



8722 South Harrison St., Sandy, UT 84070
 P.O. Box 4439, Sandy, UT 84091
 Phone: 877-678-7342 - Fax: 877-452-6910
 Website: www.eibdirect.com
 E-mail: quotes@eibdirect.com

1/13/2015

Baker Insurance Agency, Inc.

538 Main St
 Gooding, ID 83330

Re: North Snake Ground Water District

Below please find an Indication Quote. In order to accommodate the Insurer's underwriting parameters and/or the Insured's premium preference, the Quote may contain coverage options or be based upon factors such as lower Limits of Liability or a higher Self-Insured Retention or Deductible than what was stated as preferred on the Application. Accordingly, please read the Quote carefully.

INDICATION QUOTE

This is an Indication Quote only. The prices listed below are subject to review and change after receipt of any requested additional information. Be aware that the Insurer is not obligated to bind any risk based on the following information. Policy forms are manuscript policies and differ substantially from ISO forms. This Indication Quote expires after 30 days

Quote Number: MM1501329-1

Customer Number: E15-101329

Underwriter: Maria Martin

Direct Phone No.: (801) 304-5570

E-Mail: mariam@primeis.com

Note: Please review the following coverage(s) as presented. Coverage may differ from the coverage requested on the application/ submission. Any changes must be submitted to the underwriter in writing for approval and pricing. *Please note that the new quoted coverage is not an extension of the previous Coverage Contract as the quoted coverage is for a new contract with a new coverage period. However, we are offering you the option to purchase retroactive coverage, for an additional premium, and subject to potential additional underwriting. Retroactive coverage provides continuous uninterrupted coverage for claims made against you during the new coverage period but which result from an accident that happened before the new coverage period. If you have questions regarding retroactive coverage, please contact us or your broker.*

Description of Risk(s): Not Otherwise Classified

Description of Coverage: Contractual Legal Liability

Premium:	\$13,475.00	Agent Commission Percentage: 10%
Policy/Inspection Fee:	\$350.00	Agent Commission Amount: \$1,347.50
State Taxes:	\$207.38	Total Due: \$12,719.44
SLSC:	\$34.56	Minimum Earned: 40%
<hr/>		
Total:	\$14,066.94	

To Bind Coverage: Payment must be received before coverage can be bound. Review and comply with all the conditions below and complete and return all requirements on the coverage request form.

Conditions:

Policy is to cover losses from Rangen Inc due to failure of the pump system and supply of spring water resulting in loss of fish stock.

Quote is based on the following information: operating expenses of \$250,000

Only scheduled operations and locations are covered on the policy

Higher Limits - If Higher Liability Limits are required by the insured, please contact underwriting for a formal quote.

RMD - Subject to completion of a Risk Management Direct discussion by the insured within thirty-days of binding coverage. Toll Free 877-585-2851.

Named Insured must be provided an Additional Insured on the Contractor and Engineering subcontractors policies.



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Commercial Liability		
	\$2,500 SIR_BI	
	\$2,500 SIR_PD	
\$1,000,000 Contractual Legal Liability	Products:	<input type="checkbox"/> Include <input checked="" type="checkbox"/> Exclude
	Completed Ops:	<input type="checkbox"/> Include <input checked="" type="checkbox"/> Exclude
\$2,000,000 Aggregate	Form Type:	<input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence
Limitations: The Policy provides coverage for only those activities and operations otherwise covered under the Policy as listed below and for which a specific coverage charge has been paid.		
Classification and Description of activities and operations	Code No.	Basis of Coverage Charge
Contract Services - Water Pump station to supply Spring Water	91609	Annual Gross Receipts

Loc No.	Address
1	152 E Main St Jerome, ID 83338

Other Coverages Available: (Additional underwriting required and an increase in premium, if accepted)
 Limited Terrorism Coverage - see Claims Warranty form.
 Retroactive Coverage - see Claims Warranty form.

PERSONAL GUARANTEE PAP-99-35	Please Sign and Return this Form
<p>Coverage provided under the Policy is contingent on the following;</p> <p>I hereby agree that I will be personally responsible for any unpaid premiums and/or Self Insured Retentions ("SIRs") payable under the Policy. I acknowledge and agree that my obligation to pay such amounts will not be diminished or otherwise altered by a change in ownership or management of the insured entity, or by bankruptcy, dissolution, insolvency or any other change with respect to the Company. All such amounts shall be paid within fifteen (15) calendar days of written notice provided to me by the Insurer. In the event such amounts are not paid within that time, I acknowledge and agree that I will be responsible for all collection costs, including reasonable attorney fees.</p>	
PRINT NAME: _____,	
SIGNATURE: _____, DATED _____	
JOB TITLE/CAPACITY OF SIGNOR: _____	

Greenlight Premium Financing Options

(Monthly Payments as low as: \$1,011.92)

Please Sign and
Return this Form

Quote Date: 1/13/2015

Company Name: North Snake Ground Water District

Customer Number: E15-101329

Total Premium Due (includes taxes and fees): **\$14,066.94**

If you want to finance, INITIAL the option containing the finance terms of your choice.

Choose ONLY ONE option otherwise 100% of the Total Premium is due.

	<u>25% Down *</u> <small>*Auto Draft Monthly Payments are Required</small>	<u>30% Down</u>	<u>40% Down</u>
<u>3 Monthly Payments</u>	Initial Here	Initial Here	Initial Here
Monthly Payments	3 @ \$3,616.93	3 @ \$3,376.69	3 @ \$2,896.21
Down Payment	25% or \$3,516.74	30% or \$4,220.08	40% or \$5,626.78
Interest Rate	14.75%	14.75%	14.75%
Finance Charge	\$300.59	\$283.22	\$248.47
Final APR**	17.02 %	17.18 %	17.58 %
Amount Financed	\$10,550.21	\$9,846.86	\$8,440.16
Total of Payments	\$10,850.80	\$10,130.08	\$8,688.64
<u>5 Monthly Payments</u>	Initial Here	Initial Here	Initial Here
Monthly Payments	5 @ \$2,205.82	5 @ \$2,059.30	5 @ \$1,766.25
Down Payment	25% or \$3,516.74	30% or \$4,220.08	40% or \$5,626.78
Interest Rate	16.50%	16.50%	16.50%
Finance Charge	\$478.89	\$449.63	\$391.11
Final APR**	17.98 %	18.09 %	18.35 %
Amount Financed	\$10,550.21	\$9,846.86	\$8,440.16
Total of Payments	\$11,029.09	\$10,296.49	\$8,831.27
<u>7 Monthly Payments</u>	Initial Here	Initial Here	Initial Here
Monthly Payments	7 @ \$1,600.75	7 @ \$1,494.42	7 @ \$1,281.75
Down Payment	25% or \$3,516.74	30% or \$4,220.08	40% or \$5,626.78
Interest Rate	17.25%	17.25%	17.25%
Finance Charge	\$655.08	\$614.07	\$532.06
Final APR**	18.35 %	18.43 %	18.63 %
Amount Financed	\$10,550.21	\$9,846.86	\$8,440.16
Total of Payments	\$11,205.28	\$10,460.93	\$8,972.23
<u>9 Monthly Payments</u>	Initial Here	Initial Here	Initial Here
Monthly Payments	9 @ \$1,263.79	9 @ \$1,179.83	9 @ \$1,011.92
Down Payment	25% or \$3,516.74	30% or \$4,220.08	40% or \$5,626.78
Interest Rate	17.50%	17.50%	17.50%
Finance Charge	\$823.88	\$771.62	\$667.10
Final APR**	18.37 %	18.43 %	18.59 %
Amount Financed	\$10,550.21	\$9,846.86	\$8,440.16
Total of Payments	\$11,374.09	\$10,618.48	\$9,107.27

Check this box if you would like to setup your Monthly Payments to be Auto Drafted (This option is for 30 & 40% down, all 25% down payments will automatically be setup up for auto drafts).

After initialing an option listed above, sign the agreement on the next page and attach a check for the Down Payment Amount shown in your selected option above.

***Note: All 25% Down Payment options require an automatic draft from your bank account monthly.**

**Note: Final APR is based on the Annual Percentage Rate plus Fees for the duration of the number of monthly payments selected.

This is not a loan document and is not binding on any premium finance company to accept any loan for the undersigned.

The first payment is due in 30 days after the coverage effective date.

Greenlight Premium Financing Request (Continued)

Please Sign and
Return this Form

Yes, I want to finance according to the option selected on the previous page (Please sign and see down payment methods below)
(Note: All 25% Down Payment options require an automatic draft from your bank account monthly.)

The undersigned insured/member requests that, EIB International, LLC. (EIB) a Utah corporation, arrange the financing for its premium in monthly installments and hereby irrevocably appoints (EIB) a limited power of attorney to complete and execute a premium financing agreement on its behalf.

The undersigned shall have the right to, without charge, rescind by paying to (EIB) the net amount financed on the financing agreement executed on its behalf by (EIB) within 10 days after (EIB) or the actual premium finance company mails to the undersigned a true copy of the actual premium financing agreement being executed by (EIB) as attorney-in fact for the undersigned. Failure to rescind shall be deemed a ratification and affirmation of the actions of the attorney-in-fact in the execution of a premium financing.

Security Interest: Borrower gives the PFC a security interest in and assigns to the PFC as security for any amount due under this Agreement, including interest, late or cancellation charges, any and all unearned premiums and dividends which may be payable under the insurance policies listed in the Schedule of Policies, loss payments which reduce the unearned premiums, and any interest arising under a state guarantee fund relating to these items.

No, I do not want to finance. I am paying 100% of the Total Premium listed on my quote. (See payment methods below)

Authorization to Set Up Financing

I, the Insured, have read and authorize (EIB) to set up financing according to my selection on the previous page.

Signature

Date

Print Name and Title

PAY BY WIRE, PHONE, FAX, OR MAIL Payment Method

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX CREDIT CARD BY PHONE
Account Name: Evolution Insurance Brokers, LC	EIB 8722 South Harrison St, Sandy, UT 84070	FAX: 1-877 452 6910
Bank Name: Bank of American Fork		E-MAIL: ar@primeis.com
Telephone: 801-428-0532		
Routing No.: 124301025		PHONE: 1-877-257-5590
Account No.: 07110224		

CHECK DISCLOSURE:

Checks received may be processed electronically. (EIB), through its bank, has the ability to provide EFT (Electronic Fund Transfer) checks for processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper copy of the check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days as with a paper check. Electronically processed transactions appear on your bank statement in the same manner as paper checks.

CHECK BY FAX METHOD:

To use this method, please complete the requested information below and fax to the Association. PLEASE PRINT CLEARLY- OR - You may attach a voided check to this form or fax a voided check instead. EITHER WAY, WE WILL ELECTRONICALLY DRAFT YOUR ACCOUNT. IF YOU CHOOSE THIS METHOD OF PAYMENT PLEASE DO NOT MAIL THE ORIGINAL CHECK TO US.

<u>Attach Check here or Enter Check Information:</u>	
Bank Name and Address: _____	
Bank Routing No.(usually 9 digits): _____	Account No.: _____
Amount of Check: \$ _____	Check No.: _____
Authorized By: _____	Date _____

Signature of authorization: _____ **Date** _____

IF FINANCING Attach an additional check if you would like to use a different account for your Auto Draft Monthly Payments.

SERVICE FEE: (EIB) reserves the right to collect directly from your account a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account (i.e. a "bounced check")."

This is not a loan document and is not binding on any premium finance company to accept any loan for the undersigned.
The first payment is due in 30 days after the coverage effective date.



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RISK MANAGEMENT DIRECT

The assessment, management, and loss cost containment of insured risks are long-standing objectives at Prime. Prime's risk management department fosters a mutually beneficial relationship with Prime's insured by taking a partnership approach to the management of each insured's account.

RMD begins this partnership with an initial contact with the insured to:

- Welcome the insured to the company.
- Review policy terms, limits, and conditions
- Establish a direct point of contact for risk management related concerns.

One of the applicant's contact requirements in the policy is to complete a Risk Management Call with Risk Management Direct to review certain important aspects of our partnership approach within 30 days of the policy being bound. The applicants contact should be the one that handles the day to day operations, insurance, hiring, safety, and maintenance for the company. The call must be completed with the applicant's contact person.

Please fill out the information below.

**Required*

*Applicant/Office Contact Name(s): _____

*Contact Phone Number(s): _____

Contact Fax Number(s): _____

Contact Email address(s): _____

*Best Time to Contact

*Time of Day: Anytime Morning Afternoon Evening

Day of Week: Any Day Mon Tues Wed Thurs Fri

***By signing below, I understand that one of the requirements of binding the policy is to have the applicant's contact complete a Risk Management Call with Risk Management Direct within 30 days of policy being bound to keep policy coverage in effect.**

If you don't receive a phone call within 14 days of the policy being bound, please contact one of our team members at 1-877-585-2851. We are available Monday through Friday, 7:00 AM - 5:00 PM Mountain Standard Time.

*Applicant's Signature/Date

Signature of Broker/Agent of Applicant/Date

Print Applicant's Name

Print Broker/Agent Name

RMD-001 06DEC2013

CLAIMS WARRANTY AND COVERAGE STATEMENT

Please Sign and Return this Form

PAP-99-07

Coverage provided under the Policy/Certificate is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Applicant's signature.

WARRANTY STATEMENT

The "Applicant" is the party to be named as the "Insured"/"Assured" in any insuring contract if issued. By signing this statement, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer/Underwriter to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer/Underwriter can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) all supplemental information and documents provided in conjunction with the Application are warranties that may become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer/Underwriter to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance. The Applicant hereby authorizes the Insurer/Underwriter and its agents to gather any additional information the Insurer/Underwriter deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit reporting agencies.

FUTURE CLAIM INCIDENT/REPORTING REQUIREMENT

As an express condition precedent to coverage under this Policy, you must give us immediate written notice no later than 72 hours after any incident, event, occurrence, loss, or Accident which might give rise to a Claim covered by this Policy. Written notice must be given to: Claims Direct Access, P.O. Box 4439, Sandy, Utah 84091-4439, U.S.A. Phone: (877) 585-2849 or (801) 304-5530; Fax: (877) 452-6909 or (801) 304-5536.

ACKNOWLEDGEMENT OF RESTRICTIVE SURPLUS LINES COVERAGES

The Policy/Certificate to be issued differs significantly from policies offered by other insurance companies. It is a manuscript policy with very strict reporting requirements. The "warranty-prior claims" forms are a part of the Policy/Certificate and constitute warranties. Coverage is provided only for otherwise covered Claims: (1) Which are first made by or against an Insured/Assured during the Policy Period; (2) Which result from an Accident occurring during the Policy Period; and (3) For which written notice is given to the Insurer/Underwriter during the Policy Period.

NOTE: If this Quote is being provided by Evolution Insurance Brokers ("EIB") for insurance placed with Prime Insurance Company ("Prime"), you are hereby informed that EIB is acting as a surplus lines broker for and on behalf of Prime. Certain agreements are in place between EIB and Prime that affect the types and nature of insurance offered through EIB. These agreements include Rick J. Lindsey serving as an officer of both EIB and Prime. You are further informed that nothing herein is meant to indicate that EIB is acting as an agent or broker on your behalf. All insurance decisions must be made independently by you and you are free to seek professional advice regarding such decisions..

In addition, coverage is strictly limited to those activities and operations and at those locations listed, described, and defined in the Policy/Certificate. Unless otherwise specifically stated in the Policy, the Policy is subject to Utah law and any coverage disputes shall be determined only by a court in the State of Utah. Various other provisions of this Policy/Certificate restrict and limit the coverage provided. Please read the Policy/Certificate and all Endorsements carefully to determine your rights and duties and what is and is not covered.

Claim Expenses reduce the available Limits of Liability stated on the Declarations. In the event of any Claim, the total amount of any premium charged shall be 100% earned and not subject to short-rate or pro rata adjustment.

The Applicant expressly understands, acknowledges, and agrees that (i) any and all policy fees are fully earned at inception; accordingly, no refund of any policy fees will be made regardless of whether the Policy is cancelled by the covered party or the Insurer/Underwriter for any reason, (ii) the Applicant agrees to pay a service fee for any Endorsements made to the Policy after initial binding unless additional premium is associated with such Endorsement. An additional fee may be assessed if a notice of cancellation is processed, (iii) The Insurer/Underwriter may process checks electronically, and a \$25 charge may be assessed for any check or electronic transaction returned for insufficient funds, (iv) the Applicant agrees to pay additional premium equal to 25% of the total premium due for the Policy if the Applicant fails to comply with any premium audit request made by the Insurer/Underwriter at any time, and (v) if any portion of the premium is financed through Greenlight Premium Finance Company, the Insurer/Underwriter may add, at any time, any additional premium, audit premium, endorsement fees, cancellation or other fees related to prior or current coverage to the amount financed by the Applicant.

Please check the corresponding box to accept or reject the following coverages, if accepted additional premium will apply.

Accepted Rejected (YOU MUST MAKE A SELECTION)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Limited Terrorism Coverage (ADDITIONAL PREMIUM required if accepted). |
| <input type="checkbox"/> | <input type="checkbox"/> | Retroactive Coverage for renewal coverage only (SEE QUOTE - ADDITIONAL PREMIUM required if accepted). |

All other terms and conditions of this Policy/Certificate remain unchanged.

Applicant's Signature/Date

Signature of Broker/Agent of Applicant/Date

Print Applicant's Name

Print Broker/Agent Name

PAP-99-07 15MAY2014



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AFFIDAVIT OF ORIGINATING AGENT OR BROKER DUE DILIGENCE EFFORT

State Of: _____

City And County Of: _____

Producing Agent: _____

Agency License #: _____ (or Producers)

The producing agent affirms that a diligent effort was made to place the insurance coverage in three specific admitted licensed insurers in this state, and that being unable to place such coverage(s), in the admitted insurance market, the required insurance coverage(s) was placed through the Surplus Lines market represented by a duly licensed Surplus Lines Broker in this state.

Name of Insured: _____

Type of Risk: _____

The following authorized licensed Insurer(s) were contacted by this Producer:

1. Insurer: _____ Person Contacted: _____

Telephone #: _____ Date Contacted: _____ NAIC # _____

The reason(s) for declination by the insurer: _____

2. Insurer: _____ Person Contacted: _____

Telephone #: _____ Date Contacted: _____ NAIC # _____

The reason(s) for declination by the insurer: _____

3. Insurer: _____ Person Contacted: _____

Telephone #: _____ Date Contacted: _____ NAIC # _____

The reason(s) for declination by the insurer: _____

The information that the Insurance was being quoted, and would be placed with a Surplus Lines Insurer, was (or will be) made known to the insured prior to procuring the insurance with a non-admitted insurer and that the insured(s) signature thereon was (or will be) obtained as soon as reasonably possible.

Signed: _____
(Originating Agent, Broker or Producer)

Agency: _____

Address: _____

Phone: _____



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**CLAIMS HISTORY AND
INCIDENT DISCLOSURE HISTORY**

Coverage provided under any Policy/Certificate is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Named Insured's or Agent for the Named Insured's signature.

Have you had any prior incident, event, occurrence, claim, lawsuit, notice of loss, loss, or any incident, event, or occurrence that you are currently aware of that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss?

(YOU MUST MAKE A SELECTION) Yes No

If you fail to disclose all prior claims you may be subject to a penalty of up to three times the premium, the Self-Insured Retention and Deductible.

If you answered yes above, please complete the following information (**PLEASE COMPLETE PAGE TWO FOR EACH AND EVERY CLAIM AND INCIDENT):

Policy Year	Date of Loss/Claim/Incident	Description of Loss/Claim/Incident	Amount Paid (if any)

By signing this document, the undersigned Applicant or Applicant's Agent hereby warrants to the Insurer that to the best of the Applicant's knowledge all of the information provided herein is complete, truthful, and accurate. The Applicant further understands and agrees that any insurance policy or certificate issued by the Insurer may, at the Insurer's discretion, be rescinded and voided [null and void from the beginning] in the event that the Applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/Insured's Name: _____

Applicant's/Insured's Signature: _____ Date: _____

Signature of Applicant's Broker or Agent: _____ Date: _____

Printed Name of Applicant's Broker or Agent: _____

Information:

Applicant Name:		Quote Number:
Claimants Name:	Age:	Sex:
Date Claim was made or Suit Brought:		Date Claim was made or Suit brought:
Insurance Carrier to Whom Claim/Circumstance Reported:		

Claim/Incident Status: For all Paid and Reserve amounts, include both Indemnity and Expense dollars

Dismissed:		Defense Verdict:	
Plaintiff Verdict:	Total Paid: \$	Paid on Your Behalf: \$	
Settlement:	Total Paid: \$	Paid on Your Behalf: \$	
Open:			
Settlement Demand:	Settlement Offer: \$	Loss Reserve: \$	

Detailed description of Claim/Incident:

What steps have you taken to reduce the chance of this type of claim/incident in the future? _____

By signing this document, the undersigned Applicant or Applicant's Agent hereby warrants to the Insurer that to the best of the Applicant's knowledge all of the information provided herein is complete, truthful, and accurate. The Applicant further understands and agrees that any insurance policy or certificate issued by the Insurer may, at the Insurer's discretion, be rescinded and voided (null and void from the beginning) in the event that the Applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/Insured's Name: _____

Applicant's/Insured's Signature: _____ Date: _____

Signature of Applicant's Broker or Agent: _____ Date: _____

Printed Name of Applicant's Broker or Agent: _____