



**Mia Caballeros**  
 Marsh USA Inc.  
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 312-627-6823

Date: March 17, 2016  
 From: Mia Caballeros  
 Subject: Yamhill County – PLL Proposal

Marsh is pleased to present this pollution proposal for Yamhill County for options to manage their potential environmental liabilities associated with the Whiteson and Newberg Landfills.

In July 2015, ACE Limited acquired The Chubb Corp. The merger was finalized in January 2016 and ACE has taken on the name of Chubb, however they will be utilizing ACE's policy forms. Chubb has advised that for this risk their intention was to match the expiring coverages and premium. We have prepared a comparison of the expiring and the offered policy coverage and terms and conditions are presented in the table below. Differences between the proposed and expiring terms are highlighted in yellow.

Coverage Requested	Chubb Expiring Terms	Chubb Proposed Terms
<b>Named Insured :</b>	Yamhill County Oregon 535 NE 5th Street McMinnville, OR 97128	Yamhill County Oregon 535 NE 5th Street McMinnville, OR 97128
<b>Additional Named Insureds:</b>	None	None
<b>Additional Insureds</b>	None	None
<b>Covered Locations:</b>	Whiteson Landfill, Yamhill County Riverbend Road, McMinnville, OR 97128	Whiteson Landfill, Yamhill County Riverbend Road, McMinnville, OR 97128
<b>Carrier:</b>	Newberg Landfill, Yamhill County 1820 South Riverfront Street, Newberg, OR 97132 Chubb Custom Insurance Company Non-Admitted	Newberg Landfill, Yamhill County 1820 South Riverfront Street, Newberg, OR 97132 Illinois Union Insurance Company Non-Admitted
<b>Policy Term:</b>	Surplus Lines Taxes and Fees will apply 3/29/2011 – 3/29/2016	Surplus Lines Taxes and Fees will apply 3/29/2016 – 3/29/2021
<b>Delineation Date:</b>	3/29/2006	To be confirmed.

B.O. 11e-1114

Coverage Requested	Chubb Expiring Terms	Chubb Proposed Terms
<b>Premium:</b> (premiums do not include surplus lines taxes)	\$69,465	\$69,465
<b>Limits of Liability:</b>	\$10,000,000/\$10,000,000	\$10,000,000/\$10,000,000
<b>Self-Insured Retention:</b>	\$50,000	\$50,000
<b>Commission Included:</b>	17%	17%
<b>Notice of Cancellation</b>	60 days notice of cancellation	90 days notice of cancellation
<b>Minimum Earned Premium</b>	100% earned at inception	100% earned at inception
<b>Primary Insurance</b>	Insurance is Primary	Requested to match expiring
<b>On-site clean-up resulting from pre-existing pollution conditions</b>	Included	Included
<b>On-site clean-up resulting from new pollution conditions</b>	Included	Included
<b>Off-site clean-up resulting from pre-existing pollution conditions</b>	Included	Included
<b>Off-site clean-up resulting from new pollution conditions</b>	Included	Included
<b>On-site claims for third party bodily injury and third party property damage resulting from pre-existing pollution conditions</b>	Included	Included
<b>On-site claims for third party bodily injury and third party property damage resulting from new pollution conditions</b>	Included	Included
<b>Off-site claims for third party bodily injury and third party property damage resulting from pre-existing pollution conditions</b>	Included	Included

Coverage Requested	Chubb Expiring Terms	Chubb Proposed Terms
<b>Off-site claims for third party bodily injury and third party property damage resulting from new pollution conditions</b>	Included	Included
<b>Legal Defense Expense Coverage</b>	Included within limits	Included within limits
<b>Transportation of Cargo (3<sup>rd</sup> Party only)</b>	Included	Included Retro date: 3/29/2011
<b>No Owned Disposal Coverage (scheduled sites)</b>	Excluded	Excluded
<b>Illicit Abandonment Coverage</b>	Excluded	Included within the definition of Pollution Condition
<b>Mold Coverage</b>	Excluded	Excluded
<b>Business Interruption</b>	Excluded	Excluded
<b>Terrorism Coverage (optional)</b>	TRIA rejected	Excluded
	Listing of Disclosed Documents	PF-44922 \$3,473 additional premium
70-02-0517		Disclosed Conditions Schedule Endorsement
70-02-0541	Identified Contaminant Exclusion <ul style="list-style-type: none"> <li>Solely with respects to coverage A, onsite remediation costs for the landfill cells are excluded.</li> </ul>	MANU 1 On Site Remediation Landfill Exclusionary Endorsement <ul style="list-style-type: none"> <li>Excludes remediation costs on site of the landfills.</li> <li>To be reviewed and approved by Chubb legal.</li> </ul>
70-02-0528	Material Change In Use Exclusion with DEFINED USE <i>List exceptions to the exclusion below:</i> Current use: Closed Landfill	PF-44951 (09/14) Material Change In Risk Amendatory (Intended Use) Endorsement Intended Use: Closed Landfill
<b>Notable Endorsements</b>		

**Please Note:**

1. Defense is within the limits of liability
2. Surplus lines taxes and fees will apply in addition to the premiums listed above
3. See individual specimen forms for standard exclusions, terms, and conditions.
4. Commission is included in the quote at 17%
5. TRIA (terrorism) is optional coverage available for an additional 5% premium.
6. All carriers are *non-admitted in the State of Oregon and other jurisdictions.*  
As such, they are not supervised by the State(s) and, in the event of insolvency; they are not covered by the State Insurance Guaranty Fund.

**Please note the following subjectivities that are required:**

**Chubb Subjectivities**

1. Completed, signed and dated ACE Environmental application
2. Completed and signed attached TRIA disclosure form (last page of the quote)
3. Written confirmation from the broker of the Named Insured's "Home State" as defined in the Nonadmitted and Reinsurance Reform Act (NRRRA) (To be completed by Marsh)
4. Two (2) years prior audited financial statements

THIS DOCUMENT AND ANY RECOMMENDATIONS, ANALYSIS, OR ADVICE PROVIDED BY MARSH (COLLECTIVELY, THE "MARSH ANALYSIS") ARE INTENDED SOLELY FOR THE ENTITY IDENTIFIED AS THE RECIPIENT HEREIN ("YOU"). THIS DOCUMENT CONTAINS PROPRIETARY, CONFIDENTIAL INFORMATION OF MARSH AND MAY NOT BE SHARED WITH ANY THIRD PARTY, INCLUDING OTHER INSURANCE PRODUCERS, WITHOUT MARSH'S PRIOR WRITTEN CONSENT. ANY STATEMENTS CONCERNING ACTUARIAL, TAX, ACCOUNTING, OR LEGAL MATTERS ARE BASED SOLELY ON OUR EXPERIENCE AS INSURANCE BROKERS AND RISK CONSULTANTS AND ARE NOT TO BE RELIED UPON AS ACTUARIAL, ACCOUNTING, TAX, OR LEGAL ADVICE, FOR WHICH YOU SHOULD CONSULT YOUR OWN PROFESSIONAL ADVISORS. ANY MODELING, ANALYTICS, OR PROJECTIONS ARE SUBJECT TO INHERENT UNCERTAINTY, AND THE MARSH ANALYSIS COULD BE MATERIALLY AFFECTED IF ANY UNDERLYING ASSUMPTIONS, CONDITIONS, INFORMATION, OR FACTORS ARE INACCURATE OR INCOMPLETE OR SHOULD CHANGE. THE INFORMATION CONTAINED HEREIN IS BASED ON SOURCES WE BELIEVE RELIABLE, BUT WE MAKE NO REPRESENTATION OR WARRANTY AS TO ITS ACCURACY. MARSH SHALL HAVE NO OBLIGATION TO UPDATE THE MARSH ANALYSIS AND SHALL HAVE NO LIABILITY TO YOU OR ANY OTHER PARTY WITH REGARD TO THE MARSH ANALYSIS OR TO ANY SERVICES PROVIDED BY A THIRD PARTY TO YOU OR MARSH. MARSH MAKES NO REPRESENTATION OR WARRANTY CONCERNING THE APPLICATION OF POLICY WORDINGS OR THE FINANCIAL CONDITION OR SOLVENCY OF INSURERS OR REINSURERS. MARSH MAKES NO ASSURANCES REGARDING THE AVAILABILITY, COST, OR TERMS OF INSURANCE COVERAGE. ALL DECISIONS REGARDING THE AMOUNT, TYPE OR TERMS OF COVERAGE SHALL BE YOUR ULTIMATE RESPONSIBILITY. WHILE MARSH MAY PROVIDE ADVICE AND



# Premises Pollution Liability Insurance Policy

## Application

### Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by an authorized representative of the Applicant.

### Required Attachments:

- Please provide copies of the Applicant's past two (2) years of audited financial statements and annual reports.
- Summary of Environmental Site Assessments/Remediation (past, current, planned)
- Tank Inventory Lists (X)check here if not applicable)
- Permit Schedule (X)check here if not applicable) (Air or water discharge permits, hazardous waste storage permits, on-site disposal permits, etc.)

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy and any endorsement thereto. The policy provides liability coverage on a **CLAIMS-MADE AND REPORTED** basis, which covers only claims first made against an insured and reported to the Insurer, in writing, during the policy period. The policy also provides coverage for remediation costs on a **DISCOVERED AND REPORTED** basis, which covers only pollution conditions first discovered and reported to the Insurer, in writing, during the policy period. Finally, **LEGAL DEFENSE EXPENSES** are subject to and **SHALL ERODE** the limits of liability of this policy.

1. Name of Applicant: Yamhill County

Principal Contact: Sherrie Mathison E-mail Address: mathiss@co.yamhill.or.us

Principal Contact Regarding Mold, Asbestos and Lead Health & Safety Issues: Sherrie Mathison

Mailing Address: 525 NE 4<sup>th</sup> St  
McMinnville, Oregon 97128

Telephone #: 503-434-7445 Fax #: 503-434-7544

URL: http:// Date Established: \_\_\_\_\_

The Applicant is:  Corporation  Partnership  Joint Venture  LLC/LLP  
 Other: Yamhill County

2. Subsidiary, predecessor, acquired, parent, affiliated, or merged firms for which coverage is requested:

Name of Firm:	Date of Formation or	# of Professional	% of Firm Annual
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	Transaction:	Staff that Joined the Applicant:	Billings Assigned to the Applicant:

3. Details of covered locations: (continue on a separate sheet, if necessary)

Company Name:	Street Address City, State Zip Code:	Standard Industrial Classification Code: SIC	Year Operations Began:	Facility Size: (acres or square feet)	Known Pre- existing Contamination Present? :
ABC Company	123 Yellowbrick Rd. Lawrence, KS 66044-1355	2396	1967	5.75 acres	Yes
Whiteson Landfill	Riverbend Rd McMinnville, Or 97128	CLOSED landfill	1973	28 acres	No
Newberg Landfill	1820 S Waterfront St., Newberg, Or 97132	CLOSED landfill	1965	40.15 acres	No

- a. If "Yes" is indicated above with respect to Known Pre-Existing Contamination Present, please provide details on a separate sheet. Include at a minimum:
- Prior Environmental Site Assessments (dates);
  - Past, current, planned sampling/remediation; etc.

4. Applicant's total gross revenues as filed in its latest tax return, excluding recovered expenses:  
 \$ n/a for the period ending: month \_\_\_\_\_ year \_\_\_\_\_
5. Applicant's estimated gross revenues for the current fiscal year: \$n/a
6. Desired effective date of coverage: 3/29/16
7. Limits of Liability and Self-Insured Retention requested:

Limits of Liability:	Self-Insured Retention:
Per Pollution Condition: \$ _____	Per Pollution Condition: \$ _____
Aggregate: \$ _____	

8. Within the past five (5) years has the Applicant or any other party to this insurance purchased this type of insurance coverage?  YES  NO
- a. If "Yes" is indicated above, please provide detailed information regarding any such coverage and all available loss information as an attachment to this application.

9. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance?  YES  NO
10. Does the Applicant or any other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations?  YES  NO
11. Does the Applicant or any other party to the proposed insurance have knowledge of Injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to the proposed insurance performed operations?  YES  NO
12. Does the Applicant or any other party to the proposed insurance have knowledge of any claims made or pollution conditions during the last five (5) years resulting from the transportation of the Applicant's or any other party's waste, goods or products?  YES  NO
13. Does the Applicant or any other party to the proposed insurance have knowledge of any claims made with respect to pollution conditions on, at, under or migrating from any disposal sites to which the Applicant's or any other party's waste is currently being, or has historically been, taken for recycling or disposal?  YES  NO
14. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to the proposed insurance from the release of pollutants?  YES  NO

*If "Yes" is indicated with respect to questions 9., 10., 11., 12., 13. and/or 14., above, please provide a detailed description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.*

**\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

#### Supplemental Information for Storage Tank Coverage

If you are seeking coverage for pollution conditions emanating from storage tanks, please complete the following.

If you are not, please confirm that the items below are not applicable by checking here:

15. Are all of the storage tanks to be covered pursuant to this insurance (hereinafter Storage Tanks) compliant with all applicable federal, state and local laws and regulations?  YES  NO
- a. *If "No" is indicated above, please provide a written explanation of outstanding compliance issues as an attachment to this application.*
16. Are any of the Storage Tanks located within the State of Florida?  YES  NO
17. If the Applicant answered "Yes" to Question 16., above, are any of the Florida-based Storage Tanks single-walled storage tanks (i.e., bare steel tanks, steel tanks with cathodic protection, STIP ¾ tanks or tanks operating under ACT 100), regardless of whether such single-walled storage tanks have any form of tank lining?  YES  NO
18. Have any other storage tanks been removed or closed-in-place in the locations where the Storage Tanks are currently situated?  YES  NO

- a. If "Yes" is indicated above, please provide detailed information identifying the specific storage tanks to be covered pursuant to this insurance, which are situated at the common location.
19. Will any of the Storage Tanks be removed, closed or upgraded within the next eighteen (18) months?  YES  NO

**Supplemental Information for Lead-Based Paint and Asbestos Coverage**

If you are seeking coverage for liability arising out of bodily injury or property damage resulting from exposure to Lead-Based Paint and/or Asbestos, complete the following.

If you are not, please confirm that the items below are not applicable by checking here:

20. Do any of the buildings located at the proposed covered locations contain lead-based paint?  YES  NO
21. If the Applicant answered "Yes" to Question 20., above, does the Applicant or any other relevant party to the proposed insurance have a lead-based paint management plan in place to address the lead-based paint?  YES  NO
- a. If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.
22. Do any of the buildings located at the proposed covered locations contain asbestos or asbestos-containing materials (ACM)?  YES  NO
23. If the Applicant answered "Yes" to Question 22., above, does the Applicant or any other relevant party to the proposed insurance have an asbestos management plan in place to address the asbestos?  YES  NO
- a. If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.
24. Have any health concerns been raised, or any claims been made, with respect to the presence of lead-based paint, asbestos or asbestos-containing materials at any of the buildings located at the proposed covered locations?  YES  NO
- a. If "Yes" is indicated above, please provide detailed information regarding the health concerns and/or claims as an attachment to this application.

***\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

**Supplemental Information for Mold, Fungi and/or Legionella Pneumophila Coverage**

If you are seeking coverage for Mold, Fungi and/or Legionella Pneumophila, complete the following.

If you are not, please confirm that the items below are not applicable by checking here:

25. Do the Applicant and any other parties to the proposed insurance perform due diligence with respect to mold and/or fungi when acquiring or leasing property such as in accordance with ASTM Standard E2418-06 "Standard Guide for Readily Observable Mold and Conditions Conducive to Mold in Commercial Buildings: Baseline Survey Process?"  YES  NO
- a. If "Yes" is indicated above, please provide detailed information regarding the scope of that due diligence as an attachment to this application.
26. Have any of the buildings located at the proposed covered locations ever been identified as having mold, fungi, legionella pneumophila or similar bacteria-related problems?  YES  NO

- a. If "Yes" is indicated above, please provide detailed information regarding the mold, fungi, legionella pneumophila or similar bacteria related problems as an attachment to this application.
27. Have any of the buildings located at the proposed covered locations experienced any water leaks or flooding within the past five (5) years?  YES
- a. If "Yes" is indicated above, please provide detailed information regarding the leaks or flooding as an attachment to this application.
28. Are any of the buildings situated at the proposed covered locations constructed using Exterior Insulation and Finish Systems (EFIS)?  YES  NO
- a. If "Yes" is indicated above, please provide detailed information confirming the applicable locations as an attachment to this application.
29. Do the Applicant and any other parties to the proposed insurance have any mold management and/or water intrusion plans in place?  YES  NO
- a. If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.
30. Do employees or members of the Applicant and any other parties to the proposed insurance receive any training regarding the handling of mold, fungi or legionella pneumophila or similar bacteria-related issues?  YES  NO
- a. If "Yes" is indicated above, please provide detailed information regarding such training as an attachment to this application.
31. Have any health concerns been identified by, or any claims been made against, the Applicant or any other parties to the proposed insurance with respect to mold, legionella pneumophila, similar bacteria-related issues or any other indoor air quality-related issues at buildings located on any of the proposed covered locations?  YES  NO
- a. If "Yes" is indicated above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

**\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE WILL STRICTLY FOLLOW ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, INCLUDING ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED DUE DILIGENCE PROCEDURES OR PROTOCOLS FOR THE ACQUISITION, LEASE OPERATION, MANAGEMENT OR MAINTENANCE OF ANY PROPERTIES, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE MOLD, FUNGI AND/OR LEGIONELLA PNEUMOPHILA COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE WILL STRICTLY FOLLOW ANY LEAD-BASED PAINT OR ASBESTOS OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY SUCH COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE LEAD-BASED PAINT AND/OR ASBESTOS COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

**BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.**

**NOTICE TO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false

**NOTICE TO OHIO APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Jaura A. Tschabold

Signature of Authorized Applicant

[Signature]

Signature of Broker/Agent

Laura S. Tschabold

Print Name

Jason R. Lamb

Print Name

County Administrator

Title

6/23/16

Date

6/23/16

Date

Signed by Licensed Resident Agent  
(Where Required By Law)

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015, 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017, 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.**

**YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.**

**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$3,473 _____
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

*Laura S. Tschabold*  
 Policyholder/Applicant's Signature  
*Laura S. Tschabold*  
 Print Name  
*March 28, 2016*  
 Date

\_\_\_\_\_  
 Insurance Company  
 \_\_\_\_\_  
 Policy Number

Accepted by Yamhill County  
 Board of Commissioners on  
*3.31.16* by Board Order  
 # *16-116*