

Client Authorization to Bind Coverage

After careful consideration of Gallagher Special Risk's proposal dated May 2025, we accept the following coverage(s). Please check the desired coverage(s) below:

Evidence of authorization to bind coverage is required to bind order.

Northern Valley USD 212

Effective Dates: 8/1/25 - 8/1/26	LINE OF COVERAGE	PREMIUM	CARRIER
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	Base Accident	\$15,785	Berkley Life and Health Ins. Co.

Carrier Name:	Berkley Life and Health Insurance Company
Carrier Rating:	A+ (Excellent), VIII (\$100 Million to \$250 Million)
Carrier Admitted Status:	Admitted

Thank you for giving Gallagher Special Risk the opportunity to provide this proposal. This proposal is valid for 90 days from the quote date indicated above or your effective date, whichever comes first.

Authorization to Bind Coverage:

By signing this proposal I confirm that I understand the coverage as outlined in this proposal and accept these terms. I am authorized to bind this coverage on behalf of this organization.

Signature: Amber Brown

Printed Name: Amber Brown

Title: Board Clerk

Date: 7-2-2025

2022 - 12,941
2023 - 14,292
2024 - 15,785