

Premium Summary

Thetford Township, Genesee County

General Liability	Included
Employee Benefits Liability	Included
Wrongful Acts Liability	Included
Property	Included
Automobile	Included
Inland Marine	Included
EDP	Included
Crime	Included

Total MTPP Premium:

\$96,343.00

Cyber Liability, Earth Movement and Flood Coverage Quotes are available upon your written request.

****NOTICE**

This proposal is an overview of coverage and is merely descriptive and should be used for reference purposes only. Please refer to the coverage document for specific terms, conditions, and exclusions. Any questions should be referred to your independent insurance agent.

INVOICE /BIND REQUEST

Thetford Township, Genesee County
Nicole Moore, Clerk
4014 East Vienna Road
Clio, MI 48420-9706

ACRISURE
315 South Kalamazoo Mall
Kalamazoo, MI 49007

ENTITY NAME: Thetford Township, Genesee County

EFFECTIVE: 8/1/2025

Please bind coverage per the attached proposal premiums as indicated below.

Package

General Liability	Included
Employee Benefits	Included
Liability Property	Included
Automobile	Included
EDP	Included
Crime	Included

MTPP Package Premium **\$96,343.00**

Public Officials Liability **\$17,265.35**

Total Premium **\$113,608.35**

Total Premium Submitted

\$113,608.35

PAYMENT DUE ON OR BEFORE POLICY EFFECTIVE DATE

Please make checks payable to:

Acrisure Great Lakes Partners Insurance Services, LLC
315 South Kalamazoo Mall
Kalamazoo, MI 49007

THANK YOU FOR YOUR BUSINESS AND CONTINUED SUPPORT!

AUTHORIZED SIGNATURE

[Handwritten Signature]

DATE: 7/29/25

AGENCY:
BURNHAM & FLOWER AGENCY, INC.

APPLICANT/NAMED INSURED:
THETFORD TOWNSHIP

INSURANCE COMPANY:
U.S. Specialty Insurance Company

POLICY/QUOTE NO.:
M25MTP81030-06

EFFECTIVE DATE:
08/01/2025

**READ THIS ENTIRE FORM CAREFULLY
THE PURPOSE OF THIS FORM**

The purpose of this form is to explain the choice you have regarding your bodily injury liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED

Bodily injury liability insurance covers claims made against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide bodily injury liability insurance coverage of not less than \$250,000 per person and up to \$500,000 per accident ("250,000/\$500,000") for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than \$50,000 per person and \$100,000 per accident. If you do not make a selection, your policy will be issued with limits of \$250,000/\$500,000.

If you want bodily injury liability coverage limits of \$250,000/\$500,000 or more, you do **NOT** need to complete this form.

PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability limit of your policy will pay for such damages, but only up to the amount of the limit you choose. You will be required to pay any amount over the limit you choose. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver's license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE


(Initials)

I have received a list of all the bodily injury liability coverage options available to me and the price for each option.


(Initials)

I understand that any bodily injury liability coverage election I make applies to me and any other person covered by this policy.


(Initials)

I understand that the bodily injury liability coverage limits I choose will remain the same as long as the policy is in effect or until I change them.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND MY CHOICES AND THE POTENTIALLY SEVERE RISKS DESCRIBED ABOVE; AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN \$250,000/\$500,000.


Named Insured/Applicant Signature

7/29/25
Date



Applicant Name: **THETFORD TOWNSHIP - GENESEE**
Policy Effective Date: **08/01/2025**
Application Number: **3389254071301**

Tokio Marine HCC Public Risk APPLICATION DECLARATION

After complete investigation and inquiry, to the best of applicant's knowledge and belief, no principals, partners, directors, officers, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in this application.

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or other party to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as an insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to any question of this Application, such information shall be revealed immediately in writing to the Underwriter.

Signature of authorized official: Rachel A Stanke Date 7/29/25
Print name of authorized official: Rachel A Stanke
Title of authorized official: Supervisor

Client Name: **THETFORD TOWNSHIP**
Application #: **3389254071301**
Michigan Township Participating Plan