

From: [Deborah Swartz](#)
To: [McLaughlin, Natalie](#); [Lemos, June](#)
Cc: ["Jeff Lucas"](#)
Subject: RE: E & O Insurance
Date: Tuesday, April 27, 2021 9:48:58 AM
Attachments: [E & O Insurance.pdf](#)

Good Morning,

Attached is the quote we received for the E & O Insurance. I will be signing the contract for the insurance hopefully today, and will send to you this task is completed. Please contact Jeff of I if you have any questions.

Sincerely,

Deborah

Deborah L. Swartz
Program Manager
Community Development Services
3895 Main Street
Kelseyville, CA 95451
(707) 279-1540 ex 102
(707) 953-3475 cell
deborahswartz@mediacombb.net

-----Original Message-----

From: Jeff Lucas <jefflucas@mchsi.com>
Sent: Monday, April 26, 2021 4:52 PM
To: 'Deborah Swartz' <deborahswartz@mediacombb.net>
Subject: Fort Bragg Contract

Deb,

Please send the amount of the cost for the \$1,000,000 coverage to Natalie and June. Natalie will make sure our contract is increased to cover the cost.

Thank you,

--

Jeff Lucas, Principal
Community Development Services
3895 Main Street
Kelseyville, CA 95451
707-279-1540
707-489-4943 cell
jefflucas@mchsi.com



PRODUCER: Lincoln-Leavitt Insurance Agency, Inc.
Lakeport , CA

FROM: Chris Laeng

ATTN: Jill Jensen

Quotation

We are pleased to offer the following Quotation obtained solely on the basis of your instructions to us. This Quotation may be withdrawn at any time prior to acceptance, and in no event will it remain open beyond 30 days from the date shown above. Coverage may not be bound without prior consent from the insurer as confirmed in writing by Brown & Riding.

Please note that the coverage, terms, and conditions described in this Quotation may differ from those requested in Producer's original submission. Producer is responsible for reviewing the suitability of coverage, terms, and conditions with the insured and for reconciling any differences between this Quotation and your original submission to us. Brown & Riding disclaims any responsibility for identifying or reconciling differences between this Quotation and Producer's original submission.

TERM: To be determined

INSURED: Parker, Lucas and Associates DBA Community Development Services

MAILING ADDRESS: 3895 Main Street
Kelseyville, CA 95451

COMPANY: Gemini Insurance Company

TERMS: All terms and conditions per carrier quote, policy forms, endorsements, exclusions and notices

Annual Premium	\$	3,449.00	
Broker fee	\$	200.00	Fully retained at inception
CA Surplus lines tax	\$	103.47	
CA Stamping fee	\$	8.62	
Total Gross Amount	\$	3,761.09	

COMMISSION: 12.00 % **Balance due in 20 Days**

25.0% MINIMUM RETAINED PREMIUM IN THE EVENT OF CANCELLATION. NO FLAT