## PREMIUM SUMMARY & PAYMENT OPTIONS

Premiums shown here are estimated annual premiums. They are based on the information you provided to us. In the event further underwriting information is received which changes the exposures, premium may be subject to change. Final premiums can be affected by audits, periodic reporting forms, retro and dividend plans, changes in your operations (new buildings, vehicles, equipment) and other factors.

|   | ESTIMATED ANNUAL PREMIUMS     |                               |                    |                      |                       |
|---|-------------------------------|-------------------------------|--------------------|----------------------|-----------------------|
| Coverage  | 2015-2016                     | 2016-2017                     |                    | Commission<br>to Hub | Commission to Alliant |
|   | Premiums                      | Premiums                      | Change             | to Hub               | to Amant              |
| Commercial Property<br>(PEPIP Program)  | \$781,048.24                  | \$848,093.18                  | +8.6%              | 0%                   | Unknown               |
| Total Insured Values  | \$1,287,903,236               | \$1,368,439,948               | <mark>+6%</mark>   |                      |                       |
| Rate:   | \$0.0606                      | \$0.0620                      | +2.2%              |                      |                       |
| Boiler & Machinery<br>(Power Generation Facilities)                             | \$151,107.00                  | \$147,378.00                  | -2%                | 0%                   | N/A                   |
| Excess Earthquake<br>(City Hall, Chambers, Pkg,<br>Convention Ctr, Fox Theater) | \$95,146.08                   | 69,850.00                     | -26%               | 0%                   | N/A                   |
| Total Insured Values  | \$118,073,159                 | \$124,084,154                 | +5%                | 0%                   |                       |
| Rate:   | \$0.0806                      | \$0.0563                      | -30%               |                      |                       |
| General Liability (AMNL Program)<br>Excluding TRIA                              | \$320,915.92                  | \$346,712.22                  | <del>+8%</del>     | 0%                   | Unknown               |
| Excess Liability (CAMEL Program) Excluding TRIA                                 | \$123,390.00                  | \$129,280.00                  | <u>+4.7%</u>       | 0%                   | Unknown               |
| Excess Workers Compensation   | \$425,673.00                  | \$ 432,253.00                 | +2%                | 0%                   | N/A                   |
| Total Estimated Payrolls:   | \$184,651,110                 | \$184,651,110                 | Flat               |                      |                       |
| Rate per \$100 Workers Compensation Limit                                       | \$0.2146<br>\$25,000,000      | \$0.2188<br>\$25,000,000      | +2%                |                      |                       |
| SIR   | \$3,000,000                   | \$3,000,000                   |                    |                      |                       |
| Aircraft / Aviation Sublimit  | None                          | None                          |                    |                      |                       |
| Aviation Hull & Liability<br>Excluding TRIA                                     | \$ 49,295.00                  | \$ 49,296.00                  | Flat               | 0%                   | N/A                   |
| Airport Premises Excluding TRIA   | \$8,673.00                    | \$ 10,841.00                  | +25%               | 0%                   | N/A                   |
| Hub Fee for Service – Annual Fee<br>Total                                       | \$50,000.00<br>\$2,005,248.24 | \$50,000.00<br>\$2,083,703.40 | Flat<br><b>+4%</b> | N/A                  | N/A                   |
| Proposal Accepted by:   |                               |                               | _ Date: _          |                      |                       |

\_\_\_\_\_ I approve of receiving policies and other documentation, when available, via electronic mail.

Please Initial. Please consider the ENVIRONMENT

Name & Title

This proposal is for illustration purposes only. All coverages are subject to term, conditions, limitations and exclusions of the actual policy. In the event of discrepancy between this proposal and the policy, the policy will supersede this proposal.