

Quote Number: SEVH48392023
 Issuing Company: Illinois Union Insurance Company
 Account: Tabogauch Trail Riders


Date: 04/24/2023

To: TOWN J
 Attn: APPALACHIAN UNDERWRITERS INC
 From: -

General Liability Special Event Policy Information		
GENERAL LIABILITY OCCURRENCE AGGREGATE		GENERAL LIABILITY PREMIUM
A	1,000,000 / 2,000,000	\$1,123.00
	1,000,000 / 2,000,000	\$1,123.00
	500,000 / 1,000,000	\$1,123.00
	500,000 / 1,000,000	\$1,123.00
	250,000 / 500,000	\$1,123.00
	250,000 / 500,000	\$1,123.00
	100,000 / 200,000	\$1,123.00
	100,000 / 200,000	\$1,123.00

Additional Costs	
CO Tax (7%)	\$113.29
Wholesaler Broker Fee	\$100.00
	\$1,336.29

ADDITIONAL QUOTE
 * TOTAL POLICY
 * Policy Minimum



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- * Personal & Advertising Injury: Same as the Occurrence Limit
- * Products Aggregate: Included in the General Aggregate
- * Damages to Premises Rented: \$100,000
- * Medical Payments: \$1,000
- * Refer to Covered Events section for event dates covered
- * Policy Period is 06/01/2023 to 07/15/2023

Please advise your client that Chubb Excess and Surplus Insurance Services, Inc. is offering this quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company. Chubb Excess and Surplus Insurance Services, Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets. Any applicable state surcharges for surplus lines policies are the responsibility of the surplus lines broker.

FOR POLICIES EFFECTIVE JULY 21, 2011 AND SUBSEQUENT, WE REQUIRE THE PRODUCER TO PROVIDE THE "HOME STATE" AS DEFINED IN THE NONADMITTED AND REINSURANCE REFORM ACT OF 2010 (NRAA) IF IT IS DIFFERENT THAN THE STATE IN THE INSURED'S PRINCIPAL ADDRESS LISTED ON THIS QUOTE UPON THE BINDING OF THIS PLACEMENT.

COVERAGE FORMS

Common Endorsements

Form Number	Edition	Title
WS0084	0511	ILLINOIS UNION INSURANCE COMPANY NOTICE
ALL20807	1006	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	1106	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL38844	1016	CHUBB GROUP U.S. PRIVACY NOTICE
L3017	1106	COMMON POLICY CONDITIONS
L3021	0906	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
LD43248	0514	PUNITIVE DAMAGES EXCLUSION
LD43271	0514	EXPANDED DEFINITION OF BODILY INJURY
LD43250	0514	FULLY EARNED PREMIUM ENDORSEMENT
LD43273	0514	EXTENSION OF COVERAGE - COMMITTEE MEMBERS
LD43367	0514	EXPANDED DEFINITION OF EMPLOYEE
LD43398	0514	EVENT VENDOR/EXHIBITOR & CONTRACTOR - EXCLUSION

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1,000,000	1,113.00
1,000,000	1,113.00
1,000,000	1,113.00
1,000,000	1,113.00

Additional Costs

CO Tax (7%)	\$113.00
Wholesaler Broker Fee	\$100.00
TOTAL AMOUNT DUE	\$2,326.00

ADDITIONAL QUOTE INFORMATION

- **TOTAL POLICY PREMIUM (at Highest Limits Including Additional Coverages): \$2,326**
- **Policy Minimum Premium: \$100**
- Personal & Advertising Injury: Same as the Occurrence Limit
- Products Aggregate: Included in the General Aggregate
- Damages to Premises Rented: \$100,000
- Medical Payments: \$1,000
- Refer to Covered Events section for event dates covered
- Policy Period is 06/01/2023 to 07/15/2023

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