PHONE # (314) 995-5300

FAX # (314) 995-3843

| TO: | MARSH USA INC. | ATTN: | Ms. Christina Scott |
|--------|--------------------|-------|---------------------|
| PHONE: | (713) 276-8000 | FAX: | (713) 273-8777 |
| FROM: | Vanessa Annunziata | DATE: | 05/09/2014 |

| Name of Risk: DENTON INDEPENDENT SCHOOL DISTRICT | | | | | |
|--|---|--|--|--|--|
| Account: 6008969 | Account: 6008969 Previous Policy Number: AGC4048713 | | | | |
| Specific & Aggregate Excess | | | | | |

| Contract Terms | Option 585977651 | Option 585978050 |
|--------------------------------|------------------------------|------------------------------|
| Liability Period | 07/01/2014 - 07/01/2015 | |
| Payroll Reporting Period | 07/01/2014 - 07/01/2015 | |
| Payroll | \$ 187,218,941 | \$ 187,218,941 |
| Manual Premium | \$ 1,150,614 | \$ 1,150,614 |
| Experience Modification Factor | 1.000 | 1.000 |
| Standard Premium | \$ 1,150,614 | \$ 1,150,614 |
| Self-Insured Retention | \$ 600,000 | \$ 600,000 |
| Specific Limit | Statutory | Statutory |
| Employers Liability Limit | Per Occ \$1,000,000 | Per Occ \$1,000,000 |
| Loss Fund Rate | Rate \$100 Payroll \$1.10 | Rate \$100 Payroll \$1.00 |
| Estimated Loss Fund | \$ 2,059,408 | \$ 3,744,378 |
| Minimum Loss Fund | Est. x 100.00 % \$ 2,059,408 | Est. x 100.00 % \$ 3,744,378 |
| Aggregate Excess Limit | \$ 1,000,000 | \$ 1,000,000 |
| Loss Limitation | \$ 500,000 | \$ 600,000 |
| Premium Rate | Rate \$100 Payroll \$ 0.0353 | Rate \$100 Payroll \$ 0.0373 |
| Deposit Premium | \$ 66,088 | \$ 69,833 |
| Minimum Premium | \$ 62,784 | |
| Commission | Net 0.00 % | Net 0.00 % |
| Pay Plan | ANNUAL PAYMENT | ANNUAL PAYMENT |

^{*}Quote expires 1 day after Payroll Reporting Period effective date for each Quote Option.

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| FROM: | Vanessa Annunziata | DATE: | 05/09/2014 |

| Name of Risk: DENTON INDEPENDENT SCHOOL DISTRICT | | | | | |
|--|---|--|--|--|--|
| Account: 6008969 | Account: 6008969 Previous Policy Number: AGC4048713 | | | | |
| Specific & Aggregate Excess | | | | | |

| 0 1 1 = | 0 " | 0 (; 500004004 |
|--------------------------------|------------------------------|------------------------------|
| Contract Terms | Option 585977786 | Option 586094261 |
| Liability Period | 07/01/2014 - 07/01/2015 | 07/01/2014 - 07/01/2016 |
| Payroll Reporting Period | 07/01/2014 - 07/01/2015 | 07/01/2014 - 07/01/2015 |
| Payroll | \$ 187,218,941 | \$ 187,218,941 |
| Manual Premium | \$ 1,150,614 | \$ 1,150,614 |
| Experience Modification Factor | 1.000 | 1.000 |
| Standard Premium | \$ 1,150,614 | \$ 1,150,614 |
| Self-Insured Retention | \$ 550,000 | \$ 550,000 |
| Specific Limit | Statutory | Statutory |
| Employers Liability Limit | Per Occ \$1,000,000 | Per Occ \$ 1,000,000 |
| Loss Fund Rate | Rate \$100 Payroll \$1.05 | Rate \$100 Payroll \$ 0.90 |
| Estimated Loss Fund | \$ 1,965,799 | \$ 3,369,940 |
| Minimum Loss Fund | Est. x 100.00 % \$ 1,965,799 | Est. x 100.00 % \$ 3,369,940 |
| Aggregate Excess Limit | \$ 1,000,000 | \$ 1,000,000 |
| Loss Limitation | \$ 500,000 | \$ 500,000 |
| Premium Rate | Rate \$100 Payroll \$ 0.038 | Rate \$100 Payroll \$ 0.0402 |
| Deposit Premium | \$ 71,143 | \$ 75,262 |
| Minimum Premium | \$ 67,586 | \$ 142,998 |
| Commission | Net 0.00 % | Net 0.00 % |
| Pay Plan | ANNUAL PAYMENT | ANNUAL PAYMENT |

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| FROM: | Vanessa Annunziata | DATE: | 05/09/2014 |

| Name of Risk: DENTON INDEPENDENT SCHOOL DISTRICT | | | | | |
|--|---|--|--|--|--|
| Account: 6008969 | Account: 6008969 Previous Policy Number: AGC4048713 | | | | |
| Specific & Aggregate Excess | | | | | |

| Contract Terms | Option 585841513 | Option 585977897 |
|--------------------------------|------------------------------|------------------------------|
| Liability Period | 07/01/2014 - 07/01/2015 | 07/01/2014 - 07/01/2016 |
| Payroll Reporting Period | 07/01/2014 - 07/01/2015 | 07/01/2014 - 07/01/2015 |
| Payroll | \$ 187,218,941 | \$ 187,218,941 |
| Manual Premium | \$ 1,150,614 | \$ 1,150,614 |
| Experience Modification Factor | 1.000 | 1.000 |
| Standard Premium | \$ 1,150,614 | \$ 1,150,614 |
| Self-Insured Retention | \$ 500,000 | \$ 500,000 |
| Specific Limit | Statutory | Statutory |
| Employers Liability Limit | Per Occ \$1,000,000 | Per Occ \$1,000,000 |
| Loss Fund Rate | Rate \$100 Payroll \$1.00 | Rate \$100 Payroll \$ 0.85 |
| Estimated Loss Fund | \$ 1,872,189 | \$ 3,182,722 |
| Minimum Loss Fund | Est. x 100.00 % \$ 1,872,189 | Est. x 100.00 % \$ 3,182,722 |
| Aggregate Excess Limit | \$ 1,000,000 | \$ 1,000,000 |
| Loss Limitation | \$ 500,000 | \$ 500,000 |
| Premium Rate | Rate \$100 Payroll \$ 0.041 | Rate \$100 Payroll \$ 0.043 |
| Deposit Premium | \$ 76,760 | \$ 80,504 |
| Minimum Premium | \$ 72,922 | \$ 152,958 |
| Commission | Net 0.00 % | Net 0.00 % |
| Pay Plan | ANNUAL PAYMENT | ANNUAL PAYMENT |

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EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION

Endorsements:

General Endorsements applicable to all quote options:

0256 00 0313 (XWC) DEFINITION OF LOSS FUND

0276 02 0408 (XWC) BROAD FORM ALL STATES FOR EMPLOYEE TRAVEL

0293 00 0906 (XWC) FOREIGN VOLUNTARY WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

0322 00 1291 (XWC) 90-DAYS NOTICE OF CANCELLATION

TEXAS MANDATORY ENDORSEMENT(S), IF APPLICABLE

1061 10 1207 (XWC) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Contingencies:

The quote is subject to the following:

- 1. Subject to receipt, review and acceptance of information contained in SNCC's Employee Concentration Supplemental Information (08/04) form prior to binding.
- 2. This Agreement will include coverage for Workers' Compensation loss caused by acts of terrorism as defined in the Agreement. Coverage for such losses will still be subject to all terms, definitions, exclusions, and conditions in the Agreement, & any applicable federal and/or state laws, rules, or regulations. Be advised that, under the Terrorism Risk Insurance Act of 2002 as amended, terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 85% of covered terrorism losses exceeding a deductible paid by us. The Act contains \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of the EMPLOYER's annual premium attributable to coverage for losses caused by a certified act of terrorism is: 0.5%

Comments:

- 1. Endorsements mandated by the coverage state(s) will automatically be added to your policy regardless of whether they are shown in the above schedule. In addition, a change in an endorsement form number may occur as a result of state filing requirements/updates arising subsequent to this quote.
- 2. Included in our quote are the MAP Client Services. These resources consist of both risk control and claim services including: Safety Essentials On-line; Workers' Comp Kit; Safety Training Source; and Best Doctors Catcare and Ask Best Doctors programs which provide in-depth case review by world renowned doctors.
- INCLUDED IN OUR QUOTE ARE THE RESOURCES OF THE BEST DOCTORS CATCARE PROGRAM, WHICH PROVIDES IN-DEPTH CASE REVIEW BY WORLD-RENOWNED DOCTORS.
- 4. This Agreement will include coverage for Workers' Compensation loss caused by acts of terrorism as defined in the Agreement. Coverage for such losses will still be subject to all terms, definitions, exclusions, and conditions in the Agreement, & any applicable federal and/or state laws, rules, or regulations. Be advised that, under the Terrorism Risk Insurance Act of 2002 as amended, terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 85% of covered terrorism losses exceeding a deductible paid by us. The Act contains \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of the EMPLOYER's annual premium attributable to coverage for losses caused by a certified act of terrorism is: 0.5%

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| FROM: | Vanessa Annunziata | DATE: | 05/09/2014 |

- 5. The 2 year options are subject to the following items:
 - 1) No certified "act of terrorism", as defined under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("TRIPRA"), occurs during the 2014 Policy Period.
 - 2) TRIPRA is extended beyond December 31, 2014 or a TRIPRA replacement act is passed that does not materially modify essential terms of the terrorism backstop protection afforded to Safety National. In the event of a substantial modification to TRIPRA, Safety National will endeavor to work with the insured to reach a reasonable resolution concerning the multi-year rate presented.
 - 3) No significant change in exposure as applicable to the type of policy with "significant" being understood to mean a 15% change in exposure for any of the Policies over that for the 2014 Policy Period bound with Safety National.



Your Service Team

Safety National is committed to providing industry leading services to our policyholders. The Service Team is the keystone to that promise. This highly experienced team is identified now and established early in the policy term so there is a seamless transition and efficient delivery of service for your client's needs. The Service Team consists of a one point contact in underwriting, claims, risk control, policy services, audit, legal, and finance.

We welcome the opportunity for you to experience our commitment to your success by contacting any member of our team with your questions or requests.

| Vanessa Annunziata Senior Underwriter - Excess WC | (314) 692-1378 | vanessa.annunziata@safetynational.com |
|---|----------------|---------------------------------------|
| Ryan Johnson Underwriting Operations Technician | (314) 810-5476 | ryan.johnson@safetynational.com |
| Dick Hinch Regional Marketing Manager | (210) 490-8499 | dick.hinch@safetynational.com |
| David Snodgrass Risk Control | (314) 692-1331 | david.snodgrass@safetynational.com |
| Karen Casserly MAP Client Services | (314) 810-5438 | karen.casserly@safetynational.com |
| Mitch Neuhaus VP Claims | (314) 692-9517 | mitch.neuhaus@safetynational.com |
| Tom Redoutey Premium Audit Manager | (314) 812-4131 | tom.redoutey@safetynational.com |

Safety National at a Glance



Company History and Background

- Specialists in Workers' Compensation since 1942
- Licensed and admitted in all 50 states, the District of Columbia, Guam, Puerto Rico, Canada, and the U.S. Virgin Islands
- Exclusive distribution through brokers and agents
- Longest continual provider of Excess Workers' Compensation in the United States
- Leading provider of Excess Workers' Compensation with 37% domestic market share
- High level of dedication, knowledge, experience and quality service distinguish us in the marketplace
- Named one of the "Best Places to Work" by Business Insurance magazine

Financial Strength and Stability*

- Policyholders' surplus \$1.2 billion (20.1% increase over 12/12) and \$4.2 billion in assets
- A.M. Best Rating "A+" (Superior) Financial Size Category XII
- Standard & Poor's "A+" (Strong)
- A member of the Tokio Marine Group, with over \$180 billion in total assets. The Group's main operating subsidiary, Tokio Marine and Nichido Fire (TMNF), enjoys an A.M. Best Rating A++ (Superior), Financial Size Category XV.

Products and Services

- **Excess Workers' Compensation**
 - Specific and Aggregate Excess Coverage for individual or group self-insureds
 - Monoline Aggregate Coverage
- Self-Insurance Bonds
- Loss Portfolio Transfers (LPT)
- TEXcess®- Texas Non Subscriber Program
- **Treaty Reinsurance**
- Public Entity Multi-Line Coverage

- Large Casualty Program
 - Large Deductible Workers' Compensation
 - Auto and General Liability
- Alternative Risk Programs
- **MAP Client Services**
 - **Risk Control Services**
 - Best Doctors partnership

* as of December 31, 2013