



FLORIDA SHERIFFS SELF INSURANCE PROGRAM

CONTRIBUTION INDICATION AND BIND ORDER

POLICY PERIOD: October 1, 2019 to October 1, 2020

INSURED: Lake County Sheriff's Office
 INSURED ADDRESS: 360 W. Ruby Street
 Tavares, FL 32778

EFFECTIVE DATE: October 1, 2019
 EXPIRATION DATE: October 1, 2020
 CERTIFICATE NO.: Indication Only

LEL/POL Deductible: None

Law Enforcement Liability

Item Description	Quantity	Rate	Amount
High Hazard	522	\$842.67	\$439,873.74
Medium Hazard	63	\$487.07	\$30,685.41
Low Hazard	206	\$240.17	\$49,475.02
Total LEL Contribution			\$520,034.17

Public Officials Liability

Item Description	Quantity	Rate	Amount
High Hazard	510	\$160.51	\$81,860.10
Medium Hazard	63	\$92.77	\$5,844.51
Low Hazard	206	\$45.74	\$9,422.44
Total POL Contribution			\$97,127.05

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Miscellaneous Coverage

Item Description	Limit	Amount
Watercraft Liability	Same as LEL	\$375.00
Watercraft Hull	\$471,435.00	\$7,071.53
Confiscated/Impounded Equipment	Same as LEL	\$0.00
Special Events Liability	\$1,000,000	\$0.00
K-9 Accidental Death & Destruction		\$10,700.00
K-9 Illness and Disease		\$3,000.00
Flash Roll Money	25,000	\$0.00
Broad Form Money & Securities	25,000	\$0.00
Employee Dishonesty Bond	50,000	\$540.00
Miscellaneous Business Property	50,000	\$1,250.00
Data Breach Liability		\$0.00
Horse Accidental Death & Destruction		\$900.00
Total Miscellaneous Coverage Contribution		\$23,836.53
TOTAL ANNUAL CONTRIBUTION		\$640,997.75

*Please note that this Multi-Program Discount is contingent upon renewal of all current insurance programs and is subject to change should your participation in the FSRMF insurance programs change.

Additional Covered Member Coverage (separate invoice to Board of County Comm.)

Additional Covered Member		\$0.00
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The above contribution indication is for your October 1, 2019 renewal. Please select the payment option you wish, sign and date this Bind Order and return it to MemberServices@FSRMF.org. You will not receive an invoice for your contribution until we receive your signed Bind Order.

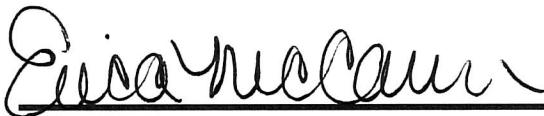
Please Select One:

Payment Option 1 – Annual payment due no later than 90 days following coverage inception (December 30, 2019)

Payment Option 2 – Installment Payments
1st Installment to be paid by October 31, 2019
2nd Installment to be paid by January 1, 2020
3rd Installment to be paid by April 1, 2020
4th Installment to be paid by July 1, 2020

Payment Option 3 – Monthly payment due by the last day of each month.

On behalf of the above referenced Sheriff's Office, the undersigned representative requests that the coverages as indicated be bound and the payment option selected be applied.

Signed: 

Title: HR Director

Date: 9/27/19