

**Property & Liability Insurance  
RFP Vendor Premium Proposal Form**

Company Name \_\_\_\_\_

The following proposal is offered to Lowndes County based on the coverages provided in the Coverage Specifications section of this RFP:

<b>Policy Period</b>	July 1, 2024, through June 30, 2025
<b>Proposed Carrier</b>	
<b>Annual Premium*</b>	\$

\*Vendor must attach a proposal that supports the coverage quoted under the annual premium. (If multiple carriers are being utilized please provide a separate proposal form for each carrier)

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**Proposal Question:** Will the Lowndes County Attorney be given first consideration, as legal representation, for any litigation and law suits filed against Lowndes County, their employees and Elected Officials.

Please mark your answer: Yes: \_\_\_\_\_

No: \_\_\_\_\_

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Authorized Signature

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Title

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Print Name

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Date