



9898 W. Blue Mound Road
Wauwatosa, WI 53226-4319

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fax 262-784-5599

web cvmic.com

March 1, 2016

Ms. Rebecca Grill
City of West Allis
7525 West Greenfield Avenue
West Allis, WI. 53214

Re: Property Proposal for the City of West Allis

Dear Ms. Grill:

Enclosed with this letter is your property proposal from the Municipal Property Insurance Company (MPIC). MPIC is an independent stock insurance company jointly owned by Cities and Villages Mutual Insurance Company (CVMIC), the League of Wisconsin Municipalities Mutual Insurance Company (LWMMI) and the Wisconsin Municipal Mutual Insurance Company (WMMIC). MPIC was created to provide a long-term solution for the property insurance needs of Wisconsin municipalities.

MPIC's insurance coverage document (attached) was developed after carefully analyzing the municipal property exposure risk. It provides broad, sustainable coverage and is supported by administrative and claims staff (The ASU Group) with significant municipal insurance experience.

The MPIC proposal is based on the information from your statement of values received from the LGPIC. The statement of values was dated 2/23/16.

Moving from your current insurer to MPIC will be a seamless process. Should a question arise we will be available to help you through the transition process. In addition, MPIC has contracted with ASU Group too provide policy administration and claims adjusting services. The ASU Group has dedicated MPIC staff to ensure quality claims reporting processes and policy administration.

We are very pleased with the positive response we have had regarding MPIC and appreciate the opportunity to present this proposal to the City. If there are any questions or you would like us to present it to anyone at the City, please let us know.

Sincerely


Michael DeMoss

Kenneth Horner



MUNICIPAL PROPERTY INSURANCE COMPANY

2801 Crossroads Drive, Suite 2200, Madison, WI 53718 -- (800) 968-4670

NEW POLICY -- Policy Quotation: 1522

Policy:

Term: 12:01am 6/1/2016 to 6/1/2017

Agent:

Named City of West Allis
Insured: Rebecca Grill
7525 West Greenfield Avenue
West Allis, WI 53214

Phone: (414) 302-8294
County:

| Coverage | Deductible | Coverage | Rate | Annual Premium |
|---|------------|-------------|-------|----------------|
| Buildings, Personal Property & Property in the Open | 5,000 | 121,466,550 | 0.054 | 65,593 |
| Contractors Equipment (Replacement Cost) | 1,000 | 4,975,941 | 0.174 | 8,658 |
| Monies and Securities | 500 | 27,000 | 0.829 | 224 |
| Monies & Securities Limited Term | 500 | 40,000 | 0.413 | 165 |

Total Annual Premium **\$74,640**

Comments

This quote is your estimated new policy premium amount with coverages and coverage amounts as shown.

This quote becomes null and void within 30 days of transaction effective date.



City of West Allis

Summary of Coverage

Insurer: Municipal Property Insurance Company

Policy Term: 6/1/16 to 6/1/17

Perils Covered:

The MPIC policy insures against sudden and accidental direct physical loss or damage except as limited or excluded by the policy.

Deductible:

The amount shown on the proposal shall be deducted from the claim for each occurrence.

Amount of Coverage:

To buildings, personal property regardless of its location and property in the open.

- a. To all locations listed on the schedule of locations quoted.
- b. Subject to an "Occurrence" limit of up to 125% of the total insured value shown on the Statement of Values.

Covered Property: Limit of Coverage

Subject to the terms, conditions, limitations and exclusion of the policy, the policy covers;

- a. Buildings & structures listed on the Statement of Values.
- b. Non-owned property. Buildings & structures listed on the statement of values that you have a written contractual liability for.
- c. Personal property you own or are legally responsible for insuring.
- d. "Property in the Open" that is listed on the statement of values. Unscheduled property is limited to \$10,000 per occurrence.
- e. Leased property improvement & betterments at scheduled locations.
- f. Debris removal when covered property is damaged or destroyed except as limited in item U below.
- g. Lawns, trees, shrubs and plants within 100 feet of and insured "building". Coverage limited to named perils and limited to \$500 for any one tree or plant and \$1000 for lawn damage up to a maximum of \$5,000 per occurrence.
- h. Unscheduled Contractors Equipment limited to \$25,000 for each item. Additional coverage for all Contractors Equipment scheduled.
- i. Valuable Records automatically covered.
- j. Employees' Personal Property if not covered by other insurance limited to \$500 per employee and \$10,000 per occurrence.



HOW TO REPORT A CLAIM

If you have suffered a loss and need to report a claim, follow these steps:

ONLINE CLAIM REPORTING

- If you wish to report the loss online, login to the Management System at <https://mpic.asugroup.com>.
- Go to the “Claim” tab.
- Under your policy holder name, click “+ Create New Claim”.
- Fill out all required fields and click the blue button at the bottom of the screen that reads “Click to Proceed to the next step.”
- If an error screen appears, call The ASU Group at 800-968-4670 for further assistance. If all has been filled out correctly, a screen should appear with a preview of the form. If everything looks correct, click the green button at the bottom of the screen that reads “Click to Sign and file this Claim.”
- You should now have a screen appear with a large blue claim number at the top. By clicking on this number, you will be directed to your successfully created claim.

PAPER CLAIM REPORTING

- If you do not wish to report the loss online, fill out the Loss Reporting Form and return to our office via mail, fax or email.

AFTER YOU HAVE SUBMITTED YOUR CLAIM

- An ASU staff member will contact you within 24 hours of the submission of your claim.
- If you have questions on a submitted claim:
 - Call ASU at (800) 968-4670 and press 0 for the operator.
 - Let the operator know you are calling about a claim and provide the claim number.
 - The operator will transfer you to the adjuster assigned to your claim.
- You may submit requested documentation to the adjuster assigned to your claim, or you can email it to MPICClaims@asugroup.com.

ASU Contact Information

Erin Ries

Claims Manager

(800) 820-8006 x7727

eries@asugroup.com

Trina Schwartz

MPIC Account Manager

(608) 210-5663

tschwartz@asugroup.com

The ASU Group

2801 Crossroads Drive, Suite 2200

Madison, WI 53718-7999

P: (800) 968-4670

F: (866) 631-9662

Claims Mailbox: MPICClaims@asugroup.com

LOSS REPORTING FORM

MUNICIPAL PROPERTY INSURANCE COMPANY

C/O THE ASU GROUP

2801 CROSSROADS DRIVE, SUITE 2200

MADISON, WI 53718-7999

TOLL FREE FAX: (866) 631-9662

TOLL FREE PHONE: (800) 968-4670

EMAIL: MPICCLAIMS@ASUGROUP.COM

Instructions: Complete this form online or email, mail or fax to The ASU Group. If available, attach a copy of the police report. This form may be reproduced.

Major losses should be reported by phone. Call The ASU Group 24 hours a day at:

After Hours Phone: (800) 968-4670

Complete this section:

| | | | | | |
|--|--|-------------------------------|---|--------------|-----------|
| Policy Number: | | Name as it Appears on Policy: | | | |
| Contact Person (for this claim): | | | Phone Number: | | |
| Fax Number: | | | Email Address: | | |
| Address: | | City: | | State: WI | Zip Code: |
| Date of Loss (if unsure, use date discovered): | | Time of Loss: | Estimated Amount of Loss (attach copy of estimate if available): | | |
| Kind of Loss (check one): <input type="checkbox"/> Fire <input type="checkbox"/> Lightning <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Glass Breakage <input type="checkbox"/> Vandalism (Other than Glass) <input type="checkbox"/> Water Damage <input type="checkbox"/> Damage by Vehicle <input type="checkbox"/> Collision – Vehicle <input type="checkbox"/> Comprehensive – Vehicle <input type="checkbox"/> Other – Describe | | | Type of Property: <input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Contractors Equipment <input type="checkbox"/> Other – Describe <input type="checkbox"/> Property in the Open <input type="checkbox"/> Money <input type="checkbox"/> Vehicle | | |
| Location of Loss: | | | | | |
| Description of Loss and Damage: | | | | | |
| Remarks: | | | | | |
| Print Name: | | | Title: | | |
| Signature: | | | | Date: | |