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QUOTATION SUMMARY

October 20, 2021

UNICO Group, Inc.
Cheryl Talbott
1128 Lincoln Mall Suite 200
Lincoln, NE 68508

FROM: Bridget Cullen for Mason Lee

Outlined below is a summary of the attached quotation obtained for the above noted Insured. The full quote terms, conditions, limitations and exclusions can be found on the attached quote. Please pay special attention to those items found on the quote, and note that in the event of any discrepancies between the information found on this summary and the quote itself, the quote supersedes our summary. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, limitations and exclusions in the quote, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

NAMED INSURED:	County of Lancaster NE 555 South 10th Street Lincoln, NE 68508
PRIMARY RISK ZIP CODE:	68508
COVERAGE:	Network Security / Privacy Liability
INSURER:	Homeland Insurance Company of New York - Non-Admitted



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POLICY TERM: TBD (Annual Policy Period)

ESTIMATED POLICY PREMIUM: \$74,995.00

FEES: Brokerage Fee \$350.00
TOTAL FEES: \$350.00

ESTIMATED SURPLUS LINES TAX:
Surplus Lines Tax \$2,249.85
TOTAL TAXES: \$2,249.85

TOTAL: \$77,594.85

AGENT COMMISSION: 10%

SPECIAL CONDITIONS / OTHER COVERAGES:

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For R-T Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, R-T Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

LIMIT OF LIABILITY:

Policy Aggregate Limit of Liability \$1,000,000

Covered Costs

Response \$250,000
Data Recovery \$250,000
Hardware Replacement \$250,000
Reward \$100,000

Covered Loss



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Insured Interruption	
from Security Failure	\$250,000
from System Failure	\$250,000
from Intentional Shutdown	\$250,000

Vendor Interruption	
from Vendor Security Failure	\$250,000
from Vendor System Failure	\$250,000

Extortion	\$0
Reputation	\$250,000
Telephone Fraud	\$100,000
Cryptojacking	\$100,000
Social Engineering	\$100,000
Invoice Manipulation	\$100,000
Transfer Fraud	\$100,000

Covered Liability

Data & Network	\$1,000,000
Bodily Injury	\$100,000
Regulatory	\$1,000,000
Merchant Services	\$1,000,000
Media	\$1,000,000

RETENTIONS:

Each incident or Claim: \$500,000

FORM: RCP1

ENDORSEMENTS:

1. RCE73 Notice of Terrorism Insurance Coverage
2. RCE91 Sanction Limitation and Exclusion
3. RCE98 Extortion Event Exclusion
4. MANU01 Manuscript Endorsement 01

Manuscript; All costs / loss insuring agreements will be subject to an aggregate limit of \$250,000; wording to follow subject to Resilience Legal Approval



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CONTINUITY DATE: Inception

RETROACTIVE DATE: Full Prior Acts

EXTENDED REPORTING PERIOD: 12 Months at 100% of the Policy premium

TERMS & CONDITIONS:

- Waiting Period: 12 Hours

SUBJECTIVITIES DUE PRIOR TO BINDING-TERMS SUBJECT TO CHANGE:

- 1) Scheduling of a Resilience NextGen Cyber Exercise within 30 days of binding. Please confirm Insured's RM/Security contact information at binding for scheduling purposes.
- 2) Currently valued loss runs
- 3) Executed application

TAX RESPONSIBILITY: RT Specialty (Non-admitted - NE Risk)

HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

BINDING INSTRUCTIONS

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the following items must be submitted:

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage; and
- apply after the formation of the contract as conditions of continued coverage.



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Failure to provide or comply with these subjectivities might results in a refusal to bind or cancellation of coverage, at the insurer's option. Please note that this is a quote only, and the Insurer reserves the right to amend or withdraw the quote if new, corrected or updated information is received. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the quote.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.

This quote summary, the quote, the fees quoted and our advice, is confidential. This quote summary and the quote constitutes the entire understanding and supersedes any and all agreements and communications respecting the insurance offered. If you need further information about the quote, our fee or the Insurer that is proposing to provide your insurance, please contact us.

PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, we will need the following information and, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to R-T Specialty, LLC:

Name of Premium Finance Company:	
Premium Finance Account Number:	

PRODUCER COMPENSATION:

In order to place the insurance requested we may charge a reasonable fee for additional services that may include performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies or servicing the policy after issuance. Third-party inspection or other fees may be separately itemized upon request. If the insured recommends an inspection company, we will endeavor to determine if it is approved by the Insurer. To the extent the insured paid us a fee for services, we represent the insured



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in performing those services. Our fees are fully earned and nonrefundable, except when required by applicable law. Our fees are applied to new policies, renewal policies, endorsements and certificates. Fees applicable to each renewal, endorsement and certificate will be explained in the quotes. In the event that the premium is adjustable upwards, our fees are adjustable as well and will be collected against any additional premium. The fee charged by us does not obligate the insured to purchase the proposed insurance or the Insurer to bind the proposed insurance. Our fee is not imposed by state law or the Insurer. This fee authorization shall remain operative until terminated by written notice. Depending upon the Insurer involved with your placement, we may also receive a commission from the Insurer.

We may also have an agreement with the Insurer that we are proposing for this placement that may pay us future additional compensation. This compensation is in addition to any fees and/or commissions that we have agreed to accept for placing this insurance. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date, including potentially after the end of the following calendar year. Because of variables in these agreements, we often have no accurate way at the time of placement to determine the amount of any additional compensation that might be attributable to any Insured's placement. The broker with the direct relationship with the Insured must comply with all applicable laws and regulations related to disclosure of compensation, including disclosure of potential incentive or contingent compensation and the criteria for receiving such compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. RSG affiliates may also earn investment income on accounts temporarily held as fiduciary funds, and compensation as a broker, underwriting manager, reinsurance intermediary, premium finance company, claims adjuster, consultant or service provider. If you need additional information about the compensation arrangements for services provided by Ryan Specialty Group, LLC (RSG) affiliates, please contact your RSG representative.

RT Specialty is a division of RSG Specialty, LLC, a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License # OG97516).

Unless this quote is amended or withdrawn it is valid for 30 days from the date shown above, or the



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proposed effective date, whichever is earlier. This quote can be amended or withdrawn at any time prior to acceptance by the insured. If the quote included with this letter provides otherwise, or in any way conflicts with this letter, the terms of the quote shall govern and control.



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 Chicago, IL 60661
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SURPLUS LINES FILING DECLINATIONS DETAIL

NAME OF INDIVIDUAL LICENSEE THAT MADE DILIGENT EFFORT TO PLACE WITH ADMITTED CARRIER:		PHYSICAL ADDRESS OF RISK:
INDIVIDUAL LICENSE NUMBER:		

NAME OF INSURED:	County of Lancaster NE
POLICY NUMBER:	

Document the efforts made to place coverage with an admitted carrier by identifying three admitted carriers marketing the class of business that declined the risk. Please complete this section in its entirety.

FULL NAME AND ADDRESS OF ADMITTED CARRIER	CARRIER NAIC CODE	NAME OF REPRESENTATIVE	PHONE NUMBER	REASON FOR DECLINATION

I have made a diligent effort to place this insurance with the above admitted carriers which are authorized to transact the kind and class of insurance involved and which are writing insurance on risks of the same kind and class..

OR

This coverage has been verified to be on the applicable state export list.

Signature of Producer

Date

Print Name

RT Specialty is a division of RSG Specialty, LLC, a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).