

City of Mesquite
Dental RFP Vendor List
Effective Date: 1/1/2020

Vendor	AM Best	Benefits	Comment
BCBS	A (Excellent)	DPPO	Quoted - on the spreadsheet
Cigna- Incumbent	A (Excellent)	DPPO & DHMO	Quoted - on the spreadsheet
Delta Dental	A (Excellent)	DPPO & DHMO	Quoted - on the spreadsheet
Guardian	-	No response	No response
Humana	A- (Excellent)	DPPO & DHMO	Quoted - on the spreadsheet
Metlife	A+ (Superior)	DPPO & DHMO	Quoted - on the spreadsheet
Principal	-	No response	No response
Reliance	A+ (Superior)	DPPO	Quoted - on the spreadsheet
The Standard	-	No response	No response
Unum	A (Excellent)	DPPO	Quoted - on the spreadsheet

This is not an insurance contract: This proposal is for comparison purposes only. Please refer to certificate booklet or proposal for additional details, including limitations and exclusions.

Final rates and benefits will be determined by actual enrollment and plan selection.



City of Mesquite
Dental PPO Marketing Analysis
Effective Date: 1/1/2020

Benefits	Current	Renewal	Negotiated	Proposed	Proposed	Proposed
	Cigna DPPO	Cigna DPPO	Cigna DPPO	Cigna DPPO - \$2,000 Max Option	BCBS DPPO - Base Option 1	BCBS DPPO - Buy Up Option 2
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Ded Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes
Preventive	100%	100%	100%	100%	80%	100%
Basic	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	50%	80%
Major	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	50%
Endodontics and Periodontics	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	30%	50%
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$1,000	\$1,500
R&C Percentage	90%	90%	90%	90%	MAC	90%
Ortho (Adult/Child)	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Not Covered	Child Only
Late Entrants / Waiting Period	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	50% on Class 3 and 4 for 24 months	None	None
Ortho Coverage	50%	50%	50%	50%	N/A	50%
Lifetime Ortho Max	\$1,500	\$1,500	\$1,500	\$1,500	N/A	\$1,500
Rate Guarantee	-	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	1 year - Until 12/31/2020	1 year - Until 12/31/2020
Employee Only 310	\$36.83	\$39.36	\$38.69	\$40.59	\$12.08	\$42.65
Employee + Spouse 100	\$82.90	\$88.60	\$87.08	\$91.35	\$24.24	\$96.00
Employee + Child(ren) 115	\$75.19	\$80.36	\$78.98	\$82.85	\$26.63	\$87.07
Employee + Family 226	\$121.28	\$129.62	\$127.39	\$133.63	\$39.37	\$140.44
Monthly Total 751	\$55,763	\$59,597	\$58,575	\$61,446	\$18,129	\$64,574
Annual Total	\$669,161	\$715,165	\$702,897	\$737,352	\$217,546	\$774,888
\$ Over Current	-	\$46,004	\$33,736	\$68,191	(\$451,615)	\$105,727
% Over Current	-	6.87%	5.04%	10.19%	-67.49%	15.80%

\$100,000 bill credit

\$100,000 bill credit
.86% increase if \$100,000 bill credit applied

Notes



City of Mesquite
Dental PPO Marketing Analysis
Effective Date: 1/1/2020

Benefits	Current	Proposed	Proposed	Proposed	Proposed	Proposed
	Cigna DPPO	Delta Dental DPPO - Option 1	Delta Dental DPPO - Option 2	Delta Dental DPPO - Option 3	Humana DPPO - Option 1	Humana DPPO - Option 2
	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network	In/Out of Network
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Ded Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes
Preventive	100%	100%	100%	100%	100%	100%
Basic	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	80%	80%	90%	80%
Major	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	50%	60%	50%
Endodontics and Periodontics	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	50%	60%	50%
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500*	\$1,500*
R&C Percentage	90%	90%	90%	Program Allowance	90%	90%
Ortho (Adult/Child)	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child	Adult & Child
Late Entrants / Waiting Period	50% on Class 3 and 4 for 24 months	None	None	None	12 months for basic, major and orthodontia	12 months for basic, major and orthodontia
Ortho Coverage	50%	50%	50%	50%	50%	50%
Lifetime Ortho Max	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Rate Guarantee	-	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	2 years - Until 12/31/2021	2 years - Until 12/31/2021
Employee Only 310	\$36.83	\$39.03	\$33.41	\$32.83	\$41.17	\$36.26
Employee + Spouse 100	\$82.90	\$87.86	\$75.18	\$73.88	\$92.67	\$81.61
Employee + Child(ren) 115	\$75.19	\$79.69	\$72.04	\$70.79	\$84.05	\$74.02
Employee + Family 226	\$121.28	\$128.53	\$114.89	\$112.90	\$135.57	\$119.39
Monthly Total 751	\$55,763	\$59,097	\$52,125	\$51,222	\$62,334	\$54,896
Annual Total	\$669,161	\$709,169	\$625,498	\$614,659	\$748,011	\$658,752
\$ Over Current	-	\$40,008	(\$43,663)	(\$54,503)	\$78,850	(\$10,409)
% Over Current	-	5.98%	-6.53%	-8.14%	11.78%	-1.56%

5% rate cap in year 4 & 5
\$5,000 allowance for communication materials cost incurred during implementation
Additional discounts when using Delta Premier Dentists
Must have dual option

*30% coinsurance once calendar year max has been met,
excludes orthodontia
7% rate cap on years 3,4 & 5

Notes



City of Mesquite
Dental PPO Marketing Analysis
Effective Date: 1/1/2020

Benefits	Current	Proposed	Proposed	Proposed	Proposed
	Cigna DPPO	MetLife DPPO - Option 1	MetLife DPPO - Option 2	Reliance Standard DPPO -	UNUM DPPO
	In/Out of Network	In/Out of Network	In/Out of Network	In-Network/Out of Network	In/Out of Network
Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Ded Waived for Preventive	Yes	Yes	Yes	Yes	Yes
Preventive	100%	100%	100%	100%	100%
Basic	Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	80%	85%	Yr 1: 80%; Yr 2: 90%; Yr 3: 100%	90%
Major	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	55%	65%	60%
Endodontics and Periodontics	Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	50%	55%	65%	60%
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
R&C Percentage	90%	90%	90%	90%	90%
Ortho (Adult/Child)	Adult & Child	Adult & Child	Adult & Child	Child Only	Adult & Child
Late Entrants / Waiting Period	50% on Class 3 and 4 for 24 months	None	None	None	None
Ortho Coverage	50%	50%	50%	50%	50%
Lifetime Ortho Max	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Rate Guarantee	-	2 years - Until 12/31/2021	2 years - Until 12/31/2021	2 years - Until 12/31/2021	1 year - Until 12/31/2020
Employee Only 310	\$36.83	\$35.47	\$38.16	\$43.44	\$42.80
Employee + Spouse 100	\$82.90	\$79.83	\$85.88	\$97.76	\$96.34
Employee + Child(ren) 115	\$75.19	\$72.41	\$77.90	\$88.68	\$87.38
Employee + Family 226	\$121.28	\$116.79	\$125.65	\$143.00	\$140.94
Monthly Total 751	\$55,763	\$53,700	\$57,773	\$65,759	\$64,803
Annual Total	\$669,161	\$644,405	\$693,276	\$789,103	\$777,638
\$ Over Current	-	(\$24,756)	\$24,115	\$119,942	\$108,477
% Over Current	-	-3.70%	3.60%	17.92%	16.21%

7% rate cap on year 3
3% to \$30,000 implementation allowance

6% rate cap on year 3
*If member has at least 1 covered dental procedure performed within year 1, Type 2 will be covered at 90% year 2, and 100% in year 3 and remain there as long one covered dental procedure if performed annually. If a member misses a year, will revert back to 80%.

*Annual maximum carryover benefit. If member has 1 cleaning, 1 regular exam and total claims are under \$700 rollover amount is \$350 which accumulates to a max of \$1,250 up to an annual maximum of \$2,750.

Notes



City of Mesquite
DHMO Marketing Analysis
Effective Date: 1/1/2020

	Current	Renewal	Negotiated	Proposed	Proposed	Proposed	Proposed
Benefits	Cigna DHMO Plan G1-V9	Cigna DHMO Plan G1-V9	Cigna DHMO Plan G1-V9	Delta Dental - Option 1 DHMO Plan 16B	Delta Dental - Option 2 DHMO Plan D70	Humana DHMO Plan HD215	MetLife DHMO MET335
Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Diagnostic/ Preventive - Oral Exams - Routine Cleanings - Fluoride Applications - Sealants - Space Maintainers	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$17	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$17	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$17	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$12	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$15	Office Visit Copay = \$15 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$0 Sealant per tooth = \$20	Office Visit Copay = \$5 Periodic Oral evaluation = \$0 Bitewing complete series = \$0 Panoramic film = \$0 Prophylaxis child/adult = \$5 Sealant per tooth = \$0
Basic/Restorative - Fillings - Full Mouth X rays - Bitewing X-rays - Panoramic X rays - Root Canal Therapy - Oral Surgery - Simple Extractions	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$115 Endodontic Therapy (root canal) molar = \$595 Periodontal maintenance = \$93	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$115 Endodontic Therapy (root canal) molar = \$595 Periodontal maintenance = \$93	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$115 Endodontic Therapy (root canal) molar = \$595 Periodontal maintenance = \$93	Amalgam 1-4+ surfaces = \$23 - \$40 Resin-based composite posterior 1-4 surfaces = \$47-\$82 Endodontic Therapy (root canal) molar = \$335 Periodontal maintenance = \$53	Amalgam 1-4+ surfaces = \$16 - \$32 Resin-based composite posterior 1-4 surfaces = \$42-\$100 Endodontic Therapy (root canal) molar = \$505 Periodontal maintenance = \$78	Amalgam 1-4+ surfaces = \$30 - \$40 Resin-based composite posterior 1-4 surfaces = \$70-\$110 Endodontic Therapy (root canal) molar = \$390 Periodontal maintenance = \$70	Amalgam 1-4+ surfaces = \$12 - \$25 Resin-based composite posterior 1-4 surfaces = \$30-\$65 Endodontic Therapy (root canal) molar = \$305 Periodontal maintenance = \$45
Major Restorative - Crowns - Dentures - Bridges - Repairs to Bridges, Crowns, Inlays	Inlay-metallic-3 surfaces = \$435 Crown Titanium = \$490 Immediate denture = \$705	Inlay-metallic-3 surfaces = \$435 Crown Titanium = \$490 Immediate denture = \$705	Inlay-metallic-3 surfaces = \$435 Crown Titanium = \$490 Immediate denture = \$705	Inlay-metallic-3 surfaces = \$340 Crown Titanium = \$460 Immediate denture = \$680	Inlay-metallic-3 surfaces = \$410 Crown Titanium = \$460 Immediate denture = \$550	Inlay-metallic-3 surfaces = \$365 Crown Titanium = \$410 Immediate denture = \$550	Inlay-metallic-3 surfaces = \$310 Crown Titanium = \$335 Immediate denture = \$505
Endodontics and Periodontics	See above	See above	See above	See above	See above	See above	See above
Calendar Year Maximum	None	None	None	None	None	None	None
Orthodontia	24 Month treatment fee Children = \$2,472 Adult = \$3,384	24 Month treatment fee Children = \$2,472 Adult = \$3,384	24 Month treatment fee Children = \$2,472 Adult = \$3,384	24 Month treatment fee Children = \$1,530 Adult = \$1,730	24 Month treatment fee Children = \$2,774 Adult = \$3,590	24 Month treatment fee Children = \$1,900 Adult = \$1,900	24 Month treatment fee Children = \$2,410 Adult = \$2,410
Rate Guarantee	--	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	3 years - Until 12/31/2022	2 years - Until 12/31/2021	2 years - Until 12/31/2021
Dental Enrollment & Rates	DHMO						
Employee Only	126	\$10.43	\$10.79	\$10.95	\$11.37	\$9.47	\$11.56
Employee + Spouse	56	\$20.93	\$21.66	\$21.98	\$22.81	\$18.95	\$21.96
Employee + Child(ren)	52	\$23.00	\$23.80	\$24.15	\$25.07	\$21.30	\$23.11
Employee + Family	76	\$34.00	\$35.19	\$35.70	\$37.06	\$33.49	\$35.83
Monthly Total	310	\$6,266.26	\$6,484.54	\$6,579.58	\$6,830.18	\$5,907.26	\$6,611.12
Annual Total		\$75,195.12	\$77,814.48	\$78,954.96	\$81,962.16	\$70,887.12	\$79,333.44
Annual Diff Over Current		-	\$2,619.36	\$1,140.48	\$6,767.04	(\$4,308.00)	\$4,138.32
Percent Diff Over Current		-	3.48%	5.00%	9.00%	-5.73%	5.50%

5% rate cap in year 4 & 5
\$5,000 allowance for communication materials cost incurred during implementation
Must have dual option

7% rate cap on years 3,4 & 5

7% rate cap on year 3
3% to \$30,000 implementation allowance



City of Mesquite
Reliance Additional Options Marketing Analysis
Effective Date: 1/1/2020

Benefits			Current	Proposed	Proposed	Proposed	Proposed
			Cigna DPPO	Reliance Option 1 - MAC	Reliance Option 1 - 90th	Reliance Option 2 - Low	Reliance Option 2 - High
			In/Out of Network	In Network	Out of Network	In/Out of Network	In/Out of Network
Deductible			\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Ded Waived for Preventive			Yes	Yes	Yes	Yes	Yes
Preventive			100%	100%	100%	100%	100%
Basic			Yr 1: 80%; Yr 2: 85%; Yr 3: 90%; Yr 4:95%	100%	80%	100%	80%
Major			Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	60%	50%	60%	50%
Endodontics and Periodontics			Yr 1: 50%; Yr 2: 55%; Yr 3: 60%; Yr 4:65%	60%	50%	50%	50%
Calendar Year Maximum			\$1,500	\$1,000	\$1,000	\$1,500	\$2,000
R&C Percentage			90%	MAC	90%	MAC	90%
Ortho (Adult/Child)			Adult & Child	Child Only	Child Only	Child Only	Child Only
Late Entrants / Waiting Period			50% on Class 3 and 4 for 24 months	None	None	None	None
Ortho Coverage			50%	50%	50%	50%	50%
Lifetime Ortho Max			\$1,500	\$1,500	\$1,500	\$1,500	\$2,000
Rate Guarantee	DPPO	DHMO	-	2 years - until 12/31/2021			
Employee Only	310	126	\$36.83	\$36.52		\$33.40	\$46.36
Employee + Spouse	100	56	\$82.90	\$82.24		\$75.20	\$104.36
Employee + Child(ren)	115	52	\$75.19	\$74.60		\$68.20	\$94.68
Employee + Family	226	76	\$121.28	\$120.32		\$110.00	\$152.72
Monthly Total	751		-	\$77,547		\$20,326	\$70,211
Annual Total			\$744,356	\$930,564		\$1,086,438.24	
\$ Over Current			-	\$186,208		\$342,082.12	
% Over Current			-	25.02%		45.96%	

Combined annual totals for DHMO and DPPO

4% rate cap on year 3
MAC - New Choice Plus, 90th-Passive PPO
Includes all enrollees - DPPO + DHMO

4% rate cap on year 3
Low - New Choice Plus, High-Passive PPO

Notes



City of Mesquite
Network Analysis
Effective Date: 1/1/2020

	Current	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
Network Analysis Accessibility	Cigna	BCBS	Delta Dental	Humana	MetLife	Reliance	UNUM
Access to General/Family Dentist	82.20%	96.10%	92.30%	91.70%	96.20%	94.00%	95.30%
Without Access to General/Family Dentist	17.80%	3.90%	7.70%	8.30%	3.80%	6.00%	4.70%
Access to Specialist	82.60%	89.30%	86.60%	86.40%	90.80%	87.70%	95.90%
Without Access to Specialist	17.40%	10.70%	13.40%	13.60%	9.20%	12.30%	4.10%
Access to Orthodontist	81.90%	85.40%	81.60%	79.10%	84.70%	83.00%	
Without Access to Orthodontist	18.10%	14.60%	18.40%	20.90%	15.30%	17.00%	
Disruption							
In Network DHMO Provider Match	14.00%	N/A	20%	2.00%	8.26%	N/A	
In Network DPPO Provider Match	73.00%	58.40%	51.00%	54.74%	77.37%	55.60%	
Notes	*2 General and Family Dentist within 10 miles **2 Specialists within 10 miles ***2 Orthodontist within 10 miles						*specialist within 15 miles



Disclaimer

The following summary of coverages is to be used only as an overview of each policy written and in no way should it be used, nor is intended to be used, as a substitute for the original policy provisions. It has been prepared as a guideline for your reference only.

The policy/policies contain conditions, limitations and exclusions which may affect or limit coverage to be provided and should be reviewed by the insured to verify that coverage has been written as requested.

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You should be aware that we may receive additional income from the following sources:

- ☐ **Interest or Investment Income earned on insurance premiums.**
 - ☐ **Expense Allowances or Reimbursements from insurance companies and other vendors for (a) educational and professional development programs; (b) managing and administering certain binding authorities and other similar facilities, including claims which may arise; and (c) attendance at insurance company meetings and events; all of which we believe enable us to provide more efficient service and competitive terms to those clients for whom we consider the use of such facilities appropriate.**
 - ☐ **Tier II Commission (sometimes referred to as “extra compensation”) is exclusive to the placement of employee benefits insurance and is based on premium volume of new business and/or premium retention.**
 - ☐ **Contingent Commission (sometimes referred to as “profit sharing”) which can be based on profitability, premium volume, premium retention, and/or growth.**
- If any part of your account is on a fee basis, we will not accept contingent commissions related to your account.**

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