

Capital Area Transportation Authority



AMENDMENT NO. 1 TO INSURANCE BROKERAGE AND CONSULTING SERVICES

1. AMENDMENT NO: 1	2. SOLICITATION NO: RFP 2018-112	3. SOLICITATION NAME: INSURANCE BROKERAGE & CONSULTING SERVICES	4. AMENDMENT DATE: July 3, 2018
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5. ISSUED BY

Capital Area Transportation Authority
Purchasing and Contracts Department
4615 Tranter Street
Lansing, MI 48910

PLEASE NOTE: Contractor is required to sign this document and return it with the bid/proposal/quote.

6. DESCRIPTION OF AMENDMENT:

- a. Responses to Vendor Questions, is attached.
- b. All other terms and conditions remain unchanged.

NAME / TITLE OF OFFEROR (Type or Print)	COMPANY NAME
(Signature of person authorized to sign)	(Date Signed)



July 3, 2018

Capital Area Transportation Authority Request For Proposal 2018-112
Insurance Brokerage and Consulting Services
CATA Response to Vendor Questions

WRITTEN QUESTIONS SUBMITTED BY VENDORS

1. Can you provide a detailed loss run showing losses by policy term for the past 5 years?

The schedule below shows policies in force during the past five years. Loss runs associated with these policies will be made available.

Policy/Coverage	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
General Liability	Citizens/Hanover	Citizens/Hanover	Nationwide	Nationwide	Nationwide
Property	Citizens/Hanover	Citizens/Hanover	Nationwide	Nationwide	Nationwide
Auto Liability	Michigan Transit Pool	Michigan Transit Pool	Protective	Protective	Protective
Auto Physical Damage	Citizens/Hanover	Citizens/Hanover	Nationwide	Protective	Protective
Umbrella	Caitlin Specialty/AmWINS	Caitlin Specialty/AmWINS	Houston Casualty	Lexington	Lexington
Pollution			Liberty Mutual	Liberty Mutual	Ironshore
Crime	Citizens/Hanover	Citizens/Hanover	Citizens/Hanover	Citizens/Hanover	Hartford
Management Liability	Hiscox	Hiscox	Hiscox	Travelers	Travelers
Worker's Compensation	Midwest	Midwest	Midwest	Midwest	Bridge

2. Would you please provide a coverage summary for each of CATA's insurance policies listed under the first bullet of Section II-B?

Yes, the policy declarations for the current policies are attached. See Attachment A.

3. What are the premiums broken down by policy?

CATA has elected to not provide the premium information.

4. What CATA staff/FTEs are assigned to safety and risk management?





Currently, CATA has a single full-time supervisor assigned to manage safety and training matters.

5. Are staff available for direct broker engagement for risk assessment and training? Are there any union limits on staff engagement?

Yes, staff will be made available for direct broker engagement. There are no limitations on staff engagement contained in the existing union collective bargaining agreement.

6. How many hours per week does the current broker provide for CATA?

CATA's existing broker was unable to answer this question as they currently do not track the hours spent working on each client's business.

7. Has an internal risk assessment been completed in the past year?

No

8. Is the ATU Local 1039 the only union represented within CATA?

Yes

9. Does CATA have a formal training program for drivers to handle violent passengers?

CATA does not have a training program specific to violent passengers, but both the new hire and annual operator training programs address dealing with disruptive and violent passengers.

10. What risk management/training programs are currently in process?

Newly hired operators (drivers) receive approximately 200 hours of new operator training. Additionally, all operators receive training each year. The primary focus of both training programs is on safety.

11. During the contract period are significant changes anticipated, including capital expenditure; e.g. operations, locations, renovations, services, personnel or fleet?

CATA intends to increase fixed-route service by approximately 5% and paratransit service by approximately 2% in fiscal 2019. CATA's 2019 fiscal year begins on October 1,





2018 and ends on September 30, 2019. CATA does not intend to significantly increase service over the next five years except as noted for fiscal 2019.

12. With regard to your existing risk management program, are there any specific circumstances with which you are concerned?

We have seen a growing trend in employee worker's compensation and auto liability claims.

13. Will the selection criteria; Experience, Creativity of Solutions, Access to Carrier, and Price, be weighted equally, or is there an order of importance? If so, would you rank them?

The criteria elements will be weighted equally.

14. Will loss runs/historical loss data be provided for the workers compensation policy?

Yes, the loss data has been attached. See Attachment B.



ATTACHMENT A

Attachment A: CATA – Insurance Brokerage & Consulting Services



111 Congressional Blvd., Suite 500 | Carmel, IN 46032

BUSINESS AUTO DECLARATIONS

ITEM ONE

Company Name:	Protective Insurance Company 111 Congressional Boulevard Suite 500 Carmel, IN 46032	Producer Name:	TIB Transportation Insurance Brokers 425 West Broadway Suite 400 Glendale, CA 91204
Named Insured:	Capital Area Transportation Authority	Mailing Address:	4615 Tranter Street Lansing, MI 48910
Policy Period			
From:	December 1, 2016		
To:	December 1, 2018 At 12:01 AM Standard Time at your mailing address shown above		
Previous Policy Number:	TD000069-15		

Form Of Business:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual	
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other: Non-Profit		

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception:	\$
Audit Period (If Applicable):	<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy: See PE 00 39 06 11

Countersignature Of Authorized Representative	
Name:	William Birchfield
Title:	President
Signature:	
Date:	December 1, 2016

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary

President

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	1	\$ 5,000,000 CSL less \$100,000 Deductible	See Item Six
Personal Injury Protection (Or Equivalent No-fault Coverage)	5	Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Applicable Deductible	\$ Included
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)	5	Separately Stated In The Property Protection Insurance Endorsement Minus \$ Applicable Deductible For Each Accident	\$ Included
Auto Medical Payments		\$ Each Insured	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	6	\$ See Applicable State Endorsement	\$ Included
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	6	\$ See Applicable State Endorsement	\$ Included

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	1	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25,000 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	█ See Endorsement PE-CA-0006-0815-CW
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	1	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25,000 Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$ Included See Endorsement PE-CA-0006-0815-CW
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
			\$
Premium For Endorsements			\$
Estimated Total Premium*			█
*This policy may be subject to final audit.			



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Harleysville Insurance Company
355 Maple Avenue
Harleysville, PA 19438-2297

Insured: Capital Area Transportation Authority
Agent: ACRISURE LLC
DBA SHINBERG AGENCY

Policy Number: MPA00000081272W
Policy Period: 12/01/2017 to 12/01/2018
RENEWAL CERTIFICATE

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

Capital Area Transportation Authority
4615 Tranter St
Lansing, MI 48910-3661

Agent:

ACRISURE LLC
DBA SHINBERG AGENCY
2163 UNIVERSITY PARK DRIVE
SUITE 200
OKEMOS, MI 48864

Agency Code: 940165
Phone Number: (800)456-5305

Policy Period: 12/01/2017 to 12/01/2018

at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description:

Public Transit Authority

Form of Business:

NON-PROFIT ORGANIZATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 25

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ [REDACTED]
Commercial General Liability Coverage Part	\$ [REDACTED]
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	
	Sub-Total \$ [REDACTED]
Fees and Surcharge – See Schedule GU-7015 (If Applicable)	
	Total \$ [REDACTED]

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:
SEE SCHEDULES **GU-7004** and **GU-7009**

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DECLARATIONS PAGE EXTENSION - IMPORTANT INFORMATION

MICHIGAN

This policy is exempt from the filing requirements of section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236



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LOCATION SCHEDULE

Premises No.	Bldg. No.	Address
001	ALL	4505-4615 Tranter St Lansing, MI 48910-3678
002	ALL	420 S Grand Ave Lansing, MI 48933-2135
003	ALL	110 South Shaw Lane Ramp GC 4 East Lansing, MI 48824
004	ALL	1304 E Cavanaugh Rd Lansing, MI 48910-3679
005	ALL	1240 S Harrison Rd East Lansing, MI 48823-5223



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FORM SCHEDULE

* INDICATES A NEW OR REPLACEMENT FORM. RETAIN THESE AND LISTED FORMS NOT REPLACED

Form	Edition	Description
		POLICY FORMS
* PJ0023	0416	Policy Jacket
* GU7005	0416	Location Schedule
GU7013	0409	Declaration Page Extension
IL0003	0908	Calculation of Premium
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad)
* IL0286	0417	Michigan Changes - Cancellation and Nonrenewal
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act
IL7123	0498	Exclusion of Certain Computer Related Losses
		COMMERCIAL OUTPUT POLICY FORMS
CL0100	0399	Common Policy Conditions
CL0458	0101	Amendatory Endorsement - Michigan
CL0600	0115	Certified Terrorism Loss
* CL0605	0115	Certified Terrorism Loss Disclosure of Premium
CL0700	1006	Virus Or Bacteria Exclusion
CO0318	0910	Amendatory Endorsement - Michigan
CO1000	1002	Commercial Output Program Property Coverage Part
CO1001	0402	Commercial Output Program - Income Coverage Part
CO1006	0402	Crime Cov Part - Empl Fraud/Dishonest Money&Securities
* CO1065	0402	Protective Devices Schedule
CO1221	0402	Earthquake Endorsement
CO1223	0402	Flood Endorsement
CO1238	0402	Protective Devices Endorsement
CO1281	0402	Waiting Period - Income Coverage
CO1293	1103	Limited Fungus and Related Perils Coverage
* COP7104	0917	Equipment Breakdown Coverage Part
* COP7113	1106	Commercial Output Property Endorsement
COP7119	0205	Commercial Output Amendatory Endorsement
		LIABILITY FORMS
CG0001	1207	Commercial General Liability Coverage Form
CG0068	0509	Recording/Distr Matl or Info in Violation of Law Exc
CG0099	1185	Changes in General Liability Forms for Commercial Pkg
CG0168	1009	Michigan Changes
* CG0435	1207	Employee Benefits Liability Coverage
* CG2106	0514	Exclusion-Access Or Disclosure Of Info-With Limited BI



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Form	Edition	Description
CG2147	1207	Employment-Related Practices Exclusion
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap on Losses from Certified Acts of Terrorism
* CG2427	0305	Limited Contractual Liability - Railroads
CG7105	1210	Non-Pyramiding of Limits
CG7108	1210	Exclusion - Asbestos, Silica, or Talc
CG7149	0901	Lead Liability Exclusion
CG7195	1210	Exclusion - Computer-Related/Other Electronic Problems
CG7347	0710	Blanket Locations Separate General Aggregate Limit
* CG7353	1210	General Liability Enhancement Plus Endorsement
* MANU1	0704	Manuscript Endorsement



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POLICYHOLDER NOTICE SCHEDULE

The following material contains important information about your policy. Please read it carefully.

ALL FORMS ARE ATTACHED. RETAIN UNLESS DELETED OR REPLACED. * INDICATES A NEW OR REPLACEMENT FORM.

Form	Edition	Description
		POLICY FORMS
* ST7115	0416	Premium Audit Notice
* ST7555	0416	Important Notice to Policyholders
* ST7653	0416	Contractor and Property Owners Best Practices
ST7687	0115	Notice to Policyholders
ST7851	1114	Notice to Policyholders - Be Prepared For Data Breach
* ST8005	0514	Policyholder Notice



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RENEWAL CERTIFICATE

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

See Supplemental Schedule

LIMITS OF INSURANCE:

\$	1,000,000	Each Occurrence Limit
\$	100,000	Damage to Premises Rented to You Limit
\$	5,000	Medical Expense Limit (Any One Person)
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	2,000,000	General Aggregate Limit (Other than Products-Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit

FORM OF BUSINESS: NON-PROFIT ORGANIZATION

Business Description: Public Transit Authority

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE **GU-7005**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp.Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE CG-7275						

TOTAL PREMIUM FOR THIS COVERAGE PART: ██████████

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:

SEE SCHEDULES **GU-7004** AND **GU-7009**

12/27/2017
Countersignature Date

ACRISURE LLC
Authorized Representative

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COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTARY SCHEDULE

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./Ops.	Prod./Comp. Ops.	Prem./Ops.	Prod./Comp. Ops.
PREM NO. 001 BUS STATION/TERMINAL Prod/Comp Op subj to Gen Agg Limit	41210	1 STATN.TERML	█		█	INCL
PREM NO. 001 REAL ESTATE DEVELOPMENT PROP Prod/Comp Op subj to Gen Agg Limit	47051	1 ACRE	█		█	INCL
PREM NO. 001 BLDG/PREMS-OFFICE-NOC-FP Prod/Comp Op subj to Gen Agg Limit	61226	2,500 AREA	█		█	INCL
PREM NO. 002 BUS STATION/TERMINAL Prod/Comp Op subj to Gen Agg Limit	41210	1 STATN.TERML	█		█	INCL
PREM NO. 003 BUS STATION/TERMINAL Prod/Comp Op subj to Gen Agg Limit	41210	1 STATN.TERML	█		█	INCL
PREM NO. 005 BUS STATION/TERMINAL Prod/Comp Op subj to Gen Agg Limit	41210	1 STATN.TERML	█		█	INCL
BLANKET LOCATIONS SEPARATE GEN AGG LIMIT		IF ANY			█	



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**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTARY SCHEDULE**

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
GL ENHANCEMENT PLUS ENDORSEMENT		IF ANY			■	
MANUSCRIPT ENDORSEMENT		IF ANY				
EMPLOYEE BENEFITS LIABILITY		200			■	



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COMMERCIAL OUTPUT PROGRAM DECLARATIONS

See Schedule of Coverages

Agent # 940165

BUSINESS DESCRIPTION

Public Transit Authority

MORTGAGE HOLDERS:

SEE SCHEDULE **GU-7007** IF APPLICABLE

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO ALL COVERAGES:

SEE SCHEDULES **GU-7004** AND **GU-7009**

TOTAL PREMIUM FOR THIS COVERAGE PART \$ ██████████



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COP-7117
(Ed. 9-17)

SCHEDULE OF COVERAGES COMMERCIAL OUTPUT PROGRAM

(The information required to complete this schedule
will be shown below or on the "Schedule of Coverages")

Limit of Insurance

Catastrophe Limit -- The most "we" pay for
any combination of or total of losses arising under
one or more coverages in any one occurrence is:

N/A

PROPERTY COVERAGE PART

LIMITS

-- Building Property Limit -- The most
"we" pay for loss at any one "covered location" is:

N/A

-- Business Personal Property Limit -- The most
"we" pay for loss at any one "covered location" is:
or

N/A

-- Combined Blanket Limit -- The most "we" will pay
for loss at any one "covered location" is:

\$ 52,579,351

COVERAGE EXTENSIONS

-- Consequential Loss

Subj. to Policy Limits

-- Debris Removal, Additional Expense

\$ 250,000

-- Emergency Removal

365 Days

-- Emergency Removal Expense

\$ 50,000

-- Fraud and Deceit

\$ 10,000

-- Damage From Theft

Subj. to Policy Limits

-- Off Premises Utility Services Interruption

- Limit

\$ 500,000

Overhead Transmission Lines Excluded

SUPPLEMENTAL COVERAGES

-- Brands or Label Expense

\$ 50,000

-- Expediting Expenses

\$ 50,000

-- Fire Department Service Charges

\$ 25,000

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-- Inventory and Appraisal Expense	\$ 50,000
-- Ordinance or Law (Undamaged Parts of a Building)	Subj. to Policy Limits
-- Ordinance or Law (Increased Cost to Repair/ Cost to Demolish and Clear Site)	\$ 500,000
-- Personal Effects	\$ 15,000
-- Pollutant Cleanup And Removal	\$ 50,000
-- Recharge of Fire Extinguishing Equipment	\$ 50,000
-- Rewards	\$ 10,000
-- Sewer Backup and Water Below the Surface	\$ 25,000
-- Trees, Shrubs, and Plants	\$ 50,000
-- Underground Pipes, Pilings, Bridges, and Roadways	\$ 250,000

SUPPLEMENTAL MARINE COVERAGES

-- Accounts Receivable	\$ 50,000
-- Electrical or Magnetic Disturbance of Computers	\$ 25,000
-- Power Supply Disturbance of Computers	\$ 25,000
-- Virus and Hacking Coverage	
- Limit any one occurrence	\$ 25,000
- Limit any 12 month period	\$ 50,000
-- Fine Arts	\$ 100,000
-- Off Premises Computers	\$ 25,000
-- Property On Exhibition	\$ 50,000
-- Property In Transit	\$ 50,000
-- Sales Representative Samples	\$ 50,000
-- Software Storage	\$ 50,000
-- Valuable Papers	\$ 100,000

ADDITIONAL PROPERTY SUBJECT TO LIMITATIONS

-- Furs (theft)	\$ 10,000
-- Jewelry (theft)	\$ 10,000
-- Stamps, Tickets, Letters of Credit	\$ 5,000

DEDUCTIBLE

Deductible Amount	\$ 5,000
Refer to Deductible Endorsements, if Applicable	

COVERAGE OPTIONS

Automatic Increase	
- Automatic Increase	4%

INCOME COVERAGE PART

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COVERAGE

Earnings, Rents, and Extra Expense

LIMIT

Income Coverage Limit - The most
"we" pay for loss at any one "covered location"
is:

\$ 1,500,000

COVERAGE EXTENSIONS

-- Interruption by Civil Authority 30 Days
-- Period of Loss Extension 90 Days

SUPPLEMENTAL COVERAGES

-- Computer Virus and Hacking
- Limit any one occurrence \$ 25,000
- Limit any 12 month period \$ 75,000
- Waiting Period 12 Hours
-- Dependent Locations \$ 100,000
-- Off Premises Utility
Service Interruption
- Limit \$ 25,000
- Waiting Period 12 Hours
-- Contract Penalty
- Limit Any One Occurrence \$ 25,000
- Limit any 12 month period \$ 100,000
-- Pollutants Cleanup and Removal \$ 100,000
-- Property In Transit, On Exhibition, or Custody
of Sales Representatives \$ 10,000

COVERAGE OPTIONS

Waiting Period 24 Hours

FLOOD COVERAGE

Blanket Flood Coverage
- Occurrence Limit \$ 5,000,000
- Aggregate Limit \$ 5,000,000
- Catastrophe Limit \$ 5,000,000
- Flood Deductible \$ 100,000

EARTHQUAKE COVERAGE

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Blanket Earthquake Coverage

- Occurrence Limit	\$ 5,000,000
- Aggregate Limit	\$ 5,000,000
- Catastrophe Limit	\$ 5,000,000
- Earthquake Deductible	\$ 100,000

EQUIPMENT BREAKDOWN COVERAGE PART

EQUIPMENT BREAKDOWN COVERAGE

	LIMITS	COINSURANCE
Property Damage	\$ 52,579,351	N/A %
Income Coverages	\$ 1,500,000	N/A %

INCOME COVERAGES

Period of Loss Extension 30 Days

Coinsurance only applies to Scheduled Locations

Coverage Options

Earnings, Rents and Extra Expense

COVERAGE EXTENSIONS

	LIMIT	COINSURANCE
-- Data Restoration	\$ 250,000	
-- Expediting Expense	\$ 250,000	
-- Hazardous Substances Limit	\$ 250,000	
-- Limited Fungus and Related Perils Property Damage Coverage	\$ 15,000	
-- Ordinance or Law (Undamaged Parts of a Building)	\$ 41,233,357	
-- Ordinance or Law (Increase Cost to Repair / Cost to Demolish and Clear Site)	\$ 100,000	
-- Service Interruption	Follows Property Policy	
-- Spoilage	\$ 250,000	
-- Defense Costs	\$ covered	

DEDUCTIBLES

Property Coverages	\$ 5,000
Income Coverages (\$, hrs., ADV, or Combined)	\$ Combined
Spoilage (\$, % or Combined)	\$ Combined
Spoilage (\$, % or Combined)	\$ 5,000
Other (describe)	

CRIME COVERAGE PART

LIMITS



Nationwide[®]
is on your side

Harleysville Insurance Company
355 Maple Avenue
Harleysville, PA 19438-2297

Insured: Capital Area Transportation Authority
Agent: ACRISURE LLC
DBA SHINBERG AGENCY

Policy Number: MPA0000081272W
Policy Period: 12/01/2017 to 12/01/2018
RENEWAL CERTIFICATE

COP-7117
(Ed. 9-17)

Employee Fraud and Dishonesty Coverage

Limit - The most "we" pay for loss in any one occurrence is:

\$ 25,000

Deductible Amount:

\$ 1,000

Money and Securities Coverage

Limit - The most "we" pay for loss in any one occurrence at "covered locations" is:

\$ 25,000

Limit - The most "we" pay for loss in any one occurrence away from "covered locations" is:

\$ 25,000

Deductible Amount:

\$ 1,000

LOCATION COVERAGE

Blanket Location Coverage-Coverage(s) indicated
Above under Limits applies to all "covered locations"

SUPPLEMENTAL COVERAGE

LIMIT

Loss Sustained Prior To The Policy Period: covered

OPTIONAL COVERAGES AND ENDORSEMENTS

See Schedules GU7004 and GU7009



Nationwide
is on your side

Harleysville Insurance Company
355 Maple Avenue
Harleysville, PA 19438-2297

Insured: Capital Area Transportation Authority
Agent: ACRISURE LLC
DBA SHINBERG AGENCY

Policy Number: MPA0000081272W
Policy Period: 12/01/2017 to 12/01/2018
RENEWAL CERTIFICATE

COMMERCIAL OUTPUT COVERAGE PART BLANKET SCHEDULE

Agent #: 940165

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made, unless otherwise indicated.

Loc. No.	Bldg. No.	LIMIT OF INSURANCE:		
		Bldg.	BPP	Income Coverage
001	001	\$30,622,357	\$10,335,994	\$ 900,000
002	001	\$ 2,913,000	\$ 500,000	\$ 95,000
003	001	\$ 2,604,000	\$ 500,000	\$ 5,000
004	001	\$ 94,000		
005	001	\$ 5,000,000	\$ 10,000	\$ 500,000

MANU-1 (07/04)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CG-2404 0509 Waiver of Transfer of Rights of Recovery Against Others to Us

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

East Lansing Multimodal Station/Bus Terminal Project

Name Of Person Or Organization:

Grand Trunk Western Railroad Co

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

CG2404 (05-09)

All other terms and conditions of this Policy remain unchanged.

PROTECTIVE DEVICES SCHEDULE

(The entries required to complete this endorsement will be shown below or on the "schedule of coverages".)

<u>Location</u> <u>No.</u>	<u>Location</u>	<u>Protective Device or Service</u>
001/001	See Location Schedule GU7005	Burglar/Fire Alarms & Sprinklered
002/001	See Location Schedule GU7005	Burglar/Fire Alarms
003/001	See Location Schedule GU7005	Burglar/Fire Alarms
005/001	See Location Schedule GU7005	Burglar/Fire Alarms

LEXINGTON INSURANCE COMPANY

Administrative Offices: 99 High Street, Boston, Massachusetts 02110
(hereinafter called the Company)

**COMMERCIAL UMBRELLA LIABILITY DECLARATIONS
OCCURRENCE FORM**

Policy Number: 023627128

Renewal of: 023627128

Item 1. Named Insured: CAPITAL AREA TRANSPORTATION AUTHORITY

Address: 4615 TRANTER ST
LANSING, MI 48910-3661

The Named Insured is:

- Individual Partnership Joint Venture Limited Liability Company
- Organization (other than a Partnership or Joint Venture) Trust

The Business of the Named Insured is:
Non-Profit Organization

Item 2. Policy Period: From: 12/01/2017 To: 12/01/2018
12:01 A.M., standard time at the address of the Named Insured as stated herein.

Item 3. Limits of Insurance:

Each Occurrence Limit	\$ 5,000,000
General Aggregate Limit	\$ 8,000,000
Products-Completed Operations Aggregate Limit	\$ 8,000,000

Item 4. Self Insured Retention \$ 10,000

Item 5. Premium:

<u>Rating Basis</u>	<u>Estimated Exposure</u>	<u>Rate</u>	<u>Estimated Premium</u>
UNITS	134	██████████	\$ ██████████
<u>Total Advance Premium</u>	<u>Annual Minimum Premium</u>	<u>Minimum Earned Premium at Inception</u>	
\$ ██████████	\$ ██████████	██████████	NO FLAT CANCELLATION

Item 6. Schedule of Underlying Insurance: See Attached Schedule of Underlying Insurance

The policy is comprised of this Declarations page, the policy form and the schedules and endorsements, if any, attached at inception or during the Policy Period.

This insurance has been placed with an insurer that is not licensed by the State of Michigan. In case of insolvency, payment of claims may not be guaranteed.

Michigan Premium: ██████████
 Fees: ██████████
 Surplus Lines Tax / Regulatory Fee: ██████████

Authorized Representative OR
Countersignature (In states where applicable)

SCHEDULE OF UNDERLYING INSURANCE

Forms a part of Policy No.: 023627128

Issued to: CAPITAL AREA TRANSPORTATION AUTHORITY

By: LEXINGTON INSURANCE COMPANY

Employers' Liability

Company: MIDWEST EMPLOYERS CASUALTY CO

Policy Number: EWC008704

Policy Period: From: 03/01/17 To: 03/01/18

Minimum Applicable Limits:

Bodily Injury by accident:	\$ 1,000,000	Each Accident
Bodily Injury by disease	\$ 1,000,000	Each Employee
Bodily Injury by disease	\$ 5,000,000	Policy Limit

Commercial Auto Liability

X Occurrence Claims Made

Company: PROTECTIVE

Policy Number: TD000069-16

Policy Period: From: 12/01/17 To: 12/01/18

Minimum Applicable Limits:

Each Occurrence:	\$ 5,000,000	CSL
------------------	--------------	-----

Commercial General Liability

X Occurrence Claims Made

Company: HARLEYSVILLE

Policy Number: MPA81272W

Policy Period: From: 12/01/17 To: 12/01/18

Minimum Applicable Limits:

Each Occurrence:	\$ 1,000,000
Personal and Advertising Injury:	\$ 1,000,000
General Aggregate:	\$ 2,000,000
Products/Completed Operations Aggregate:	\$ 2,000,000

Other Coverage: EBL

Company: HARLEYSVILLE

Policy Number: MPA81272W

Policy Period: From: 12/01/17 To: 12/01/18

Minimum Applicable Limits:

Each Occurrence:	\$ 1,000,000
Other Aggregate	\$ 3,000,000

**THE HARTFORD CRIMESHIELDSM ADVANCED
DECLARATIONS**



HARTFORD FIRE INSURANCE CO.
HARTFORD PLAZA, HARTFORD, CT 06115,
A stock insurance company, herein called the Insurer

Policy Number: 81 FA 0326100-17

ITEM 1. Named Insured:

CAPITAL AREA TRANSPORTATION
AUTHORITY

Producer: Code, Name and Address:

96143
THE SHINBERG AGENCY
2163 UNIVERSITY PARK DR 200
OKEMOS, MI 48864

ITEM 2. Address

ATTN: PAT LEMON
4615 TRANTER ST.
LANSING, MI 48910

ITEM 3. Policy Period: From 12:01 a.m. on 12/01/17 Inception Date To 12:01 a.m. on 12/01/18 Expiration Date
(Standard Time at your mailing address)

ITEM 4. Coverages, Limits of Insurance and Deductibles: Only Those Insuring Agreements That Are Designated With An "X" Are Included Under This Policy

	Limit of Insurance	Deductible Amount
<input checked="" type="checkbox"/> Insuring Agreement 1 Employee Theft	\$2,000,000	\$25,000
<input type="checkbox"/> Insuring Agreement 2 Employee Theft Client Premises	\$N/A	\$N/A
<input checked="" type="checkbox"/> Insuring Agreement 3 Computer And Funds Transfer Fraud	\$2,000,000	\$25,000
<input checked="" type="checkbox"/> Insuring Agreement 4 Inside The Premises <i>Money, \$10,000 Securities and Other Property</i>		\$2,500
<input checked="" type="checkbox"/> Insuring Agreement 5 Outside The Premises <i>Money, \$10,000 Securities and Other Property</i>		\$2,500
<input checked="" type="checkbox"/> Insuring Agreement 6 Depositors Forgery or Alteration	\$1,000,000	\$10,000
<input checked="" type="checkbox"/> Insuring Agreement 7 Credit, Debit Or Charge Card Forgery	\$2,000,000	\$25,000
<input checked="" type="checkbox"/> Insuring Agreement 8 Money Orders And Counterfeit Currency	\$2,000,000	\$25,000
<input checked="" type="checkbox"/> Insuring Agreement 9 Investigative Expenses	\$100,000	\$5,000
<input checked="" type="checkbox"/> Insuring Agreement 10 Computer Systems Restoration Expenses	\$100,000	\$5,000
<input checked="" type="checkbox"/> Insuring Agreement 11 Identity Recovery Expenses Reimbursement	\$25,000	\$0

ITEM 5. Form numbers of Endorsements Forming Part of this **Policy** When Issued:
SEE FORM GU207 (SCHEDULE OF FORMS AND ENDORSEMENTS)

ITEM 6. Cancellation of Prior Insurance: By acceptance of this **Policy** the "Insured" gives the Insurer notice cancelling prior policies or bonds numbered: N/A the cancellations to be effective at the time this **Policy** becomes effective.

ITEM 7. ADDRESS FOR NOTICES TO THE INSURER

(A) For Claims:

via mail: The Hartford Financial Products Claim Department
277 Park Avenue, 15th Floor
New York, NY 10172
via email: HFPClaims@thehartford.com
via fax: (917) 464-6000

(B) For other than Claims:

via mail: The Hartford
277 Park Avenue, 15th Floor
New York, NY 10172
via email: HFPEXpress@thehartford.com
via fax: 866-586-4550

Douglas Elliot

Authorized Representative

12/01/17

Date

Declarations

POLICY NO. 106638318

Travelers Casualty and Surety Company of America
One Tower Square
Hartford, Connecticut 06183
(A Stock Insurance Company, herein called the Company)

LIABILITY COVERAGES, SEPARATE LIABILITY COVERAGES, AND THIRD PARTY LIABILITY INSURING AGREEMENTS ARE WRITTEN ON A CLAIMS-MADE BASIS AND COVER ONLY CLAIMS MADE AGAINST INSUREDS DURING THE POLICY PERIOD.

THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

ITEM 1 NAMED INSURED/INSURANCE REPRESENTATIVE:

CAPITAL AREA TRANSPORTATION AUTHORITY

D/B/A:

Principal Address:
4615 TRANTER STREET
LANSING, MI 48910

ITEM 2 POLICY PERIOD:

Inception Date: December 01, 2017 Expiration Date: December 01, 2018
12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ADDRESS INFORMATION FOR NOTICES TO COMPANY:

Email: BSIclaims@travelers.com
Fax: (888) 460-6622

Mail: Travelers Bond & Specialty Insurance Claim
385 Washington St. – Mail Code 9275-NB03F
St Paul, MN 55102

ITEM 4 COVERAGES INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:

Liability Coverages (subject to LIA-3001 Terms & Conditions)

Non-Profit Organization Directors and Officers Liability

Employment Practices Liability

Fiduciary Liability

Cyber Coverage

CyberRisk

ITEM 5

LIABILITY COVERAGES (subject to LIA-3001)

NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY

Limit of Liability:	\$5,000,000	for all Claims
Additional Defense Coverage:	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> Not Applicable
Additional Defense Limit of Liability:	Not Covered	for all Claims
Retention:	\$0	for each Claim under Insuring Agreement A.
	\$25,000	for each Claim under Insuring Agreement B.
	\$25,000	for each Claim under Insuring Agreement C.
Prior and Pending Proceeding Date:	August 01, 2007	
Continuity Date:	August 01, 2007	

EMPLOYMENT PRACTICES LIABILITY

Limit of Liability:	\$5,000,000	for all Claims
Third Party Claim Coverage:	<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> Not Applicable
Additional Defense Coverage:	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> Not Applicable
Additional Defense Limit of Liability:	Not Covered	for all Claims
Retention:	\$50,000	for each Claim under Insuring Agreement A.
	\$50,000	for each Claim under Insuring Agreement B., if applicable
Prior and Pending Proceeding Date:	Claims for Wrongful Employment Practices:	August 01, 2007
	Claims for Third Party Wrongful Acts:	August 01, 2007
Continuity Date:	Claims for Wrongful Employment Practices:	August 01, 2007

FIDUCIARY LIABILITY

Limit of Liability: \$5,000,000 for all **Claims**

Settlement Program Limit of Liability: \$250,000 for each **Settlement Program Notice**, which amount is included within, and not in addition to, any applicable limit of liability

HIPAA Limit of Liability: \$1,500,000 which amount is included within, and not in addition to, any applicable limit of liability

Additional Defense Coverage: Applicable Not Applicable

Additional Defense Limit of Liability: Not Covered for all **Claims**

Retention: \$0 for each **Claim** under Insuring Agreement A.
\$0 for each **Settlement Program Notice** under Insuring Agreement B.

Prior and Pending Proceeding Date: December 01, 2016

Continuity Date: December 01, 2016

CYBER COVERAGES

CYBERRISK

Third Party Liability Insuring Agreements

A. Network and Information Security Limit of Liability: \$1,000,000 for each **Claim**

B. Communications and Media Limit of Liability: \$1,000,000 for each **Claim**

C. Regulatory Defense Expenses Limit of Liability: \$1,000,000 for each **Regulatory Claim**

Retention: \$10,000 for each **Claim** under Insuring Agreement A.
\$10,000 for each **Claim** under Insuring Agreement B.
\$10,000 for each **Regulatory Claim** under Insuring Agreement C.

First Party Insuring Agreements

INSURING AGREEMENT	LIMIT OF INSURANCE	RETENTION
D. Crisis Management Event Expenses	\$1,000,000 for each Single First Party Insured Event	\$10,000 for each Single First Party Insured Event

E. Security Breach Remediation and Notification Expenses	\$1,000,000 for each Single First Party Insured Event	\$10,000 for each Single First Party Insured Event
F. Computer Program and Electronic Data Restoration Expenses	\$1,000,000 for each Single First Party Insured Event	\$10,000 for each Single First Party Insured Event
G. Computer Fraud	\$1,000,000 for each Single First Party Insured Event	\$10,000 for each Single First Party Insured Event
H. Funds Transfer Fraud	\$1,000,000 for each Single First Party Insured Event	\$10,000 for each Single First Party Insured Event
I. E-Commerce Extortion	\$1,000,000 for each Single First Party Insured Event	\$10,000 for each Single First Party Insured Event
J. Business Interruption and Additional Expenses	\$1,000,000 for each Single First Party Insured Event	

CyberRisk Policy Aggregate Limit:

\$1,000,000

The **CyberRisk Policy Aggregate Limit** for each **Policy Period** is applicable to all Insuring Agreements.

Prior and Pending Proceeding Date:

December 01, 2016

Retroactive Date:

N/A

Continuity Date:

December 01, 2016

Waiting Period (Hours): with respect to Insuring Agreement J: 12

ITEM 6

PREMIUM FOR THE POLICY PERIOD FOR ALL COVERAGES:

 Policy Premium for all purchased Coverages

ITEM 7

TYPE OF CLAIM DEFENSE FOR LIABILITY COVERAGES (subject to LIA-3001) AND CYBER COVERAGE:

- Reimbursement
- Duty-to-Defend
- Varies by Coverage - See Expanded Claim Defense Options Endorsement

Only the type of CLAIM DEFENSE marked "" is included in this policy.

ITEM 8

EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES (subject to LIA-3001) AND CYBER COVERAGES:

Additional Premium Percentage: 75 %

Additional Months: 12

(If exercised in accordance with the applicable EXTENDED REPORTING PERIOD condition)

ITEM 9 RUN-OFF EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES (subject to LIA-3001) AND CYBER COVERAGES:

Additional Premium Percentage: Not Applicable

Additional Months: Not Applicable

(If exercised in accordance with the applicable CHANGE OF CONTROL condition)

ITEM 10 ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY FOR LIABILITY COVERAGES (subject to LIA-3001):

Applicable Not Applicable

Only those coverage features marked " Applicable" are included in this policy.

ITEM 11 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE FOR ALL COVERAGES:

ACF-7007-0811; AFE-19004-0115; AFE-19008-0115; ACF-7006-0511; LIA-3001-0109; EPL-7059-0109; LIA-7097-0109; LIA-7114-0109; LIA-19097-0315; LIA-4012-0109; NDO-3001-0109; NDO-7003-0109; NDO-7010-0109; NDO-7019-0109; NDO-7017-1109; NDO-19001-0512; NDO-19006-1112; NDO-19009-0713; NDO-19005-0216; EPL-3001-0109; EPL-7031-0109; EPL-7110-0109; EPL-19020-0712; EPL-19050-0316; EPL-19056-0517; EPL-19057-0517; EPL-19058-0517; EPL-19059-0517; EPL-19060-0517; FRI-3001-0109; FRI-19030-0712; FRI-19065-1112; FRI-19079-0613; FRI-19086-0414; FRI-19093-1015; FRI-19103-0517; LIA-7115-0911; CYB-3001-0710; CYB-10028-0813; CYB-19017-0315; CYB-19025-0815; CYB-19019-0217; CYB-19039-0217; CYB-19047-0217; CYB-19048-0217; CYB-19042-0217; CYB-19005-0217; CYB-19051-0817; CYB-19052-0817; CYB-19053-0817; CYB-19050-0817; CYB-19060-0817; CYB-19065-0817; CYB-19064-0817; CYB-19063-0817; CYB-19059-0817; CYB-19058-0817; CYB-19057-0817; CYB-19056-0817; CYB-19055-0817; CYB-19001-0817; CYB-19022-0817; CYB-4016-0710; LIA-5022-1107

ITEM 12 LIABILITY COVERAGE SHARED LIMIT OF LIABILITY FOR LIABILITY COVERAGES (subject to LIA-3001):

Applicable Not Applicable

N/A for all **Claims** under the following **Liability Coverages** that are subject to the Terms & Conditions in LIA-3001:

If the **Liability Coverages** selected in ITEM 12 are also **Scheduled Coverages** selected in ITEM 13, then the amount of the **Liability Coverage Shared Limit of Liability** set forth in ITEM 12 is part of, and not in addition to, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages** set forth in ITEM 13.

ITEM 13 SHARED LIMIT OF LIABILITY/LIMIT OF INSURANCE FOR SCHEDULED COVERAGES:

Applicable Not Applicable

N/A for all **Claims** and limits of insurance under the following **Scheduled Coverages**:

The Company's maximum liability for the **Policy Period** for all **Claims** and limits of insurance under the **Scheduled Coverages** listed in ITEM 13 will not exceed the amount of the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**. Any Additional Defense Limit of Liability, Supplemental Personal Indemnification Limit of Liability, or Identity Fraud Expense Reimbursement Limit of Insurance is in addition to, and not part of, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**.

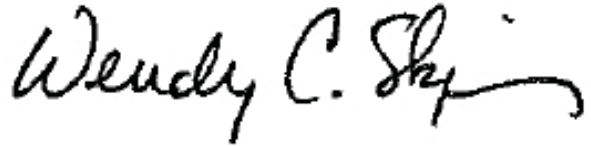
PRODUCER INFORMATION:

SHINBERG AGENCY\THE
2163 UNIVERSITY PARK DR
STE 200
OKEMOS, MI 48823

IN WITNESS WHEREOF, the Company has caused this policy/bond to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary



IRONSHORE SPECIALTY INSURANCE COMPANY

Mailing Address:
75 Federal Street
5th Floor
Boston, MA 02110
Toll Free: (877) IRON411

This insurance has been placed with an insurer that is not licensed by the State of Michigan. In case of insolvency, payment of claims may not be guaranteed.

**SITE POLLUTION INCIDENT LEGAL LIABILITY SELECT
(SPILLS)**

DECLARATIONS

SOME COVERAGES AFFORDED BY THIS POLICY ARE LIMITED TO CLAIMS THAT ARE FIRST MADE AND REPORTED TO THE INSURER WITHIN THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. PLEASE READ IT CAREFULLY.

Policy Number:	003363400	Renewal of Policy Number:	TVELA550359166
Item 1. Named Insured & Mailing Address:	Capital Area Transportation Authority 4615 Tranter Street Lansing, MI 48910		
Item 2. Broker & Mailing Address :	Burns & Wilcox 7807 E. Peakview Ave., SUITE NO 400 Centennial, CO 80111		
Item 3. Policy Period	Effective:	December 01, 2017	Expiration: December 01, 2018
	12:01 a.m. standard time at the address of the Named Insured as shown above.		
Item 4. Policy Aggregate Limit:	\$2,000,000		

This Policy includes only those Coverages, as stated in Section I, of the Policy for which deductibles and limits of liability appear below. If no deductible or limits of liability appear for a particular Coverage below, that Coverage has not been purchased and does not apply. The descriptions in parenthesis are for convenience purposes only. Please read the Policy for the actual terms and conditions of a particular Coverage.

Item 5.	COVERAGES, COVERAGE SECTION LIMITS, AND DEDUCTIBLES:		
Coverage	Deductible- Each Incident	Each Incident Limit	Coverage Aggregate Limit
A.1. a. (Remediation Expenses -Onsite Pre-Existing Conditions)	N/A	N/A	N/A
A.1.b. (Remediation Expenses – Onsite New Conditions)	\$50,000	\$2,000,000	\$2,000,000
A .2.a. (Remediation Expenses -Offsite Pre-Existing Conditions)	N/A	N/A	N/A
A. 2.b. (Remediation Expenses -Offsite New Conditions)	\$50,000	\$2,000,000	\$2,000,000
B. (Emergency Response Expenses)	\$50,000	\$2,000,000	\$2,000,000
C.1.a. (Third Party Claims - Onsite Pre-Existing Conditions)	N/A	N/A	N/A
C.1.b. (Third Party Claims - Onsite New Conditions)	\$50,000	\$2,000,000	\$2,000,000
C.2.a. (Third Party Claims - Offsite Pre-Existing Conditions)	N/A	N/A	N/A
C.2.b. (Third Party Claims - Offsite New Conditions)	\$50,000	\$2,000,000	\$2,000,000
D.1. (Transportation – Pre-Existing Conditions)	N/A	N/A	N/A
D.2. (Transportation – New Conditions)	\$50,000	\$2,000,000	\$2,000,000
E. (Waste Disposal Activities)	\$50,000	\$2,000,000	\$2,000,000

Coverage	Deductible (Days)	Business Interruption (Days) Limit	Business Interruption (\$) Limit
F.1. (Business Interruption – Pre-Existing Conditions)	N/A	N/A	N/A
F.2. (Business Interruption – New Conditions)	N/A	N/A	N/A

Item 6. PREMIUM:

Policy Premium: [REDACTED]

Premium for Acts of Terrorism (TRIA): Not Purchased

Total Premium (Including TRIA): [REDACTED]

Compliance with all surplus lines placement requirements, including stamping the Policy and collection and payment of surplus lines taxes, is the responsibility of the broker.

Item 7. Minimum Earned Premium: [REDACTED]

Item 8. Intended Use: Bus Terminal and Depot

Item 9. Covered Property(ies): See Schedule of Covered Properties

Item 10. Waste Disposal Activities Retroactive Date: September 10, 2015

Item 11. Separation Date Between Pre and New Conditions Coverage: Various

**Item 12. Policy Coverage Form:
Endorsements:** IE.COV.SPILLS.SEL.001 (1111) Select Coverage Form
See SCHEDULE OF ENDORSEMENTS

Date: January 3, 2018
MO/DAY/YR.



Authorized Representative

Named Insured: Capital Area Transportation Authority

Policy Number: 003363400

Effective 12:01 AM: December 01, 2017

SCHEDULE OF ENDORSEMENTS

Endorsement number - Form Number – Edition Date – Form Name

1. IE.PN.ALL.002 (0316) Notice of Claim
2. IE.END.ALL.002 (0409) Terrorism Exclusion
3. IE.END.SPILLS.SEL.029 (1111) Remediation Expenses - Third Party Claims Only
4. MANUSCRIPT: Schedule of Covered Properties with Separation Date Amendatory Endorsement
5. IE.END.SPILLS.ALL.001 (1111) Additional Insured
6. IE.END.SPILLS.ALL.039 (1111) Waiver of Subrogation
7. MANUSCRIPT: Cancellation Notice to Third Parties Endorsement



FDI Risk Managers

39500 High Pointe Blvd., Suite 400

Novi, MI 48375

Phone: (248) 348-8200

SCHEDULE

DECLARATION

1. Named Insured

Capital Area Transportation Authority

Policy Number BES EW5000011 01

2. Insured Address

4615 Tranter Street
Lansing, Michigan 48910

3. Named States: MICHIGAN

4. Excluded States: None

5. Policy Period: From 3/1/2018 To 3/1/2019

at 12:01 a.m. Standard Time at the Insured's mailing address

6. Specific Retention

- a. Each Accident: \$500,000
- b. Each Employee for Disease: \$500,000

7. Specific Limit Each Accident

- a. Policy Part One, Workers' Compensation: Statutory
- b. Policy Part Two, Employers Liability: \$1,000,000.00

8. Specific Limit Each Employee for Disease

- a. Policy Part One, Workers' Compensation: Statutory
- b. Policy Part Two, Employers Liability: \$1,000,000.00

9. Aggregate Retention

- a. Minimum Retention: \$1,250,000
- b. Aggregate Loss Limitation: \$500,000
- c. Estimated Normal Premium: \$181,107
- d. Rate as a Percentage of Normal Premium: 704.285%



Centurion Insurance Agency, Inc.

2479 Woodlake Circle, Suite 300

Okemos, MI 48864-6931

Telephone (517) 381-5140

Facsimile (517) 381-5139

Specific and Aggregate
Excess Workers Compensation and
Employers Liability Indemnity Policy

10. Aggregate Limit: \$5,000,000

11. Classification of Operations: See Endorsement

12. Premium

- a. Estimated Normal Premium:
- b. Rate as a Percentage of Normal Premium:
- c. Policy Minimum Premium:
- d. Total Estimated Policy Premium:

- e. Deposit Premium:
- f. Deposit Flat Charges:
- g. Total Deposit Premium and Flat Charges Payable:



13. Endorsement Serial Numbers: See Endorsement Schedule

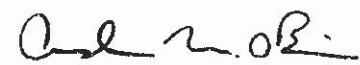
14. Service Company: CompOne Administrators Inc.
39500 High Pointe Blvd.
Novi, MI 48375

Countersigned

Benchmark Insurance Company



Licensed Resident Agent 3/5/2018
Date



Authorized Representative

This policy is exempt from the filing requirements of section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236.

**Specific and Aggregate
Excess Workers Compensation and
Employers Liability Indemnity Policy**



Insured: Capital Area Transportation Authority
Policy Term: 1
Policy No: BES EW5000011 01

Schedule Item 11 is amended to read as follows:

11. Classification of Operations:

State	Classification	Estimated Payroll	Rate per \$100 of Payroll	Estimated Manual Premium
MI	7380 - DRIVERS, CHAUFFEURS & THEIR HELPERS NOC	\$13,624,813	[REDACTED]	[REDACTED]
MI	8395 - AUTOMOBILE - REPAIR FACILITY	\$1,892,888		
MI	8810 - CLERICAL OFFICE EMPLOYEES	\$4,364,120		

Total Payroll: \$19,881,821
Total Manual Premium: [REDACTED]
Experience Modification Factor: [REDACTED]
Normal Premium: [REDACTED]

Countersigned

Benchmark Insurance Company

[Signature] 3/5/2018

[Signature]

Licensed Resident Agent Date

Authorized Representative

This endorsement forms part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

ATTACHMENT B

Attachment B: CATA – Insurance Brokerage & Consulting Services

 **Claims and Losses History**

Account Name:

CAPITAL AREA TRANSPORTATION

Account Number:

0056502099

Search Request Criteria: ALL

Report Run Date: 06/29/2018

Loss Evaluation Date: 06/28/2018



The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

hanover.com
The Agency Place (TAP)—<https://tap.hanover.com>

The information contained in this Loss Run report is proprietary and confidential and may include protected customer or consumer information. The information is provided solely for Loss Run and claims reviews and management purposes only. In accordance with The Hanover customer/consumer information protection practices and procedures and the requirements of applicable privacy laws, you agree to protect the information and not to disclose it to others or use for any purpose other than the stated purpose for which it was provided.

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CPP

	EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED +ALAE
ZHH 9663820 03	08/01/2014	06/15/2015	1	\$10,106	\$0	\$645	\$0	\$10,751
ZHH 9663820 02	08/01/2013	08/01/2014	0	\$0	\$0	\$0	\$0	\$0
ZHH 9663820 01	08/01/2013	08/01/2013	0	\$0	\$0	\$0	\$0	\$0
Z7H 9663820 00	08/01/2012	08/01/2013	0	\$0	\$0	\$0	\$0	\$0
TOTAL			1	\$10,106	\$0	\$645	\$0	\$10,751

Auto

	EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED +ALAE
AHH 7221146 27	08/01/2014	08/01/2015	1	\$50,370	\$0	\$1,079	\$0	\$51,449
AHH 7221146 26	08/01/2013	08/01/2014	1	\$50,954	\$0	\$0	\$0	\$50,954
AHH 7221146 25	08/01/2012	08/01/2013	2	\$8,165	\$0	\$0	\$0	\$8,165
TOTAL			4	\$109,489	\$0	\$1,079	\$0	\$110,568

Marine

	EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED +ALAE
IHH A419028 00	09/12/2014	09/12/2015	0	\$0	\$0	\$0	\$0	\$0
TOTAL			0	\$0	\$0	\$0	\$0	\$0

ACCOUNT TOTAL

5 \$119,595 \$0 \$1,724 \$0 \$121,319

CPP

POLICY #	CLAIMS #	EFFECTIVE	EXPIRATION	DATE OF LOSS	DATE REPORTED	OUTSTANDING	PAID	ALAE	RECOVERIES	INCURRED + ALAE	SUBROGATION	STATUS
ZHH 9663820 03	15-00418396	08/01/2014	06/15/2015	10/02/2014	10/03/2014	\$0	\$10,106	\$645	\$0	\$10,751	\$0	Closed

Loss Explanation: Lightning

Claimant: CAPITAL AREA TRANSPORTATION

Desc: Lightning Strike caused radio system to go down.

CPP

	EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED
	08/01/2014	06/15/2015	1	\$10,106	\$0	\$645	\$0	\$10,751
ACCOUNT TOTAL FOR CPP			1	\$10,106	\$0	\$645	\$0	\$10,751



Claims Detail

Account Name: CAPITAL AREA TRANSPORTATION
 Account Number: 0056502099

Auto

POLICY #	CLAIMS #	EFFECTIVE	EXPIRATION	DATE OF LOSS	DATE REPORTED	OUTSTANDING	PAID	ALAE	RECOVERIES	INCURRED + ALAE	SUBROGATION	STATUS
AHH 7221146 27	15-00554039	08/01/2014	08/01/2015	05/18/2015	05/20/2015	\$0	\$50,370	\$1,079	\$0	\$51,449	\$0	Closed

Loss Explanation: Partial Fire damage to vehicle

Driver:

Claimant: CAPITAL AREA TRANSPORTATION, A

Desc: IV engine caught on fire.

Auto

EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED
08/01/2014	08/01/2015	1	\$50,370	\$0	\$1,079	\$0	\$51,449

The information contained in the Loss Run Report may not be current. The ALAE may not include additional Expense Reserves on Open Claims. The incurred ALAE figure may not fully reflect the potential size of an Open Claim in the report. The Recoveries figure represents the amount of dollars recovered through salvage or subrogation on a claim and does not include deductible recoveries. If a policy includes a Casualty Deductible, the deductible recoveries would be subtracted from the Paid amount and the net difference will display in the Paid column. For policies with a Casualty Deductible, the Paid column may not fully reflect the size of a claim. This report represents the current year and prior five years of claims activity. Please contact your Hanover Underwriter for information on Open Claims.



Claims Detail

Account Name: CAPITAL AREA TRANSPORTATION
 Account Number: 0056502099

Auto

POLICY #	CLAIMS #	EFFECTIVE	EXPIRATION	DATE OF LOSS	DATE REPORTED	OUTSTANDING	PAID	ALAE	RECOVERIES	INCURRED + ALAE	SUBROGATION	STATUS
AHH 7221146 26	15-00181505	08/01/2013	08/01/2014	09/30/2013	10/01/2013	\$0	\$50,954	\$0	\$0	\$50,954	\$0	Closed

Loss Explanation: Rear End Accident

Driver:

Claimant: CAPITAL AREA TRANSPORT

Desc: OV R/E IV

Auto

EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED
08/01/2013	08/01/2014	1	\$50,954	\$0	\$0	\$0	\$50,954

The information contained in the Loss Run Report may not be current. The ALAE may not include additional Expense Reserves on Open Claims. The incurred ALAE figure may not fully reflect the potential size of an Open Claim in the report. The Recoveries figure represents the amount of dollars recovered through salvage or subrogation on a claim and does not include deductible recoveries. If a policy includes a Casualty Deductible, the deductible recoveries would be subtracted from the Paid amount and the net difference will display in the Paid column. For policies with a Casualty Deductible, the Paid column may not fully reflect the size of a claim. This report represents the current year and prior five years of claims activity. Please contact your Hanover Underwriter for information on Open Claims.

Auto

POLICY #	CLAIMS #	EFFECTIVE	EXPIRATION	DATE OF LOSS	DATE REPORTED	OUTSTANDING	PAID	ALAE	RECOVERIES	INCURRED + ALAE	SUBROGATION	STATUS
AHH 7221146 25	15-00015589	08/01/2012	08/01/2013	01/14/2013	01/15/2013	\$0	\$0	\$0	\$0	\$0	\$0	Closed

Loss Explanation: Theft of entire vehicle

Driver:

Claimant: COMERICA LEASING CORPORATION

Desc: IV stolen from their Grand Avenue bus station, 2007 Chevy Uplander, Insured vehicle #V54. \$5000ded. City of Lansing Police.

AHH 7221146 25	15-00130031	08/01/2012	08/01/2013	01/29/2013	07/09/2013	\$0	\$8,165	\$0	\$0	\$8,165	\$0	Closed
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Loss Explanation: Lane Change Accident

Driver:

Claimant: CAPITAL AREA TRANSPORT AUTH

Desc: Insured's supervisor involved in accident on i-496 in lansing, ov was fatailty lansing city police

Auto

	EFFECTIVE	EXPIRATION	CLAIMS	PAID	OUTSTANDING	ALAE	RECOVERIES	INCURRED
	08/01/2012	08/01/2013	2	\$8,165	\$0	\$0	\$0	\$8,165
ACCOUNT TOTAL FOR AUTO			4	\$109,489	\$0	\$1,079	\$0	\$110,568

Valued: Jun 28, 2018 1:08:10 PM

All Policies for a Selected Insured Account

Branch: **South Michigan**

Insured: **Capital Area Transportation Authority (105117839)**

Agency: **ACRISURE LLC (940165)**

Policy Number: **71427V**

Policy Term	Prefix	Line of Business	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
06/15/2015 to 06/15/2016	MPA	Earthquake	\$1,102	0.0%	\$0	\$0	\$0	\$0
	MPA	Special Multi-Peril	\$32,621	0.0%	\$0	\$0	\$0	\$0
	PFX Totals		\$33,723	0.0%	\$0	\$0	\$0	\$0
Term Totals			\$33,723	0.0%	\$0	\$0	\$0	\$0

Recap for Report Years

Prefix	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
MPA	\$33,723	0.0%	\$0	\$0	\$0	\$0
	\$33,723	0.0%	\$0	\$0	\$0	\$0

Policy Number: **71428V**

Policy Term	Prefix	Line of Business	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
06/15/2015 to 06/15/2016	BA	Auto Physical Damage	\$47,575	0.0%	\$0	\$0	\$0	\$0
Term Totals			\$47,575	0.0%	\$0	\$0	\$0	\$0

Policy Number: **81271W**

Policy Term	Prefix	Line of Business	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
12/01/2015 to 12/01/2016	BA	Auto Physical Damage	\$97,897	293.5%	\$287,363	\$287,363	\$0	\$0
Term Totals			\$97,897	293.5%	\$287,363	\$287,363	\$0	\$0

Valued: Jun 28, 2018 10:08:10 PM

All Policies for a Selected Insured Account

Branch: South Michigan

Insured: Capital Area Transportation Authority (105117839)

Agency: ACRISURE LLC (940165)

Policy Number: **81272W**

Policy Term	Prefix	Line of Business	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
12/01/2017 to 12/01/2018	MPA	Earthquake	\$1,363	0.0%	\$0	\$0	\$0	\$0
	MPA	Special Multi-Peril	\$44,139	0.0%	\$0	\$0	\$0	\$0
	PFX Totals		\$45,502	0.0%	\$0	\$0	\$0	\$0
Term Totals			\$45,502	0.0%	\$0	\$0	\$0	\$0
12/01/2016 to 12/01/2017	MPA	Earthquake	\$2,381	0.0%	\$0	\$0	\$0	\$0
	MPA	Special Multi-Peril	\$75,102	0.0%	\$0	\$0	\$0	\$0
	PFX Totals		\$77,483	0.0%	\$0	\$0	\$0	\$0
Term Totals			\$77,483	0.0%	\$0	\$0	\$0	\$0
12/01/2015 to 12/01/2016	MPA	Earthquake	\$2,381	0.0%	\$0	\$0	\$0	\$0
	MPA	Special Multi-Peril	\$75,767	2.2%	\$1,658	\$1,658	\$0	\$0
	PFX Totals		\$78,148	2.1%	\$1,658	\$1,658	\$0	\$0
Term Totals			\$78,148	2.1%	\$1,658	\$1,658	\$0	\$0

Recap for Report Years

Prefix	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
MPA	\$201,133	0.8%	\$1,658	\$1,658	\$0	\$0
	\$201,133	0.8%	\$1,658	\$1,658	\$0	\$0



Nationwide - Policyholder Inquiry Report (HV Platform)

Valued:

Account Summary - Part 1

Branch: South Michigan

Insured: Capital Area Transportation Authority (105117839)

Agency: ACRISURE LLC (940165)

By Policy Term

Policy Term	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
12/01/2017 to 12/01/2018	\$45,502	0.0%	\$0	\$0	\$0	\$0
12/01/2016 to 12/01/2017	\$77,483	0.0%	\$0	\$0	\$0	\$0
12/01/2015 to 12/01/2016	\$176,045	164.2%	\$289,022	\$289,022	\$0	\$0
06/15/2015 to 06/15/2016	\$81,298	0.0%	\$0	\$0	\$0	\$0
All Terms Totals	\$380,328	76.0%	\$289,022	\$289,022	\$0	\$0

By Line of Business (for all terms)

LOB Description	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
Auto Physical Damage	\$145,472	197.5%	\$287,363	\$287,363	\$0	\$0
Earthquake	\$7,227	0.0%	\$0	\$0	\$0	\$0
Special Multi-Peril	\$227,629	0.7%	\$1,658	\$1,658	\$0	\$0
All Line of Business Totals	\$380,328	76.0%	\$289,022	\$289,022	\$0	\$0



Nationwide - Policyholder Inquiry Report (HV Platform)

Valued:

Account Summary - Part 2

Branch: South Michigan

Insured: Capital Area Transportation Authority (105117839)

Agency: ACRISURE LLC (940165)

By Term and Line of Business

Policy Term	LOB Description	Earned Premium	Loss %	Incurred Losses	Loss Payments	Loss Reserves	Loss Expenses
12/01/2017 to 12/01/2018	Earthquake	\$1,363	0.0%	\$0	\$0	\$0	\$0
	Special Multi-Peril	\$44,139	0.0%	\$0	\$0	\$0	\$0
12/01/2017 to 12/01/2018		\$45,502	0.0%	\$0	\$0	\$0	\$0
12/01/2016 to 12/01/2017	Earthquake	\$2,381	0.0%	\$0	\$0	\$0	\$0
	Special Multi-Peril	\$75,102	0.0%	\$0	\$0	\$0	\$0
12/01/2016 to 12/01/2017		\$77,483	0.0%	\$0	\$0	\$0	\$0
12/01/2015 to 12/01/2016	Auto Physical Damage	\$97,897	293.5%	\$287,363	\$287,363	\$0	\$0
	Earthquake	\$2,381	0.0%	\$0	\$0	\$0	\$0
	Special Multi-Peril	\$75,767	2.2%	\$1,658	\$1,658	\$0	\$0
12/01/2015 to 12/01/2016		\$176,045	164.2%	\$289,022	\$289,022	\$0	\$0
06/15/2015 to 06/15/2016	Auto Physical Damage	\$47,575	0.0%	\$0	\$0	\$0	\$0
	Earthquake	\$1,102	0.0%	\$0	\$0	\$0	\$0
	Special Multi-Peril	\$32,621	0.0%	\$0	\$0	\$0	\$0
06/15/2015 to 06/15/2016		\$81,298	0.0%	\$0	\$0	\$0	\$0
Totals		\$380,328	76.0%	\$289,022	\$289,022	\$0	\$0

44225 - CAPITAL AREA TRANSPORTATION AUTHORITY

Policy Prefix Description	Policy	Policy Effective Date	Losses on Policy	Number of Claims	Number of Open Claims	Number of Closed Claims	Loss Paid	Loss Reserve	Loss Incurred	Expense Paid	Expense Reserve	Salvage/Subro Recovered	Net Total Incurred
PUBLIC TRANS - DEDUCTIBLE	TD-69	12/1/2015	Yes	111	3	108	\$225,824.73	\$140,494.57	\$366,319.30	\$43,884.56	\$18,463.99	\$0.00	\$428,667.85
	TD-69	12/1/2016	Yes	56	8	48	\$43,572.58	\$81,955.69	\$125,528.27	\$1,194.71	\$5,375.40	\$0.00	\$132,098.38
	TD-69	12/1/2017	Yes	26	11	15	\$11,013.94	\$73,057.84	\$84,071.78	\$476.94	\$907.56	\$0.00	\$85,456.28
PUBLIC TRANS - DEDUCTIBLE				193	22	171	\$280,411.25	\$295,508.10	\$575,919.35	\$45,556.21	\$24,746.95	\$0.00	\$646,222.51
CAPITAL AREA TRANSPORTATION AUTHORITY				193	22	171	\$280,411.25	\$295,508.10	\$575,919.35	\$45,556.21	\$24,746.95	\$0.00	\$646,222.51

This Loss Run report presents claims associated with each applicable coverage OR may indicate that no claim has been reported. If you have questions regarding this report, please contact your underwriter. The report is based on data available on or about 6/22/2018.

The report is filtered for the following coverages: **CYBER RISK, D&O NOT FOR PROFIT, EPL, FIDUCIARY**

Agent: **SHINBERG AGENCY\THE 0CQM87**

Coverage: CYBER RISK

Policy	Insured	Cov Eff Date	Cov Exp Date	Notice Date	Claim #	Claimant Name	Loss Paid	Expense Paid	Incurred	Claim Type	Status
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2017	12/1/2018			No Claims					
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2016	12/1/2017			No Claims					

Coverage: D&O NOT FOR PROFIT

Policy	Insured	Cov Eff Date	Cov Exp Date	Notice Date	Claim #	Claimant Name	Loss Paid	Expense Paid	Incurred	Claim Type	Status
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2017	12/1/2018			No Claims					
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2016	12/1/2017	3/10/2017	T1703442	Unknown - DO NOT CHANGE	\$0.00	\$0.00	Not Available	Claim	Closed 11/13/2017

Coverage: EPL

Policy	Insured	Cov Eff Date	Cov Exp Date	Notice Date	Claim #	Claimant Name	Loss Paid	Expense Paid	Incurred	Claim Type	Status
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2017	12/1/2018			No Claims					
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2016	12/1/2017			No Claims					



Loss Run Report

Report Date: 06/28/2018

Report period requested: 5 Years

This Loss Run report presents claims associated with each applicable coverage OR may indicate that no claim has been reported. If you have questions regarding this report, please contact your underwriter. The report is based on data available on or about 6/22/2018.

The report is filtered for the following coverages: CYBER RISK, D&O NOT FOR PROFIT, EPL, FIDUCIARY

Agent: SHINBERG AGENCY\THE 0CQM87

Coverage: FIDUCIARY

Policy	Insured	Cov Eff Date	Cov Exp Date	Notice Date	Claim #	Claimant Name	Loss Paid	Expense Paid	Incurred	Claim Type	Status
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2017	12/1/2018			No Claims					
106638318	CAPITAL AREA TRANSPORTATION AUTHORITY	12/1/2016	12/1/2017			No Claims					

Capital Area Transportation Au
Accident Year Summary as of 05/31/2018

	Reserves	Paid To Date	Incurred To Date	Paid This Period
2006				
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
LAE	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2006	1	1	0	0	0

2007				
Indemnity	\$0.00	\$10,000.00	\$10,000.00	\$0.00
LAE	\$0.00	\$22,926.39	\$22,926.39	\$0.00
Medical	\$0.00	\$46,041.57	\$46,041.57	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$78,967.96	\$78,967.96	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2007	4	2	0	2	0

2008				
Indemnity	\$0.00	\$105,025.52	\$105,025.52	\$0.00
LAE	\$0.00	\$28,717.49	\$28,717.49	\$0.00
Medical	\$0.00	\$35,367.00	\$35,367.00	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$169,110.01	\$169,110.01	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2008	12	3	0	9	0

2009				
Indemnity	\$0.00	\$149,212.53	\$149,212.53	\$0.00
LAE	\$0.00	\$39,139.00	\$39,139.00	\$0.00
Medical	\$0.00	\$50,422.56	\$50,422.56	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$238,774.09	\$238,774.09	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2009	27	7	0	20	0

2010				
Indemnity	\$0.00	\$39,322.78	\$39,322.78	\$0.00
LAE	\$0.00	\$48,915.61	\$48,915.61	\$0.00
Medical	\$0.00	\$36,243.95	\$36,243.95	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$124,482.34	\$124,482.34	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2010	22	9	0	13	0

Capital Area Transportation Au
Accident Year Summary as of 05/31/2018

	Reserves	Paid To Date	Incurred To Date	Paid This Period
2011				
Indemnity	\$0.00	\$2,857.47	\$2,857.47	\$0.00
LAE	\$0.00	\$1,109.93	\$1,109.93	\$0.00
Medical	\$0.00	\$8,000.17	\$8,000.17	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$11,967.57	\$11,967.57	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2011	11	4	0	7	0

2012				
Indemnity	\$0.00	\$207,163.58	\$207,163.58	\$0.00
LAE	\$0.00	\$79,027.94	\$79,027.94	\$0.00
Medical	\$0.00	\$105,681.65	\$105,681.65	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$391,873.17	\$391,873.17	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2012	19	4	0	15	0

2013				
Indemnity	\$0.00	\$105,403.71	\$105,403.71	\$0.00
LAE	\$0.00	\$36,771.86	\$36,771.86	\$0.00
Medical	\$0.00	\$74,807.60	\$74,807.60	\$0.00
Rehab	\$0.00	\$235.20	\$235.20	\$0.00
Total	\$0.00	\$217,218.37	\$217,218.37	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2013	18	9	0	9	0

2014				
Indemnity	\$0.00	\$4,821.28	\$4,821.28	\$0.00
LAE	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$12,483.31	\$12,483.31	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$17,304.59	\$17,304.59	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2014	6	3	0	3	0

2015				
Indemnity	\$20,618.39	\$100,577.60	\$121,195.99	\$3,733.65
LAE	\$50.00	\$0.00	\$50.00	\$0.00
Medical	\$3,578.23	\$32,440.00	\$36,018.23	\$416.51
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$24,246.62	\$133,017.60	\$157,264.22	\$4,150.16

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2015	12	5	1	7	0

2016

Capital Area Transportation Au
Accident Year Summary as of 05/31/2018

	Reserves	Paid To Date	Incurred To Date	Paid This Period
Indemnity	\$0.00	\$18,846.07	\$18,846.07	\$0.00
LAE	\$0.00	\$11,504.60	\$11,504.60	\$0.00
Medical	\$0.00	\$22,374.74	\$22,374.74	\$0.00
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$52,725.41	\$52,725.41	\$0.00

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2016	11	1	0	10	0

2017

Indemnity	\$32,305.45	\$121,631.11	\$153,936.56	\$8,006.15
LAE	\$46,498.56	\$3,751.44	\$50,250.00	\$103.51
Medical	\$41,421.54	\$51,711.56	\$93,133.10	\$1,263.98
Rehab	\$6,000.00	\$0.00	\$6,000.00	\$0.00
Total	\$126,225.55	\$177,094.11	\$303,319.66	\$9,373.64

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2017	21	9	6	12	1

2018

Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
LAE	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$600.00	\$1,392.82	\$1,992.82	\$914.55
Rehab	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$600.00	\$1,392.82	\$1,992.82	\$914.55

Accident Year	Total Claim Count	Indemnity Claim Count	Open Indemnity Claims	Medical Claim Count	Open Medical Claims
2018	4	2	2	2	1

GRAND TOTAL

Category	Reserves	Paid To Date	Incurred To Date	Paid This Period
Indemnity	\$52,923.84	\$864,861.65	\$917,785.49	\$11,739.80
LAE	\$46,548.56	\$271,864.26	\$318,412.82	\$103.51
Medical	\$45,599.77	\$476,966.93	\$522,566.70	\$2,595.04
Rehab	\$6,000.00	\$235.20	\$6,235.20	\$0.00
Total	\$151,072.17	\$1,613,928.04	\$1,765,000.21	\$14,438.35

REPORTED THIS MONTH

Total Claim Count This Month	Ind Claim Count This Month	Med Claim Count This Month
2	2	0