PUBLIC SAFETY COMMITTEE MEETING AGENDA

Commission Chamber
Tuesday, July 28, 2026
1:10 PM

PUBLIC SAFETY

1. Motion to **approve** a sole source procurement for the purchase of three (3) MEIKO TopClean D firefighter decontamination units, associated accessories, detergents, rinse aid, and one-year preventive maintenance from North America Fire Equipment Company (NAFECO) in the amount of $151,245.00, plus applicable freight and taxes.
2. Motion to **approve** a sole source procurement for the purchase of twenty-eight (28) Scott X3 Pro Self-Contained Breathing Apparatus (SCBA) units with Pack Tracker and Heads-Up Display (HUD), and twenty (28) 30-minute, 4,500 psi carbon cylinders from Vallen in the amount of $270,909.00.
3. Motion to **approve** Insurance Policy for Augusta's Land Mobile Radio System
4. Motion to approve a change order to increase Purchase Order P495166 with W.W. Williams by $31,641.62, from $24,458.83 to $56,100.45, to install a new engine in Aerial Truck 6.
5. Motion to **accept** the CACJ Operating Grant Award for the Superior Court Accountability Courts (Drug Court, Mental Health Court, and Veterans Court) in the amount of $494,773 with a MATCH requirement of $87,313. Designate Chief Superior Court Judge Flythe as Authorized Official
6. Motion to **approve** the minutes of the July 14, 2026 Public Safety Committee Meeting.

Public Safety Meeting

Meeting Date: July 28, 2026

Sole Source Procurement – MEIKO TopClean D Firefighter Decontamination Units

Department:	Fire
Presenter:	Antonio Burden, Fire Chief
Caption:	Motion to Approve a sole source procurement for the purchase of three (3) MEIKO TopClean D firefighter decontamination units, associated accessories, detergents, rinse aid, and one-year preventive maintenance from North America Fire Equipment Company (NAFECO) in the amount of $151,245.00, plus applicable freight and taxes.
Background:	The Augusta Fire Department is committed to reducing firefighter exposure to carcinogens and other hazardous contaminants through the proper cleaning and decontamination of personal protective equipment (PPE) and self-contained breathing apparatus (SCBA). The MEIKO TopClean D system is specifically designed for the automated cleaning and decontamination of firefighter PPE, SCBA facepieces, gloves, boots, and related equipment. The purchase of three (3) units will enhance the Department's ability to properly clean and maintain protective equipment while supporting firefighter health and safety, extending the service life of critical equipment, and advancing the Department's cancer reduction initiatives.
Analysis:	The MEIKO TopClean D incorporates specialized technology developed specifically for the fire service, including patented SCBA facepiece washing heads that protect the interior breathing surface during the cleaning process while providing thorough decontamination of exterior components. The system delivers a standardized, automated cleaning process that improves operational efficiency and supports manufacturer-recommended cleaning procedures for life-safety equipment. MEIKO USA has certified that the TopClean D is a proprietary product manufactured exclusively by the MEIKO Group and that North America Fire Equipment Company (NAFECO) is the exclusive authorized distributor, installer, and service provider for the Fire Service market in Georgia.
Financial Impact:	$151,245.00
Alternatives:	None
Recommendation:	Approve the motion to Approve the sole source procurement and authorize the purchase of three (3) MEIKO TopClean D firefighter decontamination units, associated accessories, detergents, rinse aid, and one-year preventive

	maintenance from North America Fire Equipment Company (NAFECO) in the amount of **$151,245.00**, plus applicable freight and taxes.
Funds are available in the following accounts:	SPLOST Account GL 330034510-5426120 / JL 222039019-5426120
REVIEWED AND APPROVED BY:	N/A

Print Form

Nancy

Sole Source Justification (Reference Article 6, Procurement Source Selection Methods and Contract Awards, § 1-10-56 SOLE SOURCE PROCUREMENT

Vendor: NAFECO **E-Verify Number:** 163356

Commodity: EMERGENCY EQUP. SALES

Estimated annual expenditure for the above commodity or service: $ 151,245.00

Initial all entries below that apply to the proposed purchase. Attach a memorandum containing complete justification and support documentation as directed in initialed entry. (More than one entry will apply to most sole source products/services requested).

_____ 1. SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THERE ARE NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no regional distributors exist. Item no. 4 also must be completed.)

X 2. SOLE SOURCE REQUEST IS FOR ONLY THE AUGUSTA GEORGIA AREA DISTRIBUTOR OF THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturer's — not the distributor's — written certification that identifies all regional distributors. Item no. 4 also must be completed.)

_____ 3. THE PARTS/EQUIPMENT ARE NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Explain in separate memorandum.)

X 4. THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with details of specialized function or application.)

_____ 5. THE PARTS/EQUIPMENT ARE REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for standardization request.)

X 6. NONE OF THE ABOVE APPLY. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

The undersigned requests that competitive procurement be waived and that the vendor identified as the supplier of the service or material described in this sole source justification be authorized as a sole source for the service or material.

Name: Lea Rigdon Department: Fire Date: 6/24/2026

Department Head Signature: _____ Date: 6/24/26

Approval Authority: Andy Pennick Date: 07/07/26

Administrator Approval: (required – not required) _____ Date: _____

COMMENTS: Requires Commission Approval

Rev. 09/10/12

Augusta Fire Department

Antonio Burden, Fire Chief

June 24, 2026

Mr. Andy Penick
Procurement Director

Subject: Sole Source Justification – MEIKO TopClean D Decontamination Units

Dear Mr. Penick,

The Augusta Fire Department has conducted a review of available firefighter PPE and SCBA decontamination systems and determined that the MEIKO TopClean D provides unique operational capabilities that are essential to the Department's firefighter health and safety program.

The MEIKO TopClean D is specifically engineered for the decontamination of firefighter personal protective equipment, SCBA facepieces, gloves, boots, and associated equipment. Unlike conventional commercial laundry systems and general-purpose cleaning equipment, the TopClean D incorporates patented SCBA mask washing technology utilizing dedicated mask mounting heads that secure the facepiece during the wash cycle. This patented design prevents contaminants, detergents, and wash water from entering the interior breathing area of the mask while ensuring thorough cleaning of the exterior surfaces.

The Augusta Fire Department considers this capability critical because SCBA facepieces are life-safety equipment that must be cleaned and decontaminated without compromising the integrity of the respiratory protection system. The TopClean D provides an automated and manufacturer-designed process that reduces firefighter exposure to carcinogens and hazardous contaminants while maintaining the serviceability of SCBA equipment.

In addition, the TopClean D allows for the simultaneous cleaning and decontamination of SCBA facepieces, boots, gloves, and other firefighter equipment through a purpose-built system designed specifically for the fire service. This level of integration, automation, and firefighter-specific functionality is not available through standard commercial washing equipment.

The Department has determined that these unique features are necessary to support firefighter cancer reduction initiatives, occupational health and safety objectives, and the Department's long-term PPE maintenance program. Substitution of other equipment would not provide the same patented SCBA facepiece protection and decontamination process required by the Department.

Further, MEIKO USA has certified that the TopClean D is a proprietary product manufactured exclusively by the MEIKO Group and that North America Fire Equipment Company (NAFECO)

is the exclusive authorized distributor, installer, and service provider for the Fire Service market in Georgia. Therefore, no other vendor is authorized to provide this equipment, warranty support, installation services, or factory-authorized maintenance within the State of Georgia.

Should you require any additional information or supporting documentation, please contact me at your convenience.

Sincerely,

Antonio Burden
Fire Chief

Requisition

Dept. FIRE SPLOST
Acct. Number: 330-03-4510/5426120 JL#222039019
Appr.

Date 6/24/2026

Requisition Number:
Purchase Order Date:

Acct Bal. $151,245

			Name of Bidder		Name of Bidder		Name of Bidder	
		Vendor:	NAFECO					
		Phone Number:	706-825-6764					
		Quoted by	JOE SMALLIDGE					
Item No	Description	QTY	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price
1	TOPCLEAN D MEIKO TOPCLEAN D DECON UNIT	3	$41,117.00	$123,351.00				
2	9209643 MEIKO MASK WASHING HEAD ASSEMBLY	6	$832.00	$4,992.00				
3	9209607 MEIKO BOOT AND GLOVE HOLDER,PAIR	9	$1,982.00	$17,838.00				
4	9209590 NEUTRAL DECON MD DETERGENT (CASE(2) 1 GAL	3	$100.00	$300.00				
5	9209592 MEIKO RINSE AID, NEUTRAL RINSE DECON NR (CASE 2) 1 GAL	3	$100.00	$300.00				
6	12 MONTH PM 12 MONTH PREVENTATIVE MAINT. 1 YR AFTER INSTALLATION	3	$1,488.00	$4,464.00				
7								
8								
9	SOLE SOURCE							
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
	Sub Total			$151,245.00		$0.00		$0.00
	Shipping							
	Grand Total			$151,245.00		$0.00		$0.00

North America Fire Equip. Inc.
D.B.A. NAFECO
P.O. Box 2928
Decatur, AL 35602-2928
(800) 628-6233

Quotation

Q1624042410609

Date: 2026-06-10
Expires: 2026-06-30
FOB: Origin

Customer Number: RIC650
Customer Information: AUGUSTA/RICHMOND COUNTY, GA
Address: LOGISTICS CENTER
2615 TOBACCO ROAD
STEPHEN WEDDLE 706-564-8105
HEPHZIBAH, GA 30815

Attention: DAVID YOUNG
Phone: 706-825-6764
Email: dayoung@augustaga.gov
Prepared By: Joe Smallidge

Qty	Item #	Description	Each	Total
3	TOPCLEAN D	MEIKO TopClean D Decon Unit	$41,117.00	$123,351.00
6	9209643	MEIKO Mask Washing Head Assembly	$832.00	$4,992.00
9	9209607	MEIKO Boot and Glove holder. pair	$1,982.00	$17,838.00
3	9209590	Neutral Decon MD Detergent, (case of (2) 1 gallon)	$100.00	$300.00
3	9209592	MEIKO Rinse Aid, neutral rinse Decon NR, (case of (2) 1 gallon)	$100.00	$300.00
3	12 MONTH PM	12 Month Perventative Maintenance One Year After Installation	$1,488.00	$4,464.00
			Subtotal	**$151,245.00**
			Freight	**TBD**
			Total	**$151,245.00**

tax & freight to be determined

Thank you for your business!

NOTE: All accounts are subject to sales tax charges unless a valid state exempt certificate is on file with NAFECO, or provided at the time of the order.

If you have any questions concerning this quote, please call our number listed above.

Visit Us On The Internet At: nafeco.com

Mailing: P.O. Box 2928, Physical: 2601 Beltline Road Decatur, AL 35602-2928, (800) 628-6233

To whom it may concern,

The products produced by Meiko Incorporated , a world leading machine wash cleaner of firefighter respiratory protection equipment include the Top Clean Model D and Top Clean Model M.

This letter is to confirm that the Top Clean Model M and the Top Clean Model D are sole source products, manufactured by the Meiko Group, Inc. For the Fire Service Market in Georgia and Florida, these products are sold, distributed and supported exclusively by NAFECO, Inc. of Decatur, AL.

Regards,

Ken Adams
SCBA-Decon Series Equipment
Washers Manager
MEIKO USA Inc.
1349 Heil Quaker Blvd.
La Vergne, TN 37086

Public Safety Committee

Meeting Date: July 28, 2026

Sole Source Procurement – Scott X3 Pro SCBA Equipment

Department:	Fire
Presenter:	Antonio Burden, Fire Chief
Caption:	Motion to Approve a sole source procurement for the purchase of twenty-eight (28) Scott X3 Pro Self-Contained Breathing Apparatus (SCBA) units with Pack Tracker and Heads-Up Display (HUD), and twenty (28) 30-minute, 4,500 psi carbon cylinders from Vallen in the amount of $270,909.00.
Background:	The Augusta Fire Department utilizes Scott SCBA equipment as its standard respiratory protection system for firefighting and emergency response operations. The Department is replacing aging SCBA equipment to ensure firefighters have reliable, manufacturer-supported respiratory protection that meets current operational and safety requirements. This purchase will replace existing units that are approaching the end of their service life while maintaining compatibility with the Department's current SCBA inventory.
Analysis:	Scott SCBA equipment is currently deployed throughout the Augusta Fire Department and is critical life-safety equipment used by firefighters during structural firefighting and hazardous environments. Replacement components and accessories for Scott SCBA systems are not interchangeable with other manufacturers. Maintaining a standardized SCBA platform ensures compatibility of facepieces, regulators, cylinders, accessories, training, maintenance procedures, and replacement parts across the Department. Vallen is the authorized provider for Scott SCBA equipment sales, warranty service, repairs, and maintenance within the Augusta service area. Procuring replacement equipment through Vallen ensures continued manufacturer-authorized support, warranty protection, and service for the Department's existing Scott SCBA fleet. Accordingly, staff recommends approval of this procurement as a sole source purchase.
Financial Impact:	$270,909.00
Alternatives:	None
Recommendation:	Approve the Motion to approve the sole source procurement and authorize the purchase of twenty-eight (28) Scott X3 Pro SCBA units with Pack

	Tracker and Heads-Up Display (HUD) and twenty (28) carbon cylinders from Vallen in the amount of **$270,909.00**.
Funds are available in the following accounts:	SPLOST 330-03-4510/5426120
REVIEWED AND APPROVED BY:	N/A

Nancy

Print Form

Augusta GEORGIA

Sole Source Justification (Reference Article 6, Procurement Source Selection Methods and Contract Awards, § 1-10-56 SOLE SOURCE PROCUREMENT

Vendor: Vallen **E-Verify Number:** 106386

Commodity: SCBA Equipment Sale & Service

Estimated annual expenditure for the above commodity or service: $ 270,909.00

Initial all entries below that apply to the proposed purchase. Attach a memorandum containing complete justification and support documentation as directed in initialed entry. (More than one entry will apply to most sole source products/services requested).

_____ 1. SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THERE ARE NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no regional distributors exist. Item no. 4 also must be completed.)

_____ 2. SOLE SOURCE REQUEST IS FOR ONLY THE AUGUSTA GEORGIA AREA DISTRIBUTOR OF THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturer's — not the distributor's — written certification that identifies all regional distributors. Item no. 4 also must be completed.)

X 3. THE PARTS/EQUIPMENT ARE NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Explain in separate memorandum.)

X 4. THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with details of specialized function or application.)

X 5. THE PARTS/EQUIPMENT ARE REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for standardization request.)

_____ 6. NONE OF THE ABOVE APPLY. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

The undersigned requests that competitive procurement be waived and that the vendor identified as the supplier of the service or material described in this sole source justification be authorized as a sole source for the service or material.

Name: Lea Rigdon Department: Fire Date: 6/24/2026

Department Head Signature: _____ Date: 6/24/26

Approval Authority: Andy Penick Date: 07/07/26

Administrator Approval: (required - not required) _____ Date: _____

COMMENTS: Commission Approval is Required

Rev. 09/10/12

Augusta GEORGIA

Augusta Fire Department

Antonio Burden, Fire Chief

MEMO

TO: Andy Penick, Procurement Director

FROM: Antonio Burden, Fire Chief

DATEL June 24, 2026

RE: Sole Source Justification Vallen/SCBA Equipment

Vallen is the sole provider of Scott air packs and accessories in the Augusta, GA and surrounding areas. All sales, repairs and maintenance of these products should be handled through Vallen to ensure proper credit for factory warranties and repairs.

Scott air packs are currently in use by firefighters to breathe while inside burning structures and this equipment is not interchangeable with similar parts from another manufacturer. If you have questions or require further information, do not hesitate to contact me at 706-821-2933.

Thanks

Requisition

Dept. FIRE SPLOST
Acct. Number: 330-03-4510/5426120 JL#222039019
Appr.

Date 6/24/2026

Requisition Number:
Purchase Order Date:

Acct Bal. $422,154

			Name of Bidder		Name of Bidder		Name of Bidder	
		Vendor:	Vallen					
		Phone Number:	706-739-9950					
		Quoted by	Ron Goodwin					
Item No	Description	QTY	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price
1	80472101 CARBON CYLINDER 60MIN 4500 PSIG	22 EA	$1,545.50	$34,001.00				
2	X5814021005303 SCOTT SCBA X3 PRO	28 EA	$8,461.00	$236,908.00				
3	WITH PACK TRACKER AND HUD							
4								
5								
6								
7	* FOR UPCOMING RECRUIT CLASS AND REPLACEMENTS							
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22								
23								
24								
25								
26								
27								
	Sub Total			$270,909.00		$0.00		$0.00
	Shipping							
	Grand Total			$270,909.00		$0.00		$0.00

VALLEN
Innovation. Proven value.
1730 Barton Chapel Road, Augusta, GA. 30909 Ph. 706-739-9950 Fax 706-733-3031

WORK QUOTE

Customer

Company	Augusta FD	Contact	David
Address			
City	Augusta	State	GA
Zip		E-mail	
Phone		Fax	

Reference

Date	6/23/2026
Quote No.	
Job	

Product / Service	Quantity	Price	TOTAL
X5814021005303 Scott SCBA X3 Pro with Pack Tracker and HUD We are only purchasing 28 due to budget. Lead time is 50 days	30	$8,461.00	$253,830.00
80472101 Carbon Cylinder 30MIN 4500psig with Valve Lead Time is 30 Days Buying 22 bottles	20	$1,545.50	$30,910.00
		Sub Total	$284,740.00
		TOTAL	$284,740.00

Vallen Employee

Name: Ron Goodwin
Position: Lead Safety Technician
Department: TECHNICAL SERVICES

Notes

THE PRICES AND OTHER TERMS AND CONDITIONS QUOTED HEREIN ARE SUBJECT TO AND CONDITIONED UPON THE VALLEN SAFETY SERVICES MASTER TERMS AND CONDITIONS FOR THE SALE OF GOODS AND SERVICES, AS IN EFFECT FROM TIME TO TIME

Meeting Name

Meeting Date: EnterTextHere

Item Name

Department:	Information Technology
Presenter:	Reggie Horne, CIO
Caption:	Approve Insurance Policy for Augusta's Land Mobile Radio System
Background:	Augusta Information Technology currently operates a Land Mobile Radio System that provides radio communication to 2,300+ internal and external customers. Continued operation of this radio system is mission-critical for both Public Safety and Operational purposes.
Analysis:	In 2024 and again in 2025, Information Technology worked with Risk Management and Augusta's broker, Marsh McLennan Agency, to select carrier Burlington Insurance Company for radio tower and equipment insurance. This proposal is for a one-year extension of the existing policy, and it is approximately $3,560 less than the 2025 proposal. Approval of this insurance policy will provide Augusta with protection from large repair bills.
Financial Impact:	The cost for this policy is $52,850. Funds are available in the radio system fund.
Alternatives:	N/A
Recommendation:	Approve Insurance Policy for Augusta's Land Mobile Radio System
Funds are available in the following accounts:	131015410-5231110
REVIEWED AND APPROVED BY:	N/A

MarshMcLennan Agency

Proposal for Insurance Services

Augusta, Georgia
Augusta Regional Airport

Presented By:

Phil Harison

Senior Vice President

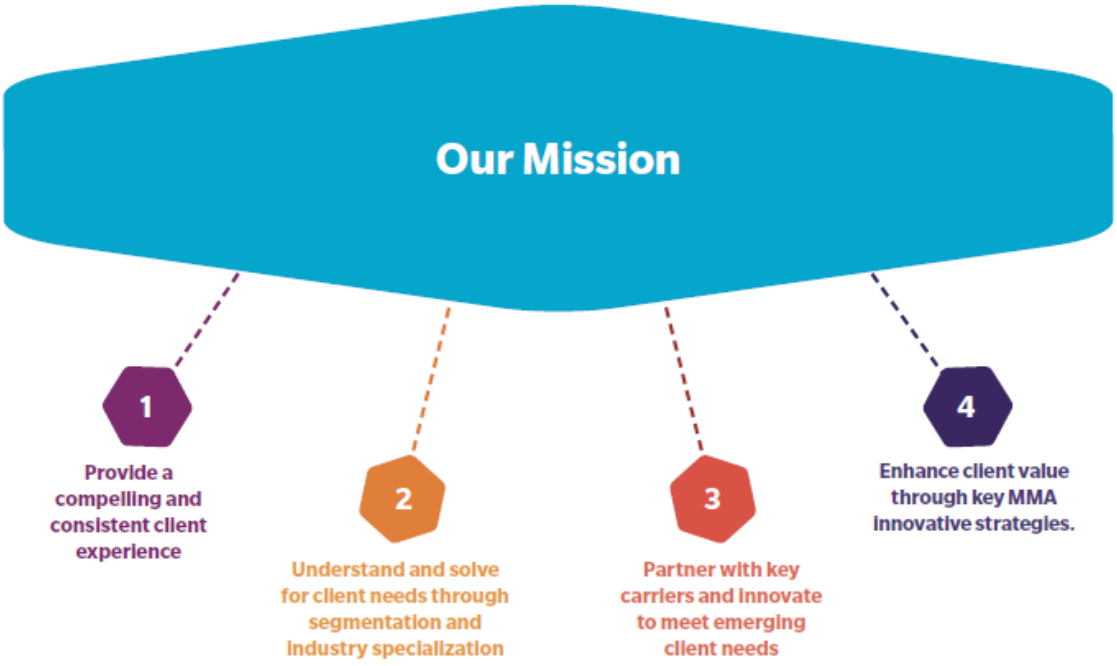
Alec Miller, CLCS

Account Executive

Effective: 09/01/2026- 09/01/2027

Your future is limit[illegible]s.℠

Your future is limitless.℠



We are your local resource.

We are the Southeast hub of Marsh & McLennan agency and have 21 local offices in Georgia, Alabama, Tennessee, Florida, and Kentucky.

We actively support the communities we represent and look to expand our footprint in the coming years.

We have global strength.

Our affiliation with the Marsh family of companies allows us to deliver far more valuable services to our clients including market research, benchmarking reports, technology, exclusive products and pricing, as well as unparalleled leverage with insurance carriers and vendors.

The strength of our solutions lies in the quality of our team.

Our approach means we look at your company holistically, and create a custom plan that aligns with your business strategies, core values and culture. We believe collaboration and teamwork are the key to success and enjoy working with our clients to build personal and professional security.

Marsh & McLennan Agency Client Service Team

Marsh & McLennan Agency LLC
3506 Professional Circle, Suite B
Augusta, GA 30907
Phone: 706-737-8811
Fax: 706-737-3413

Insurance Placement Administration	
Phil Harison Jr. Senior Vice President	Phone: 706-737-8811 Email: phil.harison@marshmma.com
Alec Miller, CLCS Vice President	Phone: 678-294-4514 Email: alec.miller@marshmma.com
Susan Gonzalez Account Manager	Phone: 706-737-8811 Email: susan.gonzalez@MarshMMA.com
Claims Services	
MMA Southeast Claims Advocacy Team	Phone: 800-295-8179 Email: mmaseclaims@marshmma.com After Hours Claims #: 800-295-8179

Schedule of Locations- Radio & Tower Equipment

Loc #	Address
1	431 Hale St Augusta GA 30901
2	2822 Central Ave Augusta GA 30909
3	4195 Cedarwood Dr Hephzibah GA 30815
4	2400 Barton Chapel Rd Augusta GA 30906
5	4745 Old Waynesboro Rd Hephzibah GA 30815
6	3106 Hwy 88 Hephzibah GA 30815

Radio Tower Insurance

Schedule of Coverages

SCHEDULED PROPERTY FLOATER – RADIO AND TELEVISION TOWERS AND EQUIPMENT COVERAGE	
Limits of Insurance - *The maximum amount the company shall pay per occurrence shall not exceed:* **Scheduled Equipment (Generator, ATS and Surge Protection) - $1,348,048** **Scheduled Towers - $420,000** **Scheduled RF Equipment - $7,000,000** **Microwave Equipment - $750,000** **Catastrophe and Policy Limit: $9,518,048** ***Sublimit: $250,000 – Flood & Earthquake; Wind/Hailstorms/Convective Storms**	
Description of Property: Augusta-Richmond County Board of Commissioners – Radio and Tower Equipment **Covered Location(s):** **1 - 431 Hale St, Augusta, GA 30901-2426** **2 - 2822 Central Ave, Augusta, GA 30909-3911** **3 - 4195 Cedarwood Dr, Hephzibah, GA 30815** **4 - 2400 Barton Chapel Rd, Augusta, GA 30906** **5 - 4745 Old Waynesboro Rd, Hephzibah, GA 30815** **6 - 3106 Hwy 88, Hephzibah, GA 30815**	
Coverage Extensions - *The maximum amount the company shall pay per occurrence shall not exceed the limits shown below and the applicable limit directly below is in addition to the limit applicable to the covered property:* Debris Removal: 25% of covered loss + $5,000 additional **Supplemental Coverages** - *The maximum amount the company shall pay per occurrence shall not exceed the limits shown below.* Newly Acquired Property: $15,000 Pollutant Cleanup and Removal: $10,000 (annual aggregate)	
Deductibles - *Separate occurrence deductibles may apply by peril or coverage. Please review the policy, including all endorsements, for a listing of terms and conditions.* $5,000 AOP, Except $10,000 applicable to Towers and Scheduled RF Equipment $25,000 applicable to Flood/Earthquake Wind/Hail/Convective Storms - $25,000., Except 2% / $50,000.00 Min for any loss and/or damages caused by Lightning Strikes.	
Valuation	RCV
Coinsurance	100%

Catastrophe Limits (if applicable)

Flood Terms - Covered by the terms below:
$250,000 Per occurrence and annual aggregate limit: Deductible: $25,000
Flood Terms - Exclusion: Flood in FEMA Flood Zone Designations A, B, V or D and within any Sub-Designations of Flood Zones A, B, V, D, or Special Hazard Flood area.

Earthquake Terms - Covered by the terms below:
$250,000 Per occurrence and annual aggregate limit: Deductible: $25,000
Exclusion: Subject to policy terms & conditions (excludes earthquake in Modified Mercali Zones of 8 and higher, within the state CA.

Wind/Hail/Convective Storms – Covered per terms below.
$250,000 Per occurrence and annual aggregate limit:
Deductible: $25,000, Except 2% / $50,000.00 Min for any loss and/or damage caused by Lightning Strikes.

Subjectivities (must comply with the following prior to binding)

1. **Signed/Dated TRIA Form**

Additional Exclusions or Terms with Protective Devices Endorsement to be applied –

- All Towers must be equipped with lightning and surge protection with steel grounded rods. (bonding/grounding materials)
- Electrical bonding and grounding systems must be inspected every six months and documented to include all repairs and/or maintenance items needed and performed.
- Loss control inspection required for oldest inspection tower date and highest valued tower on file.
- Tower Modifications - Coverage for "towers" is void if, without IFG's prior written consent "you" materially change or modify the design or construction characteristics of a covered "tower." This provision does not apply to temporary changes or alterations which would be necessitated during the performance of maintenance or repairs.

Quote, Binder, and Issued Policy subject to all Company mandatory forms or endorsements and State required forms which may not be stated below. *Forms subject to change.

CL 0100 03 99	Common Policy Conditions
CL 0610 01 15	Certified Act of Terrorism Exclusion
CL 0700 10 06	Virus of Bacteria Exclusion
SIM-0999 04 18	Policyholder Notice – Claim Reporting Information
IFG-I-0101a 03 18	Common Policy Declarations
IFG-I-0168 06 05	Minimum Earned Premium Endorsement
IFG-I-0150 03 03	Listing of Forms and Endorsements
IFG-I-0002 08 21	Policy Cover Page (TBIC)
IFG-I-0939 07 06	Georgia Surplus Lines Laws
IFG-I-0402 04 19	Service of Suit
IFG-I-0160-SIM 03 21	Radio, Television Towers, Equipment Schedule (AAIS IM-7605 Ed 1.0)
IFG-I-0160-SIM 03 21	Radio, Television Towers and Equipment Coverage Form (AAIS IM -7600 Ed 1.0)
IFG-SM-0100 11 15	Inland Marine Common Declarations Supplemental
IFG-SM-0032 08 16	OFAC Policyholder Notice
IFG-SM-0266 11 21	Exclusion – Cyber Incident
IFG-SM-0201 03 16	Windstorm or Hail Schedule
IFG-SM-2057 09 18	Loss Limit of Insurance – Annual Aggregate limit of Insurance
IM 2021 06 13	Amendatory Endorsement – Georgia
IM 7857 07 08	Earthquake and Flood Coverage Endorsement
IM 7807 01 12	Earthquake and Flood Schedule

Additional Forms, Conditions, & Exclulsions applicable to policy:

Quote and Issued Policy Subject to All Company and State Mandatory Forms and Endorsements
State amendatory endorsements will be applied.
TRIA forms as required by insured selection in Form C

Premium Summary

Policy	Expiring Premium	Renewal Premium
Inland Marine	**$56,410**	**$52,850**

- Premiums include 4% surplus lines tax and 6% MMA commission.

No coverage is provided by this summary. Coverage conditions are highlights only and are subject to exclusions and additional terms as stated within the policy. Not all exclusions, terms and conditions are shown. If there are any differences between the policy and the proposal, the policy prevails. For details of coverage, refer to policy forms, terms and conditions.

Subjectivities

* Signed/Dated Application and Forms

• All Towers must be equipped with lightning and surge protection with steel grounded rods (bonding/grounding materials).

• Electrical bonding and grounding systems must be inspected every six months and documented to include all repairs and/or maintenance items needed and performed.

• Loss Control inspection required for oldest inspection tower date & highest valued tower on file.

• Tower Modifications - Coverage for “towers” is void if, without IFG’s prior written consent “you” materially change or modify the design or construction characteristics of a covered “tower”. This provision does not apply to temporary changes or alterations which would be necessitated during the performance of maintenance or repairs.

Property Definitions

Actual Cash Value: This valuation method pays for the cost to repair or replace damaged property with like kind and quality, less reasonable deductions for wear and tear, deterioration, and economic obsolescence.

Agreed Value: This coverage is used to remove the coinsurance requirement for covered property. With it your company agrees that the amount of coverage purchased is adequate, and any coinsurance requirements are waived if the limit of insurance equals the agreed value.

Basic Cause of Loss: This coverage is used to provide protection for the following causes of loss: fire, lightning, explosion, windstorm, hail, smoke (except from agricultural smudging or industrial operations), aircraft, vehicles, riot, civil commotion, vandalism, sprinkler leakage, sinkhole collapse, and volcanic action.

Broad Cause of Loss: This coverage is used to provide protection for the following causes of loss: fire, lightning, explosion, windstorm, hail, smoke (except from agricultural smudging or industrial operations), aircraft or vehicles, riot, civil commotion, vandalism, sprinkler leakage, sinkhole collapse, volcanic action, breakage of glass, falling objects, weight of snow, ice or sleet (except for damage to gutters, downspouts or personal property outside of buildings), and limited water damage.

Business Income: This coverage is used to insure against loss of income that you experience because of a suspension of your business when insured property has been damaged by a “covered” peril. If indicated on the proposal, it may also include additional expenses needed to continue business. Refer to the specific Business Income form for any set “period of restoration” limitations.

Coinsurance: A policy may contain a coinsurance clause requiring that the limit of coverage be a minimum percentage (usually 80%) of the insurable value of your property. If the amount of insurance carried is less than what is required by this clause, any claim payment may be reduced by the same percentage as the deficiency. For example, covered property worth $100,000 may require a minimum of 80%, or $80,000, of coverage for compliance with the policy's coinsurance requirement. If only $60,000 of coverage is carried (25% less than the required $80,000), then any loss payment would be reduced by 25%.

Coverage Summary: Direct physical loss of or damage to covered property at described premises caused by or resulting from a covered Cause of Loss.

Earthquake: This coverage is used to provide protection for loss due to earth movement including earthquake shocks and volcanic eruption.

Flood: This coverage is used to provide coverage against loss due to water damage arising from flooding, surface water, tides, tidal waves, and the overflow of any body of water.

Functional Replacement Cost: This valuation method is used in situations where replacing damaged or destroyed property is impractical, impossible, or unnecessary. It affords you the ability to substitute property which is substantially different in value or cost from the original property. Consequently, you are allowed to carry policy limits lower than what would normally be required.

Property Definitions - Continued

Guaranteed Replacement Cost: When added to your policy, this endorsement guarantees to repair or rebuild a covered building even if the reconstruction costs are greater than the amount of coverage specified for that building.

Property Specific Basis: Property protection is provided for a specified limit of insurance at each individually described premise.

Property Blanket Basis: Blanket protection combines a number of separate property coverages and/or coverages at two or more locations under a single combined limit of insurance.

Replacement Cost: This valuation method pays for the cost to repair or replace damaged items with like kind and quality without deduction for depreciation. This is important since you could face a substantial loss if you must replace property at today's prices but receive only the depreciated value of the property that was destroyed.

Special Cause of Loss: This coverage will protect covered property against direct physical loss arising from any cause not specifically "excluded". Example of exclusions are **flood**, **earthquake**, rust, corrosion, fungi, mold, damage to property being worked on, artificially generated electrical currents, damage by rain, snow, or sleet to property in the open. Refer to the special cause of loss form for additional exclusions.

Vacancy: All property policies include a condition that limits or reduces coverage when a building is **vacant** or considered vacant as defined by the insurance policy. For certain causes of loss, coverage is completely eliminated. The policy can include wording that defines a building as considered **vacant** beyond a certain period of time or a certain percentage of the square footage of the building is not used to conduct customary operations. In most cases, policies or coverage forms that apply to commercial property require additional premium and endorsement in order for insurance coverage to continue during a period of **vacancy.**

Valuation: The value basis by which the covered property is replaced after the loss.

Coverage Recommendations

We have been dependent upon information provided by you to evaluate your exposures to loss. However, if there are other areas that need to be evaluated, please bring these areas to our attention. ***Specifically, we ask that you review and consider the following items:***

HIGHER LIMITS: In today's litigious society, many businesses have found it necessary to increase their limits of liability to ensure adequate protection for their assets in the event of a loss. Higher limits of liability may be available. To ensure your level of comfort, please carefully review the limits of coverage shown in this proposal.

BUSINESS INTERRUPTION: A time element coverage which pays for loss of earnings when business operations are curtailed or suspended due to property loss as a result of an insured cause of loss. Also covered are loss of rents and rental value. Extra expenses incurred to continue operations at another location are included as long as they reduce the total amount of loss.

BUILDING ORDINANCE: Provides coverage including (1) Demolition Cost, (2) Increased Cost of Construction, and (3) Coverage for Undamaged Portion of your "older" buildings. By law, a building not in conformance with current building codes could be required to be demolished or remodeled to satisfy all current building requirements. Insurance protection for these exposures is not contemplated by the standard property "form".

EMPLOYEE DISHONESTY: Reimburses you for loss of money or other property because of a fraudulent or dishonest act committed by an employee.

FLOOD INSURANCE: Protects your property against loss by flood, high tides or waves, or rising water due to severe storms, which are normally perils excluded by the "All Risk" property forms. Mudslide, if a result of general floods conditions, is also covered. Coverage against damage done by the rising or overflowing of bodies of water.

EARTHQUAKE INSURANCE: Protects your property against loss by earthquake and volcanic eruption, which are normally perils excluded by the "Special" property forms.

EMPLOYMENT PRACTICES LIABILITY: Insures against a wide spectrum of claims arising from the Americans With Disability Act, the Civil Rights Act of 1991, and other state and federal civil rights laws affecting employment related discrimination, sexual harassment and wrongful termination.

DIRECTORS & OFFICERS LIABILITY: Covers your officers and directors from claims brought because of alleged negligent acts and errors or omissions, while acting within the capacity of their official duties.

FIDUCIARY LIABILITY: The Employee Retirement Income Security Act (ERISA) imposed an obligation on employee benefit plan fiduciaries to act solely in the interest of participants and beneficiaries. Under the law, fiduciaries are personally liable for any breach of their responsibilities. Fiduciary Liability coverage protects the personal assets of trustees.

Coverage Recommendations - Continued

INTERNATIONAL:

Do you have any customers that have foreign sales, imports or exports?
Do you sell any products over the internet?
Do any of your employees travel outside the United States on business?
Do you attend trade fairs or exhibitions overseas?
Do you have any customers looking for new markets overseas – including Canada and Mexico?
Do you have any overseas facilities, licensing, subcontracting or joint ventures?
Do you have an Ocean Cargo policy?
Do you have any customers that travel overseas routinely to service sold products or equipment?

If you have answered yes to any of these questions, you may need to purchase local statutory required coverage for the country(s) where you have exposures. When companies do business in foreign countries, they can encounter a myriad of unfamiliar laws, languages and customs. Foreign Liability Insurance is the first line of defense against costly legal actions arising from events occurring outside U.S. borders.

POLLUTION:

Contractor's Pollution Liability (CPL): Provides coverage for loss as a result of claims for bodily injury, property damage, or clean-up costs caused by pollution conditions resulting from covered operations; applies to sudden and gradual pollution events; coverage can be amended to include vicarious professional exposure, non-owned disposal sites, transportation, and limited premises liability.

Pollution Legal Liability (PLL): facility-based coverage for listed locations; provides on-site and off-site coverage for bodily injury, property damage, and clean-up for pollution conditions on, at, under, or emanating from a covered location; coverage can be for pre-existing and/or new conditions; coverage can be amended to include non-owned disposal sites, transportation, and business interruption.

Tank Coverage: provides coverage for third-party claims and first-party remediation costs for a storage tank incident from a scheduled tank; coverage can be used to satisfy the insured's obligation to demonstrate financial responsibility under State Tank Financial Requirements.

PROPERTY VALUES:

Reporting the accurate value of your property is an important component of a properly structured property insurance policy. We recommend that you consider obtaining the services of a professional appraisal service who can provide you with the proper basis to determine the amount of coverage to be carried. With a professional appraisal, we, as your insurance agent, will be better prepared to design a property policy that will help protect you in the event of a loss.

Coverage Recommendations - Continued

PRIVACY LIABILITY AND NETWORK SECURITY LIABILITY COVERAGE:

Privacy Liability coverage is one of the fastest growing areas of Commercial Insurance, with Insurers now providing far more comprehensive coverage than they have in the past. Network Security coverage (or "Cyber Liability"), while still being a valid form of coverage, is simply inadequate on its own to fully protect a company's exposures under Privacy Legislation enacted in the last few years. Virtually every company has some form of Privacy Liability exposure and policies can be structured to provide the following:

- **Privacy Liability:**
  - Covers loss arising out of the organization's failure to protect sensitive personal or corporate information ***in any format***.
  - Provides coverage for regulatory proceedings brought by a government agency alleging the violation of any state, federal, or foreign identity theft or privacy protection legislation.
- **Privacy Claim Expenses Coverage:**
  - Covers expenses to retain a computer forensics firm to determine the scope of a breach, to comply with privacy regulations, to notify and provide credit monitoring services to affected individuals, and to obtain legal, public relations or crisis management services to restore the company's reputation.
- **Network Security Liability:**
  - Covers any liability of the organization arising out of the failure of network security, including unauthorized access or unauthorized use of corporate systems, a denial of service attack, or transmission of malicious code.
- **Internet Media Liability:**
  - Covers infringement of copyright or trade mark, invasion of privacy, libel, slander, plagiarism, or negligence arising out of the content on the organization's internet website.
- **Network Extortion:**
  - Covers extortion monies and associated expenses arising out of a criminal threat to release sensitive information or bring down a network unless consideration is made.
- **Network Business Interruption:**
  - Covers for Business Interruption Losses as a result of an interruption of computer systems caused by the failure of computer security systems to prevent:
    - a virus being introduced into the computer system, or
    - unauthorized access to the computer system.
- **Contingent Business Interruption:**
  - An extension to the Network BI Cover to provide cover for losses due to the impairment of the Insured company's business operations following a disruption to an IT Provider's system.
- **Professional Liability:**
  - For companies providing professional services to their clients, Privacy Liability policies can also be arranged to include a company's Professional Liability exposures in the technology field (which requires a specific insuring clause) or in providing non-technology services.

Compensation Disclosure and Limitation of Liability

Marsh & McLennan Agency LLC ("MMA") prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: **https://mma.marshmma.com/non-us-affiliates**. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf;

MMA receives compensation through one or a combination of the following methods:

- **Retail Commissions** – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client.

- **Client Fees** – Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.

- **Contingent Commissions** – Many insurers agree to pay contingent commissions to insurance producers who meet set goals for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.

- **Supplemental Commissions** – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.

- **Wholesale Broking Commissions** – Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the

insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.

- **Medallion Program and Sponsorships** – Pursuant to MMA's Medallion Program, participating carriers sponsor educational programs, MMA events and other initiatives. Depending on their sponsorship levels, participating carriers are invited to attend meetings and events with MMA executives, have the opportunity to provide education and training to MMA colleagues and receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.

- **Other Compensation & Sponsorships** – From time to time, MMA may be compensated by insurers for providing administrative services to clients on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events.

We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at **https://www.marshmma.com/us/compensation-guide.html.**

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars ($10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.

Rev: September 8, 2022

Minimum Earned & Deposit Premiums

Minimum Deposit
Minimum and deposit is the amount of premium due at inception. Although the policy is “ratable”, subject to adjustment based on a rate per exposure unit, under no circumstances will the annual earned premium be less than the minimum deposit premium. The policy may generate an additional premium on audit, but will not result in a return. If such a policy is cancelled mid-term, the earned premium is the greater of the annual minimum multiplied by the short rate or pro-rate factor, or the actual earned as determined by audit, subject to a short rate penalty if applicable.
Minimum Earned Premium
A minimum earned premium endorsement can be attached to either a flat charge policy or an adjustable policy. In either case, this amount is the least that will be retained by the carrier once the policy goes into effect. The amount retained would be the greater of the actual earned premium whether calculated on a pro-rate or short-rate basis, or the minimum earned premium.
Flat Cancellations
Surplus lines carriers typically do not allow flat cancellations. Once the policy is in effect, some premium will be earned, and the amount or percentage is outlined in the policy.
Direct Bill Policies
Notices you receive from your insurer regarding past due premiums or cancellation due to non-payment of premium shall be considered notice from Marsh & McLennan Agency LLC (MMA). As a matter of general practice, MMA does not provide notice of a potential lapse of coverage due to non-payment of premium to clients where coverage is written on a direct bill basis.

Proposal Disclaimer

Marsh & McLennan Agency LLC (“MMA”) thanks you for the opportunity to discuss your insurance and risk management program. No coverage is provided by this summary. Coverage conditions are highlights only and are subject to exclusions and additional terms as stated within the policy. Not all exclusions, terms and conditions are shown. If there are any differences between the policy and the proposal, the policy prevails. For details of coverage, refer to policy forms, terms and conditions.
We have evaluated your exposures to loss and developed this proposal based upon the information that you have provided to us. If you are aware of other areas of potential exposure that need to be evaluated or of additional information of which we should be aware prior to binding of coverage, please bring the other areas or additional information to our attention as soon as possible. Should any of your exposures change after coverage is bound, please notify us immediately.

Client Contracts

In the event that you enter into a contract that has specific insurance requirements, MMA will review your contract, but only in regards to the insurance requirements of the contract. The scope of our review will be to determine if the current insurance program which you have placed through our agency addresses the types and amounts of insurance coverage referenced by the contract. We will identify the significant insurance obligations and will provide a summary of the changes required in your current insurance program to meet the requirements of the contract. Upon your authorization, we will make the necessary changes in your insurance program. We will also be available to discuss any insurance requirements of the contract with your attorney, if desired.
In performing a contract review, MMA is not providing legal advice or a legal opinion concerning any portion of the contract. In addition, MMA is not undertaking to identify all potential liabilities that may arise under any such contracts. A contract review is provided solely for your information and should not be relied upon by third parties. Any descriptions of the insurance coverages are subject to the terms, conditions, exclusions, and other provisions of the contract and of the insurance policies and applicable regulations, rating rules or plans.

Revision Date 2.13.19

Credit Policy

Marsh & McLennan Agency (MMA) strives to offer the highest quality of service at the most competitive price possible. Accordingly, we have the following credit policy in place to assure that your coverage is not interrupted during the policy term.

All premiums are due on the invoice date or effective date of the insurance, whichever is later. Always submit the remittance copy with your payment. If a remittance copy is not submitted, we will apply the cash to the oldest items on the account. Also, credit memos that cannot be applied against the original invoice will be applied to the oldest items on the account unless you direct us otherwise.

If installment payments are available and provided under insurance policy terms, you will receive an invoice for each installment. Installments are due on the effective date of the invoice. MMA does not finance annual or installment premiums. However, should you wish to finance your premium, we can place your financing with an approved insurance premium finance company.

Your Account Manager maintains on-line access to all of your coverage, premium and accounting detail and will be able to answer most billing questions. Any other questions will be referred directly to our accounting department for immediate response. We thank you for your support and business.

Did you know Marsh & McLennan Agency offers two options to pay your bill online, using a valid checking/savings account or via credit card? Our system is safe and secure and is an easy tool to pay your invoices online.

PAY YOUR BILL ONLINE

Direct Link to Payment via Checking/Savings Account: https://serviceapi.securfee.com/marshmma

Direct Link to Payment via Credit Card: https://serviceapi.securfee.com/marshmma

FREQUENTLY ASKED QUESTIONS

- You can pay any invoice using a valid Checking or Savings account or Credit Card.
- Both payment gateways seamlessly integrate with our existing website and can securely accept multiple payment options.
- Credit Card payments require a Policy Number, Named Insured & Address
- There will be a 3.5% fee charged to the cardholder by Secure.
- Checking/Savings payments require a Client Code/Bill to Code, Invoice #, Invoice Amount, Email Address, Policy Number, Named Insured & Address
- There is no additional fee for payments via valid Checking/Savings Account.

AM Best Rating Scale

GUIDE TO BEST'S FINANCIAL STRENGTH RATINGS – (FSR)

A Best's Financial Strength Rating (FSR) is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. An FSR is not assigned to specific insurance policies or contracts and does not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. An FSR is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In addition, an FSR may be displayed with a rating identifier, modifier or affiliation code that denotes a unique aspect of the opinion.

Best's Financial Strength Rating (FSR) Scale

Rating Categories	Rating Symbols	Rating Notches*	Category Definitions
Superior	A+	A++	Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
Excellent	A	A-	Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
Good	B+	B++	Assigned to insurance companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Fair	B	B-	Assigned to insurance companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Marginal	C+	C++	Assigned to insurance companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Weak	C	C-	Assigned to insurance companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
Poor	D	-	Assigned to insurance companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

* Each Best's Financial Strength Rating Category from "A+" to "C" includes a Rating Notch to reflect a gradation of financial strength within the category. A Rating Notch is expressed with either a second plus "+" or a minus "-".

Financial Strength Non-Rating Designations

Designation Symbols	Designation Definitions
E	Status assigned to insurers that are publicly placed, via court order into conservation or rehabilitation, or the international equivalent, or in the absence of a court order, clear regulatory action has been taken to delay or otherwise limit policyholder payments.
F	Status assigned to insurers that are publicly placed via court order into liquidation after a finding of insolvency, or the international equivalent.
S	Status assigned to rated insurance companies to suspend the outstanding FSR when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.
NR	Status assigned to insurance companies that are not rated; may include previously rated insurance companies or insurance companies that have never been rated by AM Best.

Rating Disclosure – Use and Limitations

A Best's Credit Rating (BCR) is a forward-looking independent and objective opinion regarding an insurer's, issuer's or financial obligation's relative creditworthiness. The opinion represents a comprehensive analysis consisting of a quantitative and qualitative evaluation of balance sheet strength, operating performance, business profile and enterprise risk management or, where appropriate, the specific nature and details of a security. Because a BCR is a forward-looking opinion as of the date it is released, it cannot be considered as a fact or guarantee of future credit quality and therefore cannot be described as accurate or inaccurate. A BCR is a relative measure of risk that implies credit quality and is assigned using a scale with a defined population of categories and notches. Entities or obligations assigned the same BCR symbol developed using the same scale, should not be viewed as completely identical in terms of credit quality. Alternatively, they are alike in category (or notches within a category), but given there is a prescribed progression of categories (and notches) used in assigning the ratings of a much larger population of entities or obligations, the categories (notches) cannot mirror the precise subtleties of risk that are inherent within similarly rated entities or obligations. While a BCR reflects the opinion of A.M. Best Rating Services, Inc. (AM Best) of relative creditworthiness, it is not an indicator or predictor of defined impairment or default probability with respect to any specific insurer, issuer or financial obligation. A BCR is not investment advice, nor should it be construed as a consulting or advisory service, as such; it is not intended to be utilized as a recommendation to purchase, hold or terminate any insurance policy, contract, security or any other financial obligation, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. Users of a BCR should not rely on it in making any investment decision; however, if used, the BCR must be considered as only one factor. Users must make their own evaluation of each investment decision. A BCR opinion is provided on an "as is" basis without any expressed or implied warranty. In addition, a BCR may be changed, suspended or withdrawn at any time for any reason at the sole discretion of AM Best.

For the most current version, visit www.ambest.com/ratings/index.html. BCRs are distributed via the AM Best website at *www.ambest.com*. For additional information regarding the development of a BCR and other rating-related information and definitions, including outlooks, modifiers, identifiers and affiliation codes, please refer to the report titled "Guide to Best's Credit Ratings" available at no charge on the AM Best website. BCRs are proprietary and may not be reproduced without permission.

Version 121719

Non-Admitted Carrier Disclaimer

SURPLUS LINES / NON-ADMITTED CARRIERS

The proposal being presented to you contains one or more coverages which are being underwritten by an insurer which is Non-Admitted in your state but is a Surplus Lines carrier. Premium taxes and fees are additional amounts payable that are over and above the premium for the policy.

In the United States, states have the authority to regulate insurance companies and have controlled insurance mainly through their licensing powers. The license is a document that indicates an insurer has met the minimum requirements established by state statute and is authorized to engage in the lines of business for which it has applied. A surplus lines insurer is a company that underwrites risks for which insurance coverage generally is not available through a company licensed in the insured's state (an admitted insurer). This business, therefore, is placed with a non-admitted insurer. A non-admitted insurer is not licensed in the state but allowed to operate in accordance with excess or surplus lines provisions of state insurance laws.

The importance of a company being licensed in a particular state also determines the protection afforded a policyholder by the state's Insurance Guaranty Fund laws and regulations regarding non-renewals and premium increases that generally apply only to licensed insurers. The Guaranty Fund may provide additional financial protections in the event a licensed/admitted carrier becomes bankrupt.

Coverage	Insurer
Inland Marine	Burlington Insurance Company

Client Authorization to Bind Coverage

LINES OF COVERAGE TO BIND

Coverage Description	Effective Date/Annual Premium
Inland Marine	09/01/2026-09/01/2027 Annual Premium: **$52,850**

(Please initial)

_____ Bind as Proposed

_____ Bind with the following changes

_____

_____

_____

_____

Authorized Signature _____

Title/Position _____

Date _____

No coverage is provided by this summary. Coverage conditions are highlights only and are subject to exclusions and additional terms as stated within the policy. Not all exclusions, terms and conditions are shown. If there are any differences between the policy and the proposal, the policy prevails. For details of coverage, refer to policy forms, terms and conditions.

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (M 05/2[illegible]

AGENCY	CARRIER	NAIC CODE
Marsh & McLennan Agency LLC 100 Kimball Place, Suite 300 Alpharetta GA 30009	The Burlington Insurance Company	23620
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER: HSI000888901	
CONTACT NAME: Phil S Harison Jr. - BI PHONE (A/C, No, Ext): 706 737-8811 FAX (A/C, No): E-MAIL ADDRESS: Phil.Harison@MarshMMA.com CODE: SUBCODE: AGENCY CUSTOMER ID: AUGUSGEORG1	UNDERWRITER	UNDERWRITER OFFICE
	STATUS OF TRANSACTION: ☐ QUOTE ☐ ISSUE POLICY ☒ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE TIME ☐ AM ☐ PM; ☐ CANCEL	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	$	☐ CYBER AND PRIVACY	$	☐ YACHT	$
☐ BUSINESS AUTO	$	☐ FIDUCIARY LIABILITY	$	☒ Equipment Floater	$
☐ BUSINESS OWNERS	$	☐ GARAGE AND DEALERS	$	☐	$
☐ COMMERCIAL GENERAL LIABILITY	$	☐ LIQUOR LIABILITY	$	☐	$
☐ COMMERCIAL INLAND MARINE	$	☐ MOTOR CARRIER	$	☐	$
☒ COMMERCIAL PROPERTY	$	☐ TRUCKERS	$	☐	$
☐ CRIME	$	☐ UMBRELLA	$	☐	$

ATTACHMENTS

☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS	☐ GLASS AND SIGN SECTION	☐ STATEMENT / SCHEDULE OF VALUES
☐ ADDITIONAL INTEREST SCHEDULE	☐ HOTEL / MOTEL SUPPLEMENT	☐ STATE SUPPLEMENT (If applicable)
☐ ADDITIONAL PREMISES INFORMATION SCHEDULE	☐ INSTALLATION / BUILDERS RISK SECTION	☐ VACANT BUILDING SUPPLEMENT
☐ APARTMENT BUILDING SUPPLEMENT	☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	☐ VEHICLE SCHEDULE
☐ CONDO ASSN BYLAWS (for D&O Coverage only)	☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	☐
☐ CONTRACTORS SUPPLEMENT	☐ LOSS SUMMARY	☐
☐ COVERAGES SCHEDULE	☐ OPEN CARGO SECTION	☐
☐ DEALERS SECTION	☐ PREMIUM PAYMENT SUPPLEMENT	☐
☐ DRIVER INFORMATION SCHEDULE	☐ PROFESSIONAL LIABILITY SUPPLEMENT	☐
☐ ELECTRONIC DATA PROCESSING SECTION	☐ RESTAURANT / TAVERN SUPPLEMENT	☐

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/01/2025	09/01/2026	☐ DIRECT ☒ AGENCY	AN			$	$	$ 53,740.00

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Augusta, Georgia; Augusta Regional Airp 535 Telfair Street, Suite 920 Augusta GA 30901		911100		
	BUSINESS PHONE #: (706) 821-2885			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☒ OT
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

CONTACT INFORMATION

AGENCY CUSTOMER ID: AUGUSGEORG1

CONTACT TYPE: Inspection Contact	CONTACT TYPE: Accounting Contact
CONTACT NAME: Sandy Wright	CONTACT NAME: same
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL (821) 248-6	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 431 Hale St		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD # 1	CITY: Augusta	STATE: GA			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Richmond	ZIP:30901				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS: Radio Tower						ANY AREA LEASED TO OTHERS? Y / N	
LOC # 2	STREET 2822 Central Ave		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD # 1	CITY: Augusta	STATE: GA			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Richmond	ZIP:30909				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS: Radio Tower						ANY AREA LEASED TO OTHERS? Y / N	
LOC # 3	STREET 4195 Cedarwood Dr		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD # 1	CITY: Hephzibah	STATE: GA			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Richmond	ZIP:30815				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS: Radio Tower						ANY AREA LEASED TO OTHERS? Y / N	
LOC # 4	STREET 2400 Barton Chapel Rd		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
						OCCUPIED AREA:	SQ FT
BLD # 1	CITY: Augusta	STATE: GA			# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Richmond	ZIP:30906				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS: Radio Tower						ANY AREA LEASED TO OTHERS? Y / N	

NATURE OF BUSINESS

											DATE BUSINESS STARTED (MM/DD/YYYY)
☐	APARTMENTS	☐	CONTRACTOR	☐	MANUFACTURING	☐	RESTAURANT	☐	SERVICE	☐	01/01/1914
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Augusta-Richmond County Board of Commisioners

	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST

☐	ADDITIONAL INSURED	☐	LIENHOLDER
☐	BREACH OF WARRANTY	☐	LOSS PAYEE
☐	CO-OWNER	☐	MORTGAGEE
☐	EMPLOYEE AS LESSOR	☐	OWNER
☐	LEASEBACK OWNER	☐	REGISTRANT
☐	LENDER'S LOSS PAYABLE	☐	TRUSTEE

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

REFERENCE / LOAN #:

INTEREST END DATE:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

FAX (A/C, No):

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER

LOCATION:	BUILDING:
VEHICLE:	BOAT:
AIRPORT:	AIRCRAFT:
ITEM CLASS:	ITEM:

ITEM DESCRIPTION

GENERAL INFORMATION

AGENCY CUSTOMER ID: AUGUSGEORG1

EXPLAIN ALL "YES" RESPONSES	Y/N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)**

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:**

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID: AUGUSGEORG1

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☐ **Check if none** **(Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
X		

ACORD®

ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY	CARRIER	NAIC CODE
Marsh & McLennan Agency LLC	The Burlington Insurance Company	23620

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
HSI000888901	09/01/2025	Augusta, Georgia; Augusta Regional Airp

PREMISES INFORMATION

LOC #	STREET	BLD #	CITY	STATE	COUNTY	ZIP	CITY LIMITS (INSIDE / OUTSIDE)	INTEREST (OWNER / TENANT)	# FULL TIME EMPL	# PART TIME EMPL	ANNUAL REVENUES: $	OCCUPIED AREA: SQ FT	OPEN TO PUBLIC AREA: SQ FT	TOTAL BUILDING AREA: SQ FT	DESCRIPTION OF OPERATIONS	ANY AREA LEASED TO OTHERS? Y / N
5	4745 Old Waynesboro Rd	1	Hephzibah	GA	Richmond	30815									Radio Tower	
6	3106 Hwy 88	1	Hephzibah	GA	Richmond	30815									Radio Tower	

AGENCY CUSTOMER ID: AUGUSGEORG1

ACORD®

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY): 05/29/2026

AGENCY	CARRIER	NAIC CODE
Marsh & McLennan Agency LLC	The Burlington Insurance Company	23620

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
HSI000888901	09/01/2025	Augusta, Georgia; Augusta Regional Airp

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y / N	NUM ITEMS	VALU-ATION	BLKT #	MAX ITEM VALUE	% COINS
1										$	%
2										$	%
3										$	%
4										$	%
5										$	%
6										$	%
7										$	%
8										$	%
9										$	%
10										$	%

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y / N	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
		REPLA	Replacement Cost	$		$					%	$
		WIND	Windstorm/Hail Sublimit- $...	$		$					%	$
		EQ	Earthquake	$ 250,000		$		25,000			%	$
		FLOOD	Flood	$ 250,000		$		25,000			%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$

EQUIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

AGENCY CUSTOMER ID: AUGUSGEORG1

Item 3.

GENERAL INFORMATION - EQUIPMENT

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?	
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?	
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	
4. PROPERTY USED UNDERGROUND?	
5. ANY WORK DONE AFLOAT?	

ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
LENDER'S LOSS PAYABLE							LOCATION: BUILDING:
LIENHOLDER							SCHEDULE NUMBER:
LOSS PAYEE							ITEM NUMBER:
							ITEM DESCRIPTION:
	REFERENCE / LOAN #:			INTEREST END DATE:			
	LIEN AMOUNT:			PHONE (A/C, No, Ext):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
LENDER'S LOSS PAYABLE							LOCATION: BUILDING:
LIENHOLDER							SCHEDULE NUMBER:
LOSS PAYEE							ITEM NUMBER:
							ITEM DESCRIPTION:
	REFERENCE / LOAN #:			INTEREST END DATE:			
	LIEN AMOUNT:			PHONE (A/C, No, Ext):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
LENDER'S LOSS PAYABLE							LOCATION: BUILDING:
LIENHOLDER							SCHEDULE NUMBER:
LOSS PAYEE							ITEM NUMBER:
							ITEM DESCRIPTION:
	REFERENCE / LOAN #:			INTEREST END DATE:			
	LIEN AMOUNT:			PHONE (A/C, No, Ext):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

REMARKS

SCHEDULED ITEMS

AGENCY CUSTOMER ID: AUGUSGEORG1

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
	Scheduled Equipment- Generator, ATS, Surge protection		$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
1						$ 1,348,048

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
	Scheduled Towers		$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
2						$ 420,000

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
	RF Equipment		$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
3						$ 7,000,000

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
	Microwave Equipment		$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
4						$ 750,000

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
			$						%

ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE
						$

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
X		

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Marsh & McLennan Agency LLC		Augusta, Georgia; Augusta Regional Airp
POLICY NUMBER		
HSI000888901		
CARRIER	NAIC CODE	
The Burlington Insurance Company	23620	EFFECTIVE DATE: 09/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 152 **FORM TITLE:** Commercial Inland Marine Section

********** COVERAGES / CAUSES OF LOSS **********

Description: Windstorm/Hail Sublimit- $250,000

THE BURLINGTON INSURANCE COMPANY
GUILFORD INSURANCE COMPANY

IFG Companies

THE FOLLOWING TERMS ARE APPLIED TO ALL QUOTE PROPOSALS

Terrorism:
TRIA - Form C (12 20) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSUARNCE COVERAGE must be completed/signed to reflect insured's decision to elect or reject terrorism coverage prior to Bind.

Basis of Quotation:
This Quotation is based on the information provided with the submission and is subject to withdrawal, cancellation or modification upon the occurrence, reporting or discovery of any new claim, event or loss prior to the effective date of the policy.

Please read all terms and conditions shown in this quote/binder carefully as they may not conform to specifications shown on your submission.

This Quote supersedes any previous Quote or Binder for this Applicant.
The terms/conditions of this quote may differ from any previous quote.

PLEASE NOTE:
Coverage is offered on a Non Admitted basis

This quote is subject to the following:
Receipt of a completed application signed by the insured within ten (10) days of your request to bind including TRIA-Form C (12 20) (completed/signed to reflect insured's decision to elect or Reject terrorism coverage).

State amendatory endorsements, if applicable.

Please read all terms and conditions shown above carefully as they may not conform to the specifications in your submission.

Transmittal Disclaimer
This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

Additional Forms applicable to policy:

Quote and Issued Policy Subject to All Company and State Mandatory Forms and Endorsements
State amendatory endorsements will be applied
TRIA forms as required by insured selection in Form C
IFG-SM-0054 03 15 – Electronic Data Exclusion
IFG-CP-0051 Exclusion – Electronic Data, Computer System or Computer Network

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured: Augusta Georgia	Policy No.:
Address: On File with Carrier	Type of Policy: Inland Marine
City, State, Zip:	Policy Term: 9/1/2026 - 9/1/2027

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT*, GA*, HI*, IL*, IA*, MA*, ME, MO, NJ*, NY*, NC*, OR, RI*, VA*, WA*, WV*, and WI (* Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable
for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

THE BURLINGTON INSURANCE COMPANY (FORM C)
GUILFORD INSURANCE COMPANY

IFG Companies

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

Acceptance or Rejection of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability / Liquor Liability _____
The premium for terrorism coverage will be: Excess Liability / Umbrella _____
The premium for terrorism coverage will be: Property _____ Inland Marine _____
The premium for terrorism coverage will be: Excess Property _____
The premium for terrorism coverage will be: Difference in Conditions _____

☐ I hereby elect to purchase terrorism coverage for ☐ Liability / Liquor Liability
☐ I hereby elect to purchase terrorism coverage for ☐ Excess Liability / Umbrella
☐ I hereby elect to purchase terrorism coverage for ☐ Property ☐ Inland Marine
☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for:

- ☐ Liability / Liquor
- ☐ Excess Liability / Umbrella
- ☐ Property
- ☐ Excess Property
- ☒ Inland Marine
- ☐ Difference in Conditions

X _____
Policyholder/Applicant's Signature Date

_____
Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

Public Safety Committee

Meeting Date: July 28, 2026

Approval of Change Order to Purchase Order P495166 – W.W. Williams (Truck 6 Engine Replacement)

Department:	Fire
Presenter:	Antonio Burden, Fire Chief
Caption:	Motion to approve a change order to increase Purchase Order P495166 with W.W. Williams by $31,641.62, from $24,458.83 to $56,100.45, to install a new engine in Aerial Truck 6.
Background:	Aerial Truck 6, a 2015 KME apparatus, experienced a catastrophic engine failure. The original repair plan called for replacement of the short block and cylinder head. After the engine was completely disassembled, additional internal damage was discovered that could not have been identified during the initial inspection. Based on the findings, replacing the complete drop-in long block assembly was determined to be the most reliable and cost-effective repair option. Updated vendor quotations require a revision to Purchase Order P495166
Analysis:	The revised purchase order reflects the final quoted cost for the complete drop-in long block assembly and associated core charges. Replacing the entire long block will provide a more dependable and economical long-term repair than attempting to replace individual engine components, which would increase labor costs, extend downtime, and increase the risk of future mechanical failure. The additional costs resulted from internal engine damage discovered only after complete disassembly and inspection.
Financial Impact:	Increase Purchase Order P495166 with W.W. Williams by **$31,641.62**, from **$24,458.83** to **$56,100.45**, for a net increase of **$31,641.62**.
Alternatives:	None at this time.
Recommendation:	Approve the Motion to approve the change order increasing Purchase Order P495166 with W.W. Williams to **$56,100.45** to allow completion of the engine replacement and return Truck 6 to frontline service.
Funds are available in the following accounts:	274035120-5319140
REVIEWED AND APPROVED BY:	Antonio Burden, Fire Chief

Augusta Fire Department

Antonio Burden, Fire Chief

June 22 2026

Mr. Andy Penick, Procurement Director

RE: Second Revision Request – Purchase Orders P482048 and P495166 (Truck 6 Engine Repair)

Dear Mr. Penick:

I am requesting approval for a second revision to Purchase Orders P482048 (Elite Diesel of Augusta) and P495166 (W.W. Williams) related to the engine replacement and repair of Truck 6, a 2015 Kovatch Mobile Equipment apparatus currently undergoing repairs.

As background, Truck 6 was originally evaluated in early 2025 after experiencing catastrophic engine failure. Based on the initial inspection, the approved repair plan consisted of replacing the short block and cylinder head assembly. That repair was approved under PO P482048 in the amount of $52,456.69.

Due to vendor staffing shortages and scheduling delays associated with higher-priority apparatus repairs, work on Truck 6 was postponed for an extended period. During that time, the Fire Department worked with vendors to identify opportunities for cost savings by separating labor and parts purchases. As a result, components required for the repair were ordered through W.W. Williams under PO P495166 in the amount of $24,458.83, while labor and installation services remained with Elite Diesel.

Once the engine was fully disassembled, significant additional internal damage was identified that could not have been detected during the original inspection. The damage included excessive wear and failure of critical internal engine components, resulting in a determination that replacement of the complete long block assembly represented the most reliable and cost-effective repair option. Based on these findings, a previous revision request was approved, reducing the Elite Diesel purchase order and maintaining the W.W. Williams purchase order while the final scope and pricing were evaluated.

Following additional negotiations and final vendor review, updated quotations have now been received requiring a second revision to both purchase orders:

• Purchase Order P482048 – Elite Diesel of Augusta

- Current Amount: $24,224.30
- Revised Amount: $23,626.47
- Change: Decrease of $597.83

Purchase Order P495166 – W.W. Williams

- Current Amount: $24,458.83
- Revised Amount: $56,100.45
- Change: Increase of $31,641.62

The reduction to PO P482048 reflects final negotiated labor and installation costs associated with engine replacement, testing, calibration, and related materials required to return the apparatus to service.

The increase to PO P495166 reflects the final quoted cost of the complete drop-in long block assembly and associated core charges required to replace the originally planned component-level repair. This approach remains the most dependable and economical long-term solution for restoring Truck 6 to operational status. Attempting to repair individual internal engine components would result in increased labor costs, additional downtime, and a higher risk of future mechanical failure.

The need for these revisions is not the result of oversight by Augusta Fire/EMA, Fleet Management, or either vendor. The additional damage could only be identified after complete engine disassembly and inspection. The revised pricing represents the final scope necessary to complete the repair and return Truck 6 to frontline service.

Your consideration and approval of these purchase order revisions are respectfully requested so repairs may proceed without further delay.

Sincerely,

Antonio Burden
Fire Chief
Augusta Fire Department

New Quote

PARTS QUOTE

Quote: 41543
Date / Time: 6/17/2026 8:31:08AM
Customer: 410996
Branch: CBS
Quote Total: $56,100.45
Expiration Date: 08/16/2026

Page 1 of 1

W.W.Williams
CONSIDER IT DONE.

GUARANTEED TRUCK SERVICE
a W.W.Williams company

Columbia
2610 Augusta Rd, W
W. Columbia, SC 29169
803-791-5910

Bill To: CITY OF AUGUSTA AP DPT.STE 800
535 Telfair St.
Municipal Bldg 1000
Augusta, GA 30901

Ship To: CITY OF AUGUSTA AP DPT.STE 800
1568 Broad St
Augusta, GA 30904-3912
Office Phone: 706-821-2335
Email: APInvoices@Augustaga.GOV

Office: 706-821-2335 Shop: 706-726-8388 Email: APInvoices@Augustaga.GOV

Customer P/O: 0 Inside Slsm: jdrafts Delivery Method: Delivery

Part / Misc	Description / Ref Number	U/M	Quantity	Price	Extended Price
68H3D450SB	DROP-IN	EACH	1	46,582.22	46,582.22
68H3D450SB-C	DROP-IN	EACH	1	9,518.23	9,518.23

Total Parts:	**$46,582.22**
Total Core Charges:	**$9,518.23**
Total Core Returns:	**$0.00**
Quote Subtotal:	**$56,100.45**
Total Tax:	**$0.00**
Quote Total:	**$56,100.45**

Remit To:
Columbia - The W. W. Williams Co, LLC
PO Box 772022
Detroit, MI 48277-2022

Quotes are valid for thirty (30) days from the date of the quotation and unless otherwise indicated on the quote, shall automatically expire at such time.

Warranty/Terms and Conditions*
W.W. Williams warrants its workmanship for 90 days after completion of services. Products sold are warranted exclusively by the manufacturer. W.W. Williams expressly disclaims all other warranties, expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose. IN NO EVENT SHALL W.W. WILLIAMS BE LIABLE FOR ANY PUNITIVE, INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL OR UNKNOWN DAMAGES. *For complete warranty limitations, disclaimers and detailed Terms and Conditions please see wwwilliams.com/Terms.

Notice: Where applicable, a 3% surcharge applies to all credit card payments. No surcharge applies to ACH, check, or wire payments.

Return Policy: Returns must be accompanied by this invoice and in the original, unopened box or packaging. A 15% restocking charge will be applied to all returned items. No returns on electrical items. No returns on special order items. No returns after 30 days from the date of invoice. Core return rights expire 180 days from the date of this invoice.

AUGUSTA, GEORGIA

PURCHASE ORDER

SUITE 605, PROCUREMENT DEPARTMENT
535 TELFAIR STREET, MUNICIPAL BUILDING 1000
AUGUSTA, GEORGIA 30901-2377
PHONE: (706) 821-2422

PURCHASE ORDER NO. P495166

DATE	DEPARTMENT	VENDOR PHONE #	REQUISITION/QUOTE NO.
03/12/26	041253	(803) 791-5910 ext:	R416872

VENDOR #	E-VERIFY #	EMAIL
24582	79443	JPARDUE@WWWILLIAMS.COM

PURCHASE ORDER NUMBER ABOVE MUST APPEAR ON ALL INVOICES, SHIPPING PAPERS, AND PACKAGES.

VENDOR
W.W. WILLIAMS-WEST COLUMBIA
2610 AUGUSTA ROAD WEST
WEST COLUMBIA, SC 29169-4548

ATTN:
BID NUMBER:
CONTRACT #:
BUYER: NANCY

SHIP TO:
AUGUSTA FIRE ADMIN
3117 DEANS BRIDGE ROAD
AUGUSTA, GA 30906

BILL TO:
AUGUSTA, GEORGIA
ACCOUNTING DEPARTMENT, SUITE 800
535 TELFAIR STREET, MUNICIPAL BUILDING 1000
AUGUSTA, GA 30901-2379
(706) 821-2335

ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING DESTINATION.

ITEM #	QUANTITY	UNIT	PRODUCT ID	DESCRIPTION	UNIT PRICE	AMOUNT
0001	1	EACH		REPAIR PARTS AT-5 QUOTE 39552 TO INCLUDE: -SHORT CLOCK $15,335.68 -CORE SHORT BLOCK $4,794.37 - CYLINDER HEAD CUMMINS $3,819.50 - CYLINDER HEAD KIT $509.25 COMMISSION APPROVAL 3/18/25, ITEM #22 220-04-1253/53-99999	24,458.83	24,458.83

CONDITIONS - READ CAREFULLY

1. The purchaser is exempt by statue from payment of Federal, State, and Municipal sales, excise and other taxes.
2. Shipping charges prepaid by vendor.
3. Payment will be made on complete shipments only, unless otherwise requested.
4. DELIVERY TICKET MUST ACCOMPANY GOODS.
5. No back orders. We will reorder if available.
6. Please make deliveries between 9 A.M. and 4 P.M.
7. All goods received with subsequent privilege to inspect and return at Vendor's expense if defective or not in compliance with our specifications.
8. Indoor delivery if necessary.
9. Payment Net 30 or according to contract.

NET TOTAL..... 24,458.83

APPROVED FOR ISSUE

Andy Penick

DIRECTOR OF PROCUREMENT

REQUISITIONER

Public Safety Committee

Meeting Date: July 28, 2026

CACJ FY27 Superior Court Adult Felony Drug, Mental Health, and Veterans Court Operating Grant

Department:	Superior Court
Presenter:	Paige Ford
Caption:	Motion to accept the CACJ Operating Grant Award for the Superior Court Accountability Courts (Drug Court, Mental Health Court, and Veterans Court) in the amount of $494,773 with a MATCH requirement of $87,313. Designate Chief Superior Court Judge Flythe as Authorized Official
Background:	Supports the operations of the Augusta Judicial Circuit's Accountability Court Programs **Correcting the award amount from the agenda item # 13 that was approved by Commission on 6/30/26. Grantor calculated the wrong award amount on the initial award notice received on 6/4/26. The grantor made the corrections and notified the amended award amount on 7/9/26.
Analysis:	N/A
Financial Impact:	N/A
Alternatives:	N/A
Recommendation:	N/A
Funds are available in the following accounts:	Already budgeted 220022635 MATCH Accountability Court Director Salary and Benefits 101021112
REVIEWED AND APPROVED BY:	N/A

GRANT AWARD

CRIMINAL JUSTICE COORDINATING COUNCIL

SUBAWARDEE:	Augusta Richmond County	CFDA NUMBER:	N/A
Employer Identification Number (EIN):	58-2204274	SUBAWARD NUMBER:	AW-ACFP-27-044
IMPLEMENTING AGENCY:	Augusta Judicial Circuit	SUBGRANT PERIOD:	07/01/2026 - 06/30/2027
PROJECT TYPE:	Adult Felony Drug Court	SUB AWARD AMOUNT:	$494,773.00
AWARD NUMBER:	State Accountability Court Program	MATCHING FUNDS:	$87,313.00
AWARD PERIOD:	07/01/2026 - 06/30/2027	TOTAL FUNDS:	$582,086.00

This award is made under the Council of Accountability Courts Judges State of Georgia grant program. The purpose of the Accountability Court Grants program is to make grants to local courts and judicial circuits to establish specialty courts or dockets to address offenders arrested for drug charges or mental health issues. This grant program is subject to the administrative rules established by the Criminal Justice Coordinating Council. This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council within 45 days of receipt.

Reimbursement/Payment Frequency:

Agency Approval

Jay Neal, Director
Criminal Justice Coordinating

Date

7/9/2026

Awardee Approval

Signed Name: _____

Printed Name: _____

Title: _____

Date: _____

Court Name **Augusta Judicial Circuit Drug Court**

(Combined app includes MHC and VTC)

Budget Worksheet Category	Line Item		Total Budgeted
Personnel	Program Case Manager	44,031.00	$121,385
	Fringe Benefits	7,009.26	
	Program Case Manager	42,744.00	
	Fringe Benefits	16,000.00	
	Law Enforcement	10,065.90	
	Fringe Benefits	1,535.05	
Contract Services	Treatment Provider	250,000.00	$313,278
	DCS	39,618.00	
	Lab Technician	14,560.00	
	Lab Technician	9,100.00	
Drug Testing Supplies	Consumables	4,839.30	$48,692
	Monitoring	10,950.00	
	Confirmations	1,440.00	
	Cups	1,300.00	
	Reagents	30,163.00	
Supplies /Other Costs		0.00	$0
Equipment		0.00	$0
In State Training and Travel	2026 CACJ Conference	8,917.80	$8,918
Transportation Funding		2,500.00	$2,500
Total Budget:			$494,773

Match: $87,313

Funding Committee Note:

The court should work to increase its participant census throughout FY27 to more closely meet its self-reported capacity per the FY26 Court Operating Profile. The Funding Committee will monitor the census through quarterly reporting and may contact your court to review progress. The court should report in detail in its FY28 operating grant application on its efforts to meet its self-reported capacity. The Funding Committee will consider this information when evaluating FY28 operating grant awards, and a failure to respond to Funding Committee notes may impact future funding decisions.

An accountability court in your circuit received a Funding Committee note requesting that they meet with the other courts in your circuit to discuss how collaboration and sharing of resources could benefit all courts. Please be responsive to this court and meet in good faith to determine how collaboration and resource sharing may be possible in your circuit. Please respond to this note within your FY28 application for funding.

AUGUSTA, GEORGIA
New Grant Proposal/Application

Before a Department/agency may apply for the grant/award on behalf of Augusta Richmond County, they must first obtain approval signature from the Administrator and the Finance Director. The Administrator will obtain information on the grant program and requirements from the funding agency and review these for feasibility to determine if this grant/award will benefit Augusta Richmond County. The Finance Director will review the funding requirement to determine if the grant will fit within our budget structure and financial goals.

Proposal	Project No.	Project Title
PR000620	SUPERIOR	CACJ FY27 Superior Court Adult Felony Drug Court (MH & Vet)

Requesting grant funds offered by CJCC for operation of Superior Court Drug, Mental Health, and Veterans Courts. Cash Match 15% funding source 101022112-5111110 Director and Coordinator position.

Start Date: 07/01/2026 **End Date:** 06/30/2027
Submit Date: 03/02/2026 **Department:** 027 Superior Court **Cash Match?** Y
Total Budgeted Amount: 659,425.21 **Total Funding Agency:** 560,511.98 **Total Cash Match:** 98,913.23

Sponsor: GM0012 Criminal Justice Coord Co
Sponsor Type: S State
Purpose: 5 Drug Courts **Flow Thru ID:**

Contacts

Type	ID	Name	Phone
I	GMI028	Victoria Ford	(706)823-4424

Approvals

Type	By	Date
FA	J. FLYTHE	03/02/2026

Dept. Signature:
Grant Coordinator Signature:

1.) I have reviewed the Grant application and enclosed materials and:

o Find the grant/award to be feasible to the needs of Augusta Richmond County

o Deny the request

Finance Director — Date: 3/19/26

2.) I have reviewed the Grant application and enclosed materials and:

o Approve the Department Agency to move forward with the application

o Deny the request

Administrator — Date: 3/19/26

This form will also be used to provide the external auditors with information on all grants for compliance and certification requirements as required by the State and Federal Government.

Public Safety Committee Meeting

July 28, 2026

Minutes

Department:	N/A
Presenter:	N/A
Caption:	Motion to **approve** the minutes of the July 14, 2026 Public Safety Committee Meeting.
Background:	N/A
Analysis:	N/A
Financial Impact:	N/A
Alternatives:	N/A
Recommendation:	N/A
Funds are available in the following accounts:	N/A
REVIEWED AND APPROVED BY:	N/A

PUBLIC SAFETY COMMITTEE MINUTES

Commission Chamber
Tuesday, July 14, 2026
1:10 PM

PRESENT:
Commissioner Brandon Garrett, Vice Chair
Commissioner Stacy Pulliam, Member
Commissioner Catherine Rice, Member
Mayor Garnett Johnson
Commissioner Tina Slendak
Commissioner Tony Lewis
Commissioner Wayne Guilfoyle
ABSENT:
Commissioner Francine, Chair

1. Request for approval of a change order under RFP 25-242 to purchase an additional 50 light fixtures and accessories for the Charles B. Webster Detention Center (CBWDC) in the amount of $54,400.00. (P491668)

   Motion to approve

   Motion made by Rice and seconded by Garrett
   Motion carried 3-0

2. To accept the $650,000.00 awarded to Juvenile Court from Criminal Justice Coordinating Council. Juvenile Justice Incentive Grant FY27 Award. No match required.

   Motion to approve

   Motion made by Rice and seconded by Garrett
   Motion carried 3-0

3. BUILDING OPPORTUNITIES FOR OUT OF SCHOOL TIME (B.O.O.S.T.) GRANT AWARD $48,375.00 from Georgia Department of Education. **No match required**.

   Motion to approve

   Motion made by Rice and seconded by Garrett
   Motion carried 3-0

4. Recommendation to award RFP 25-167 (Permitting, Licensing and Code Enforcement Regulatory Services System) to Tyler Technologies

Motion to approve

Motion made by Rice and seconded by Garrett
Motion carried 3-0

5. Motion to **approve** the Purchase of a WCCTV Mini Dome Solar Surveillance Trailer.

Motion to approve

Motion made by Rice and seconded by Garrett
Motion carried 3-0

6. Motion to **approve** the minutes of the June 23, 2026 Public Safety Committee Meeting.

Motion to approve

Motion made by Rice and seconded by Garrett
Motion carried 3-0

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