms and conditions are subject to possible revision based upon receipt and review of the requirements listed below:

This proposal is subject to policy provisions, limitations, and exclusions. The TPA must be approved by Liberty Mutual prior policy issuance. The TPA is not an agent of Liberty Mutual. In the event an application for coverage is made, Broker must be licensed as of the effective date.

This proposal includes Advanced Specific Funding.

A final census must be provided as of the effective date. If enrollment/participation varies by more than 10% from the RFP census, rating may be revised. Retirees cannot make up more than 10% of the final enrolled member population.

If the policyholder acquires a new group of any size to be added to their policy, census data, experience and either a completed and signed Disclosure Statement or individual Proof of Good Health Questionnaires must be submitted for review and approval before the group can be accepted under the Stop Loss coverage.

The PPO network is UHC Choice Plus. PBM is Envision Rx. If this is not the case, an adjustment to the quoted rates and factors may be necessary.

Hospital Pre-Certification program is in place as of the effective date.

This proposal assumes duplication of benefits and plan participation. A signed Plan Document is required. A copy of the prior Plan is also required if run-in coverage has been quoted.

Capitation fees and other fees associated with the administration of the Employer's Plan are not eligible for reimbursement under the Specific or Aggregate stop loss coverage.

Retirees are NOT covered.

With respect to Texas Municipalities, as defined by Section 1.005, Texas Local Government Code, this quote is subject to the Municipality executing a written waiver in favor of waiving the requirements of: 1. Section 2, subsection (a) of Texas I.C. Art 21.49-16; and 2. Section 2., subsection (b) of Texas I.C. Art 21.49-16 regarding the assignment of a higher deductible to an individual.

PLEASE READ THESE ELECTRONIC DELIVERY TERMS AND CONDITIONS CAREFULLY. BY ACCEPTING THE ATTACHED QUOTE OR BINDER, AS APPLICABLE, YOU AGREE TO THE TERMS AND CONDITIONS BELOW, WHICH GOVERN HOW WE WILL DELIVER THE POLICY.

For purposes of these Electronic Delivery Terms and Conditions, the following definitions apply:

- "We," "us," and "our" refer to Liberty Mutual Insurance Company, its affiliates, and subsidiaries.
- "You" and "your" refer to the Broker of Record for the Insurance Policy, or other authorized representative of the Policyholder, to which the attached Binder or Quote, as applicable, is addressed.
- "Electronic Delivery" means either, at our discretion, (1) delivery via e-mail or as an attachment to an e-mail; or (2) delivery via an e-mail with a link to a website where the specified document is viewable with the use of a username and password.
- "Mail Delivery" means delivery via regular mail to the address shown on the Declarations page of the Policy.



- "Policyholder" collectively refers to the "Named Insured," as defined by the Policy, and any related or affiliated entity of that Named Insured that is insured under the Policy.
- "Insurance Policy" or "Policy" refer to the insurance policy or policies described in the attached Binder or Quote and ultimately issued by us, including, but not limited to, policy jackets, endorsements and declarations pages, as well as any privacy policy, important notices, change declarations, audits, underwriting documentation, applications, questionnaires, surveys, and any other documents related to the insurance policy or policies issued to the Broker of Record or its designated representative.

Authority to Act on Behalf of Policyholder

You represent that you have the authority to act on behalf of the Policyholder with respect to all insurance matters related to the Policy, including, but not limited to, acceptance of the attached Quote or Binder, as applicable, and these Electronic Delivery Terms and Conditions. If you do not have such authority, you must notify us immediately, in which case we reserve the right to withdraw the attached Quote or Binder.

As a condition of the attached Quote or Binder, you agree to receive Electronic Delivery of the Policy, which you agree to promptly deliver to Policyholder.

If you intend to deliver the Policy electronically to the Policyholder, you represent and warrant that you will deliver the Policy in accordance with all applicable laws, including but not limited to any applicable laws relating to electronic transactions and communications, electronic policy delivery and Policyholder consent thereto.

Email Address of Record and Electronic Delivery

Upon our request, you shall promptly designate an email address to use for Electronic Delivery of the Policy ("Email Address of Record"). Once you provide us with the Email Address of Record, we will deliver the Policy via Electronic Delivery at the E-mail Address of Record instead of by Mail Delivery.

You can change or update an Email Address of Record by contacting the assigned account analyst or underwriter. We will not be liable for any loss, liability, cost, expense or claim arising out of an incorrect or nonfunctioning Email Address of Record.

Electronic Delivery

We will be deemed to have delivered the Policy when we send the Policy via Electronic Delivery at the E-mail Address of Record. You agree that it is your responsibility to then deliver the Policy to the Policyholder, in accordance with applicable law.

Duration of Consent

You agree that Electronic Delivery will remain in effect and will apply to all future renewals, continuations, replacements and changes to any Policy unless:

- You, or someone else, on behalf of the Policyholder, withdraw consent in accordance with these Electronic Delivery Terms and Conditions; or
- We terminate, for any reason, the ability for you or the Policyholder to receive the Policy electronically.

You understand and agree that we are not liable for any loss, liability, cost, expense or claim arising out of these Electronic Delivery Terms and Conditions or your election to receive a paperless Policy by Electronic Delivery.

How to Withdraw Consent

The Policyholder or you, on behalf of the Policyholder, may withdraw consent to receive the Policy by Electronic Delivery at any time by e-mailing the request to the Underwriter. At our option, we may treat your provision of an invalid Email Address of Record or the subsequent malfunction of a previously valid Email Address of Record as a withdrawal of your consent to receive



to receive the Policy by Electronic Delivery. We will not impose any fee to process the withdrawal of your consent. A withdrawal of your consent will be effective only after we have had a reasonable period of time to process the request.

Hardware and Software Requirements

To access, view and retain the Policy that we make available to you, you must: have a device that will connect to the Internet, access to an e-mail account and access to an internet browser. We will update you if there are any changes to the hardware or software requirements that could impact your receiving the Policy.

By providing consent to receive the Policy by Electronic Delivery, you acknowledge that you and the Policyholder have the minimum hardware and software requirements listed in this section.

Modification and Termination by Us

We reserve the right, in our sole discretion, to discontinue any provision of the Policy by Electronic Delivery, or to terminate or change these Electronic Delivery Terms and Conditions at any time. We will provide you with notice of any such termination or change if required by law.

Communications in Writing

All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of the Policy and these Electronic Delivery Terms and Conditions.

Paper Documents

You or the Policyholder may request a paper copy of the Policy at any time at no additional charge by contacting the assigned account analyst or underwriter.

Governing Law

You acknowledge and agree that your consent to transact electronic business is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and your state's UETA law as applicable.

If your policy is administered by an ASO, the Policyholder fully understands and acknowledges that the Policyholder will be responsible for obtaining and submitting information and documentation we deem necessary for determination of risk under the Stop Loss Policy, issuance of the Stop Loss Policy, and adjudication of claim reimbursement under the Stop Loss Policy. It is expressly understood that the carrier, regardless of any understanding or Agreement with the Administrator concerning release of information, makes no assurances that necessary information will be made available. Additionally, the Policyholder's responsibilities are independent of any other agreement between the carrier and the Administrator. We shall have no duty to provide coverage or reimburse claims due to the Policyholder's failure to provide information necessary to determine risk, issue the Stop Loss Policy or adjudicate claim reimbursements under the Stop Loss Policy.

This policy assumes that fully insured transplant coverage is in place for the duration of the Stop Loss policy period. Transplants and related care are excluded under the Stop Loss policy.

Plan mirroring evaluation has not been completed. In order for Plan Mirroring to be approved, we require a copy of the current Plan within 30 days of the effective date. We reserve the right to withdraw the Plan mirroring endorsement from the Stop Loss Policy for any amendments or edits to the Plan that affects our risk, for claims paid at the discretion of the Plan or which are paid using any document that was not provided to us for review, underwriting, and approval in advance of a claim being paid. The inclusion of the Plan mirroring endorsement does not constitute a guarantee that Plan benefits paid will be reimbursable under the Stop Loss Policy. (Not applicable in the state of NY)



This proposal assumes CedarGate Analytics will be in place at the effective date of 10/01/2025.

This proposal is based on an aggregating specific deductible option. Each claimant must satisfy the group's specific deductible. Then the employer must retain an additional risk corridor, equal to the aggregating specific deductible, prior to any specific reimbursements are paid. Claims applying to the ASD are not eligible under the Aggregate Stop Loss.

The rates in this proposal are firm. LIU requires written confirmation of coverage chosen by 08/29/2025. If written acceptance is not made by then then proposal is void. Please note, this expiration date supersedes the "Valid Thru" date listed on page 1 of this proposal. If requirements are not received by this date, this offer may be subject to receipt and review of updated experience and further underwriting. If the average of last two months of claims varies by more than 10% compared to the average of the prior 10 months, we reserve the right to re-underwrite and adjust the quoted factors accordingly.

Please enter the number of the proposal option selected:

Option #

A completed and signed disclosure statement and all required documentation must be submitted, reviewed, and approved prior to issuing an application. Claimants reported in the Disclosure must be identified no later than 20 days after the effective date.

We provide electronic versions of the Policy documents. If a paper copy is preferred please let us know. We will not be bound by any typographical errors or omissions contained herein. We reserve the right to make corrections should clerical errors be found.

This offer assumes a maximum specific rate increase at renewal of 50% with a match to existing policy terms with no ability to add new lasers (with the exception of adding group/acquisition - per the policy terms). We reserve the right to provide increase/decrease above aforementioned terms when there is a change in contract terms, maximums, amending the Plan and/or acquiring new groups in accordance with the policy.

This guarantee may or may not be offered on subsequent renewals.

The PAID contract basis on the Schedule page is equivalent to a 36/12 contract basis.

OPTION SUMMARY

PROPOSAL ACCEPTANCE PROCEDURES

1. Identify the option sold in the space provided below. Date and sign the proposal.
2. Satisfy all the terms and conditions of this proposal as listed below.
3. (New Business) Submit completed and signed disclosure & binder premium.
4. Policy issuance is contingent upon receipt of binder premium and any additional requested documentation.

Please check next to the selected proposal option:

	Option	Specific Deductible	Specific Contract	Client's Liability	Total Specific Premium		Option	Aggregate Contract	Total Aggregate Premium	Attachment Point
<input type="checkbox"/>	1	\$ 175,000	Paid	\$ 50,000	\$ 396,544	<input type="checkbox"/>	1	Paid	\$ 17,741	\$ 6,680,878
<input type="checkbox"/>	2	\$ 200,000	Paid	\$ 50,000	\$ 346,942	<input type="checkbox"/>	2	Paid	\$ 19,395	\$ 6,700,090

By:

Agent of Record

Date:

Financial Quote

SPECIFIC STOP LOSS COVERAGE

Plan Description		Option 1	Option 2
Annual Specific Deductible per Individual		\$ 150,000	\$ 175,000
Plan Benefits Included		Medical, Rx Card	Medical, Rx Card
Coverage Period		24/12	24/12
Retiree Coverage		Pre 65 Retirees Covered	Pre 65 Retirees Covered
Aggregating Specific Deductible		\$ 50,000	\$ 50,000
Specific Lifetime Maximum		Unlimited	Unlimited
Specific Annual Maximum		Unlimited	Unlimited
Quoted Rate(s) Per Month	Enrollment		
Single	191	\$ 55.58	\$ 52.73
Family	192	\$ 127.83	\$ 121.29
Composite	383	\$ 91.80	\$ 87.10
Estimated Annual Premium		\$ 421,910	\$ 400,309
Commission %		0.00 %	0.00 %
Additional Options			
No New Laser with Rate Cap		50.00%	50.00%
Plan Mirroring		Included	Included
Specific Advancement		Included	Included

AGGREGATE STOP LOSS COVERAGE

Plan Description		Option 1	Option 2
Plan Benefits Included		Medical, Rx Card	Medical, Rx Card
Coverage Period		24/12	24/12
Aggregate Deductible %		125%	125%
Loss Limit per Individual		\$ 150,000	\$ 175,000
Maximum Aggregate Reimbursement		\$ 1,000,000	\$ 1,000,000
Reimbursement Percentage		100%	100%
Quoted Rate(s) per Month	Enrollment		
Composite	383	\$ 5.15	\$ 6.60
Estimated Annual Premium		\$ 23,669	\$ 30,334
Commission %		0.00 %	0.00 %
Aggregate Run-In Limit		\$ 855,252	\$ 860,480
Monthly Aggregate Claim Factors	Enrollment		
Medical, Rx Card			
Single	191	\$ 901.31	\$ 906.82
Family	192	\$ 2,073.01	\$ 2,085.68
Composite	383	\$ 1,488.69	\$ 1,497.79
Estimated Annual Aggregate Deductible		\$ 6,842,018	\$ 6,883,838
Minimum Annual Aggregate Deductible		\$ 6,842,018	\$ 6,883,838

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

1. For inclusion of prescription drug (Rx) coverage under the Specific and/or Aggregate coverage(s) when there is a separate PBM, PartnerRe requires written documentation for underwriting purposes that all Rx experience reports have been received. Otherwise, Rx will not be a covered expense under the Stop Loss Policy. PartnerRe is not responsible for aggregating medical and Rx claims data during quotation or Policy coverage periods.
2. All claim reporting submitted from the selected Administrator should be provided to PartnerRe in a sortable Microsoft Excel format throughout the Policy and Proof of Loss Periods. Failure to do so could result in a delay of claim reimbursements.
3. Actively at Work is waived with receipt and acceptance of the PartnerRe Claim Disclosure Statement.
4. This indication assumes that the Agent/Broker is operating under the appropriate license in which the risk is domiciled. The Agent/Broker license and appointment with PartnerRe will be required prior to binding coverage.
5. The statements herein may vary from the final Policy wording. The final Policy wording along with the Excess Loss Insurance Application and Claims Disclosure Statement shall govern over any inconsistency with the wording herein.
6. This indication is subject to the verification and approval of the Policyholder by PartnerRe through the economic and trade sanction watch lists enforced by the Office of Foreign Assets and Control (OFAC).
7. TPA: UMRNetwork: UHC Choice Plus
8. Current copies of the Plan Document, all Amendments and Restatements of the Plan Document and proposed changes are required to be submitted and approved by PartnerRe prior to binding coverage.
9. The Plan Mirroring provision has been quoted. A review of the Plan Document will be required prior to approval.
10. No New Laser with Rate Cap: If the Excess Loss Insurance Policy is renewed, We guarantee that Your premium rate(s) (and Aggregated Specific Deductible, if applicable), as shown on the Schedule of Insurance will not be increased more than the indicated percentage, provided that there are no Material Changes that alter the risk under the current Excess Loss Insurance Policy. See Policy Endorsement for complete details.
11. Upon renewal, We guarantee no new lasers for the options shown above in which No New Lasers at Next Renewal is Guaranteed.
12. Pre 65 Retiree coverage is included.
13. Specific advance is included.
14. Quote assumes the current transplant carve-out plan will continue (discount applied).
15. This quote is firm through 7/25/25 and subject to the completion and signature of the Application.

OPTIONS SUMMARY

PROPOSAL ACCEPTANCE PROCEDURES

Please check next to the selected proposal option:

Option		Specific Deductible	Specific Contract	Client's Liability	Total Specific Premium	Option		Aggregate Contract	Total Aggregate Premium	Attachment Point
<input type="checkbox"/>	1	\$ 150,000	24/12	\$ 50,000	\$ 421,910	<input type="checkbox"/>	1	24/12	\$ 23,669	\$ 6,842,018
<input type="checkbox"/>	2	\$ 175,000	24/12	\$ 50,000	\$ 400,309	<input type="checkbox"/>	2	24/12	\$ 30,334	\$ 6,883,838