



## **VILLAGE OF ROAMING SHORES, OHIO**

### **SPECIFICATIONS**

### **INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM**

MEMBER ENTITY: OH1050024-P09

Bid Opening: Wednesday, September 28, 2011  
Kevin Grippi  
Village Administrator

Village of Roaming Shores, Ohio  
2500 Hayford Road, P.O. Box 237  
Roaming Shores, Ohio 44084

**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
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**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
NOTICE TO BIDDERS**

Sealed bids will be received by the Village Hall, of the Village of Roaming Shores, Ashtabula County, Ohio, 2500 Hayford Road, P.O. Box 237, Roaming Shores, Ohio, until 10:30 a.m., Eastern Standard Time, WEDNESDAY, SEPTEMBER 28, 2011, for the purchase of **INSURANCE FOR THE PROPERTY / CASUALTY INSURANCE PROGRAM** for the Village of Roaming Shores at such time and place the bids will be publicly opened and read aloud.

Detailed specifications and bid forms are on file and copies may be obtained in the Village Hall, 2500 Hayford Road, P.O. Box 237, Roaming Shores, Ohio or online at [www.roamingshoresOH.gov](http://www.roamingshoresOH.gov). The policy shall be effective **OCTOBER 1, 2011**.

Each bid must be accompanied by a Bid Bond, Certified Check or Cashiers Check for 10% of the amount of the annual bid price submitted, unless otherwise specified. Bids cannot be withdrawn for a period of ninety days (90) after the bid opening.

The Village of Roaming Shores, Ohio reserves the right to reject any or all bids or to correct or waive irregularities in bids should it be deemed in the best interest of the Village of Roaming Shores, Ohio.

Kevin Grippi  
Village Administrator

Advertise: Twice in September, 2011

**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
INSTRUCTIONS TO BIDDERS**

1. Sealed bids will be received by the Village Hall of the Village of Roaming Shores, Ashtabula County, Ohio, until 10:30 a.m. Eastern Standard Time, WEDNESDAY, SEPTEMBER 28, 2011 at which time bids will be publicly opened and read aloud for the purchase of **INSURANCE FOR THE PROPERTY / CASUALTY INSURANCE PROGRAM** as per the specifications and schedules included in these specifications. Such insurance shall be bid subject to the forms designated in the attached specifications or their equivalent.

Each bid must be enclosed in a sealed envelope, clearly marked “**INSURANCE FOR THE PROPERTY / CASUALTY INSURANCE PROGRAM** for the Village of Roaming Shores” on the face of the envelope and also display the name and address of the bidder.

2. **ALL INSURANCE PROPOSED IS TO BECOME EFFECTIVE OCTOBER 1, 2011.**
3. **Please note: All bids submitted for coverage must be on a two-year basis with an annual premium quoted.** This will permit the Village to make appropriate comparisons of the submitted bids.
4. The Village of Roaming Shores may solicit a quote from the successful bidder for an extension of the contract for a period not to exceed two additional years. The Village and the successful bidder will execute the extension of the contract for each additional year not later than July 15 of each year succeeding the original contract year, if the Village accepts the quote for the extension.
5. **Bidders must respond to *each* of the detailed inquires in the attached specifications. Failure to respond to any inquiry may cause the bid submitted to not be considered. Each submitted bid *must* be accompanied by the following items. Any proposal received without any of these requested items will *not* be considered.**
  1. A complete specimen of sample policy with all proposed endorsements attached.
  2. The enclosed insurance identification form *completed and signed*.
  3. The bid summary sheet listing a gross premium for all coverage bid.
  4. The general coverage provisions sheet *completed*.
  5. The most recent financial statements for *each* proposed insurer.
  6. The most recent Best’s Policyholder and Financial Rating for *each* proposed insurer.
  7. **NOTE:** If you are bidding a pool or other non-commercial insurer the Village of Roaming Shores requires certain additional information to be provided with respect to these insurers. Please contact Kevin Grippi, Village Administrator, for a listing of the required information.
6. All insurers must be admitted to do business in the State of Ohio or be on the Ohio Department of Insurance’s “Eligible Surplus Lines of Insurers List”.

**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
INSTRUCTIONS TO BIDDERS (continued)**

7. The Village reserves the absolute right to reject any and all bids or proposals or to accept any bid or proposal judged to be in the best interest of the Village. It also reserves the right to reject any portion of any type of coverage or to reject any insurer used as a part of any quotation or proposal submitted if it is deemed in the Village's judgment to be in the best interest of the Village.
8. If you submit a bid that has exceptions and/or additions to the attached specifications, they must be separately stated and attached as a part of the submission. Alternate quotations not based exactly on the enclosed specifications will be considered by the Village, if they are separately stated. The Village's loss experience for the past few years for the relevant coverage and other pertinent information is included in the Appendixes of the specifications.
9. Bids must be received by **10:30 AM, WEDNESDAY, SEPTEMBER 28, 2011** in the Village Hall. Complete proposals submitted via email to [administrator@roamingshoresOH.gov](mailto:administrator@roamingshoresOH.gov) will be accepted. No bid may be withdrawn for a period of ninety (90) days after the scheduled closing time for the receipt of bids.
10. Each bid must be accompanied by a Certified Check, Cashiers Check or Bid Bond payable to the Village of Roaming Shores in an amount equal to at least ten (10%) percent of the proposed premium for a one (1) year policy. Said bid security is a guarantee that the bidder, if successful in his bid, will upon notification by the Village of Roaming Shores, furnish within fourteen (14) days the completed and properly executed policy or policies of insurance specified herein. In any event, insurance protection is to be effective until **OCTOBER 1, 2011**.  
  
The amount of bid security shall be determined by adding all prices for each item bid and multiplying the same by 10% (based on a one-year premium).
11. No Contract will be awarded to any person, firm or corporation that is in arrears to the Village of Roaming Shores, Ohio, upon any debt, tax or Contract, or who has failed to execute in whole or in part, in a satisfactory manner, any Contract with the Village, or who is a defaulter as to Surety or otherwise upon any obligation to the Village of Roaming Shores.
12. Each bid shall be accompanied by a Non-Collusion Affidavit and an Affidavit of Contractor or Supplier of Non-Delinquency of Personal Property Taxes executed on the forms provided. **THESE FORMS MUST BE COMPLETED AT THE TIME THE BID IS SUBMITTED.**

**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
INSTRUCTIONS TO BIDDERS (continued)**

13. Any questions concerning these bid procedures or Village activities may be directed to:

Kevin Grippi, Administrator  
Village of Roaming Shores  
2500 Hayford Road, P.O. Box 237  
Roaming Shores, Ohio 44084  
(440) 563-5083

**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
C O N T R A C T**

NOTE TO BIDDERS: The bidder is warned not to fill in any of the following blanks. After the Contract is awarded, the blanks will be filled out under the direction of the Village Solicitor.

ARTICLES OF AGREEMENT:

The Agreement made and entered into this  (date)  day of  (month) , 2011 by and between the Village of Roaming Shores, Ohio, party of the first part, and  (name & title and/or company name contracted with to be inserted here)  party of the second part.

WITNESSETH: That the parties hereto for themselves, their heirs, administrators, executors, and successors have agreed that the part of the second part shall furnish all materials and services and carry out and complete said work in conformity with the specifications and terms and conditions of this Agreement the following:

**PURCHASE OF INSURANCE – (to include insurance policy to be purchased)**

in the Village of Roaming Shores, Ashtabula County, Ohio, in accordance with the specifications, including all pertinent work listed or implied in said specifications.

AND that the party of the first part shall pay therefore the prices, named and set forth in the Bid of the party of the second part, subject to the terms and conditions of this Agreement as herein set forth, the Contract prices being:

**Description and amounts of insurance types, premiums, and deductibles**

**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
C O N T R A C T (continued)**

THE provisions contained in the "Notice to Bidders", in the "Instructions to Bidders", in the "Bid Form", and in the "Specifications" as well as any drawings or other information for this work on file in the Office of the Village Mayor are hereby also embodied as part of this Agreement.

AND the party of the second part does agree to make prompt and full payment for all labor, material and equipment used, supplies necessary to affect the satisfactory completion of said work and to save the Village harmless from all damages or expense by reason of his failure to do so.

IN WITNESS WHEREFO, the Village of Roaming Shores, Ohio, has hereunto caused its Name and Corporate Seal to be affixed by, (Village Mayor Name to be inserted here), its Village Mayor thereunto duly authorized, (name & title and/or company name contracted with to be inserted here) has executed these presents this (date) day of (month), 2011.

Contract (number)

CONTRACTOR

VILLAGE OF ROAMING SHORES, OHIO

(name & title and/or company name contracted with to be inserted here)

By: \_\_\_\_\_  
John Ball  
Village Mayor

By: \_\_\_\_\_

Title: \_\_\_\_\_



**VILLAGE OF ROAMING SHORES, OHIO  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
C O N T R A C T (continued)**

**CERTIFICATE:**

The undersigned, Village Administrator of the Village of Roaming Shores, Ohio, hereby certifies that funds to cover payment for services or supplies embodied in this contract are presently available or in the process of collection and that Council has appropriated money for this purpose, and it remains unencumbered.

\_\_\_\_\_  
Village Administrator  
Village of Roaming Shores, Ohio

Contract Approved as to Form:

Contract Approved as to Content:

\_\_\_\_\_  
Solicitor  
Village of Roaming Shores, Ohio

\_\_\_\_\_  
Kevin Grippi  
Village Administrator

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
INSURANCE IDENTIFICATION FORM**

(A copy of this form must be submitted for *each* insurer proposed by the submitter)

**Insuring Company's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name of Local Claim Person for this Insurer** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Agency or Insure Submitting this Bid/Quotation** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Social Security Number of Agency Owner or Federal Identification Number** \_\_\_\_\_

Do you agree that if you are asked to write any or all of the insurance represented by the attached specifications that you will provide the Village of Roaming Shores with issued policies complete with all endorsements within 90 days after you are asked to write said insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Exceptions will be made to this requirement if there are unresolved coverage issues outstanding between the Village and the insurers you choose). Failure to provide the policies within 90 days will cause the Village to cancel the policies flat without penalty.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Home or cell phone (Optional)** \_\_\_\_\_

Additional Information You Wish to Provide

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
GENERAL COVERAGE PROVISIONS**

(A copy of this form must be submitted for *each* insurer proposed by the submitter)

**Agency Submitting** \_\_\_\_\_ **Insurer** \_\_\_\_\_

**Three Year Policies:**

Will you provide a three-year policy for any or all the coverage for which you have submitted bids?

Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage exceptions

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**Rate Guarantee:**

Will you provide a three-year rate guarantee for any or all of the coverage for which you have submitted bids?

**Three-Year Rate Guarantee** Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage exceptions

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Is your rate guarantee subject to a loss ratio requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If a loss ratio is required, please list % \_\_\_\_\_

List overages to which loss ratio provision applies, if not universally applied to all coverage

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**Installments:**

Will you offer annual premium installments if a three-year policy is written?

Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage exceptions

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM -- SUMMARY SHEET**

(This completed sheet on gross premiums must be returned and should be placed on top of you bid submission).

**Agency Submitting** \_\_\_\_\_ **Insurer** \_\_\_\_\_

Please summarize your bid according to the following form. If you submit bids from more than one insurer, copy this sheet and submit for each insurer. If you bid items that are not covered in the specifications, summarize them in the "Comments" section below.

<u>Coverage</u>	<u>Premium</u>
General Liability	_____
Police Professional Liability	_____
Auto Liability / Physical Damage	_____
Employment Practices Liability (if quoted separately)	_____
Umbrella Liability	_____
Property Insurance	_____
<b>TOTAL FOR THIS INSURER</b>	<u>=====</u>

**Comments or variations pertaining to the above.**

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – GENERAL LIABILITY**

Please provide quotations according to the following schedule of liability limits. If you are also quoting Umbrella Liability, you need quote only \$1,000,000 limit.

<b>1. <u>Liability Limits</u></b>	<b><u>Premium</u></b>
\$1,000,000	_____
\$2,000,000	_____
\$3,000,000	_____
\$4,000,000	_____
\$5,000,000	_____

Quote \$1,000,000 liability limit using the following bodily injury and property damage liability deductibles.

<b>2. <u>BI/PD Deductibles</u></b>	<b><u>Premium</u></b>
\$500	_____
\$1,000	_____
\$2,000	_____
\$3,000	_____

3. Indicate **Products/Completed Operations** limit, if different from GL limit.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **Limit/Aggregate.** Please indicate the **minimum aggregate** you require for a one (1) million limit. Indicate **all** other aggregates you are willing to write with a one (1) million limit.  
 Minimum aggregate (1m limit) \_\_\_\_\_ Premium, if different than above \_\_\_\_\_  
  
 Other Aggregates and Premiums (1m limit) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
 INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
 BID FORM & SPECIFICATIONS – GENERAL LIABILITY (continued)**

If you are not quoting Umbrella Liability, please list aggregate limits for all occurrence limits you quoted above.

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- |                                   |                       |
|-----------------------------------|-----------------------|
| <b>5. <u>Medical Expenses</u></b> | <b><u>Premium</u></b> |
| \$3,000                           | _____                 |
| \$5,000                           | _____                 |
| \$10,000                          | _____                 |

- |  |                       |
|--|-----------------------|
| <b>6. <u>Fire Damage Legal Liability Limit</u></b> | <b><u>Premium</u></b> |
| \$250,000  | _____                 |
| \$500,000  | _____                 |
| \$1,000,000  | _____                 |

- |  |                       |
|--|-----------------------|
| <b>7. <u>Employee Benefits Liability</u></b> | <b><u>Premium</u></b> |
| \$1,000,000 Limit, Quote \$1,000 deductible  | _____                 |
| Aggregate? _____                             |                       |

- |  |                       |
|--|-----------------------|
| <b>8. <u>Employers/StopGap Liability Limit</u></b>                                   | <b><u>Premium</u></b> |
| \$1,000,000 Limit  |                       |
| Full StopGap coverage with “substantially certain to occur” exclusion removed. _____ |                       |
| Limited StopGap coverage, intentional torts not covered. _____                       |                       |

- 9. List Any Other Applicable Aggregate Limits *not* displayed under 4. above**
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- 
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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – GENERAL LIABILITY (continued)**

Please indicate with respect to you bid whether your coverage pertaining to general liability includes the following:

**Occurrence Basis:** Yes  No

**Coverage Form:** Is your coverage form at least as broad as that provided by ISO commercial general liability policy form (CG 00 01) Yes  No  If No, please list differences See Specimen policy and proposal listing extensions of coverage which are much broader than ISO Forms.

**Fellow Employee Exclusion:** Will you remove this exclusion? Agree  Decline  If you are unable to remove this exclusion, will you revise "Who is Insured" section of the policy to indicate that the fellow employee exclusion does not apply to named supervisory employees while acting within the scope of their duties. Agree  Decline  **\*\*NONE IN POLICY\*\***

**Employee Benefits Liability:** Proved on an occurrence basis? Agree  Decline  If claims-made, will you prior provide Full Prior Acts? Yes  No  If not Full Prior Acts, what retroactive date will you offer? \_\_\_\_\_

**Unintentional Hazard Disclosure Endorsement:** Please provide a copy of an endorsement you would use agreeing the unintentional failure of the insured as of the inception of the policy to disclose hazards will not void coverage. If you do not have such an endorsement, will you manuscript an endorsement containing language similar to the following:

***"Unintentional Errors and Omissions Endorsement***

*It is agreed that the failure of the named insured to disclose all hazards or occurrences as of the inception of this policy will not prejudice the coverage under this policy provided the error or omission was not intentional."*

Will Provided  N/A  Unable to provide

**Delayed Notice of Occurrence Endorsement:** Please include a copy of an endorsement that you would use indicating that knowledge of an occurrence shall not constitute knowledge of the insured unless notice of a loss is received by the Village Mayor or the Village Administrator. If you do not have such an endorsement, will you manuscript an endorsement containing language similar to the following:

***"Delayed Notice of Occurrence Endorsement***

*Knowledge of an occurrence by the agent, servant or employee of the named insured shall not in or of itself constitute knowledge of the insured unless the Village Mayor and/or Village Administrator shall have received notice from its agent, servant or employees."*

Will provide as soon as practicable  Unable to provide

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – GENERAL LIABILITY (continued)**

**Elected or Appointed Officers as Additional Insureds:** Will you modify the “Who Is Insured” provision to include elected or appointed officers and members of boards, commissions, or agencies? Agree  Decline \_\_\_\_\_

POLICY INCLUDES PAST, PRESENT, AND FUTURE OFFICERS AND BOARD COMMISSION AND AGENCY MEMBERS AS WELL AS EMPLOYEES, VOLUNTEERS AND STUDENTS.

**Coverage for Volunteers:** Will you include coverage for volunteers? Agree \_\_\_\_\_ Decline \_\_\_\_\_

**Blanket Contractual Liability:** Does your form provide blanket contractual liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

**Waiver of Governmental Immunity:** Will you attach an endorsement waiving the defense of governmental immunity? Agree \_\_\_\_\_ Decline \_\_\_\_\_

Will you attach an amendment for **Aggregate Limits of Insurance (Per Project)**? Yes \_\_\_\_\_ No  Not required as no aggregate limits apply

Will you attach an amendment for **Aggregate Limits of Insurance (Per Location)**? Yes \_\_\_\_\_ No  Not required as no aggregate limits apply.

**Will you provide 90 Day Notice of Insurer Cancellation?** Yes \_\_\_\_\_ No \_\_\_\_\_

60 Days is provided under the Intergovernmental Contract.

Additional Comments

\*\*\*\*SEE SPECIMEN POLICY AND PROPOSAL FOR ADDITIONAL EXTENSIONS .

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**NOTE: Your quote should exclude the Fire Department Liability. The Village’s fire and ambulance service is provided by townships.**



**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PUBLIC OFFICIALS LIABILITY**

**Limits of Liability**

Quote the following limits:

<b><u>Limits</u></b>	<b><u>Premium</u></b>
Quote \$1,000 deductible	
\$1,000,000 each occurrence, \$1,000,000 aggregate	_____
\$2,000,000 each occurrence, \$2,000,000 aggregate	_____
\$3,000,000 each occurrence, \$2,000,000 aggregate	_____
\$4,000,000 each occurrence, \$2,000,000 aggregate	_____
\$5,000,000 each occurrence, \$2,000,000 aggregate	_____

Quote additional limits beyond \$5,000,000, as available. Separate excess coverage to provide additional limits is acceptable. If you quote umbrella that applies over public officials' liability coverage, you need quote only \$1,000,000 above.

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**Deductibles**

Quote premium reduction (use % or \$) for each of the above limits (1m –5m) if the following deductibles are used.

\$2,000	1m _____	; 2m _____	; 3m _____	; 4m _____	; 5m _____	Not quoted _____
\$3,000	1m _____	; 2m _____	; 3m _____	; 4m _____	; 5m _____	Not quoted _____
\$4,000	1m _____	; 2m _____	; 3m _____	; 4m _____	; 5m _____	Not quoted _____
\$5,000	1m _____	; 2m _____	; 3m _____	; 4m _____	; 5m _____	Not quoted _____

Additional information on limits and deductibles you wish to record

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PUBLIC OFFICIALS LIABILITY (continued)**

**Occurrence versus Claims-Made** Are you quoting an occurrence form? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you quoting a claims-made form? Yes \_\_\_\_\_ No \_\_\_\_\_ If claims-made, will you offer full  
prior acts coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ If you will not offer full prior acts coverage, what  
retroactive date will you offer? Retroactive date \_\_\_\_\_

**Coverage Elements**

Will you provide 90 days cancellation notice by the insurer? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you attach and **Unintentional Errors and Omissions Endorsement?** (*See general liability bid  
for & specifications*) Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Will you attach a **Delayed Notice of Occurrence Endorsement?** (*See General Liability Bid Form and  
Specifications for a description of this endorsement*) Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Defense expenses paid outside the liability limit?** Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Pay on Behalf**

Is your policy on a **“pay on behalf”** basis rather than an “indemnity” basis? Yes \_\_\_\_\_  
No \_\_\_\_\_ If No, can you provide **“pay on behalf”** basis for an additional premium? Yes \_\_\_\_\_  
No \_\_\_\_\_ Additional premium required \_\_\_\_\_

Will your policy cover elected or appointed officials or members of boards and commissions  
operating under the jurisdiction of the Village and all full-time and part-time employees of the  
Village? Yes \_\_\_\_\_ No \_\_\_\_\_

List any exceptions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your policy provide coverage for estates, heirs to legal representative of deceased persons  
who were employees of the Village, and insured, at the time of the wrongful act? Yes \_\_\_\_\_  
No \_\_\_\_\_

Exceptions or comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PUBLIC OFFICIALS LIABILITY (continued)**

Will your policy provide coverage for all living persons who were employees of the Village, and insured, at the time of the wrongful act? Yes \_\_\_\_\_ No \_\_\_\_\_  
Exceptions or comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your policy provide coverage for all volunteers authorized by and working on behalf of the Village? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your policy apply the policy deductible to defense expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, can you provide coverage that applies the deductible to indemnity only? Yes \_\_\_\_\_ Additional Premium (if any) \_\_\_\_\_ No, cannot provide \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Definition of "Wrongful Act"** Indicate in your definition of "Wrongful Act", as a minimum, contain the following:

Liability of any insured arising from:

1. Actual or alleged negligence Yes \_\_\_\_\_ No \_\_\_\_\_
2. Errors or omissions Yes \_\_\_\_\_ No \_\_\_\_\_
3. Breaches of duty Yes \_\_\_\_\_ No \_\_\_\_\_
4. Misfeasance, malfeasance and nonfeasance Yes \_\_\_\_\_ No \_\_\_\_\_

List and explain any exceptions or additions to the above list.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exclusions** If your policy contains any of the following exclusions, please advise if you will remove them:

1. Violation of civil rights exclusion. Will remove \_\_\_\_\_ Cannot remove \_\_\_\_\_
2. Punitive Damages exclusion. Will remove \_\_\_\_\_ Cannot remove \_\_\_\_\_
3. Exclusion of claims against Village employed attorneys, architects, medical personnel, engineers, etc. acting within the scope of their professional duties. Will remove \_\_\_\_\_ Cannot remove \_\_\_\_\_
4. Exclusion of injunctive or nonmonetary claims. Will remove \_\_\_\_\_ Cannot remove \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PUBLIC OFFICIALS LIABILITY (continued)**

**Exclusions (continued)**

- 5. Faulty preparation of bid specifications exclusion. Will remove\_\_\_\_\_ Can not remove\_\_\_\_\_
  - 6. Failure to maintain insurance exclusion. Will remove\_\_\_\_\_ Can not remove\_\_\_\_\_
- Comment (list any additional premiums required for the above exclusion removals)

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Other information is attached to these specifications. Loss experience regarding the Public Official insurance is included in appendix B. Additional information needed to complete a bid is available from Kevin Grippi, Village Administrator. Any applications that need to be completed should be forwarded to Kevin Grippi, Village Administrator, 2500 Hayford Road, P.O. Box 237, Roaming Shores, Ohio 45014.

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – POLICE PROFESSIONAL LIABILITY**

**Limits of Liability**

Quote the following limits:

<b><u>Limits</u></b>	<b><u>Premium</u></b>
Quote \$1,000 deductible	
\$1,000,000 each occurrence, \$1,000,000 aggregate	_____
\$2,000,000 each occurrence, \$2,000,000 aggregate	_____
\$3,000,000 each occurrence, \$2,000,000 aggregate	_____
\$4,000,000 each occurrence, \$2,000,000 aggregate	_____
\$5,000,000 each occurrence, \$2,000,000 aggregate	_____

Quote additional limits beyond \$5,000,000, as available. Separate excess coverage to provide additional limits is acceptable. If you quote umbrella that applies over public officials' liability coverage, you need quote only \$1,000,000 above.

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**Deductibles**

Quote premium reduction (use % or \$) for each of the above limits (1m –5m) if the following deductibles are used.

\$2,000 1m_____ ; 2m_____ ; 3m_____ ; 4m_____ ; 5m_____	Not quoted _____
\$3,000 1m_____ ; 2m_____ ; 3m_____ ; 4m_____ ; 5m_____	Not quoted _____
\$4,000 1m_____ ; 2m_____ ; 3m_____ ; 4m_____ ; 5m_____	Not quoted _____
\$5,000 1m_____ ; 2m_____ ; 3m_____ ; 4m_____ ; 5m_____	Not quoted _____

Additional information on limits and deductibles you wish to record

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – POLICE PROFESSIONAL LIABILITY (continued)**

The policy is to cover all sworn police officers, civilian personnel and any auxiliary police officers employed by the Village of Roaming Shores Police Department.

**Occurrence versus Claims-Made** Are you quoting an occurrence form? Yes \_\_\_\_\_  
No \_\_\_\_\_ Are you quoting a claims-made form? Yes \_\_\_\_\_ No \_\_\_\_\_ If claims-made,  
will you offer full prior acts coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ If you will not offer full prior  
acts coverage, what retroactive date will you offer? Retroactive date \_\_\_\_\_

The named insured under this policy is to be the “The Village of Roaming Shores Police Department and The Village of Roaming Shores”.

Other information is attached to these specifications. Loss experience regarding the Public Official insurance is included in Appendix B. Additional information needed to complete a bid is available from Kevin Grippi, Village Administrator. Any applications that need to be completed should be forwarded to Kevin Grippi, Village Administrator, 2500 Hayford Road, P.O. Box 237, Roaming Shores, Ohio 45014.

**Coverage Elements**

Will you include as insureds:

1. All current, all past or all future full or part-time law enforcement officers and employees of the Village’s police department? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Public officials and employees of the Village in furtherance of the pursuits of the police department? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Volunteer and part-time workers in the police department? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Heirs, estates, executors, administrators, legal representatives, and assigns of all persons in 1, 2 and 3, in the event of death, bankruptcy or incompetence? Yes \_\_\_\_\_ No \_\_\_\_\_

**Mutual Agreements**

Law enforcement mutual aid agreements covered? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Premises**

Bodily injury and property damage out of the police department premises and the ways adjoining.

\_\_\_\_\_  
\_\_\_\_\_

**“Moonlighting” coverage** (describes or attach relevant policy provision)

\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – POLICE PROFESSIONAL LIABILITY (continued)**

**Punitive damages** (if allowed) covered \_\_\_\_\_  
\_\_\_\_\_

Will you provide **90 days cancellation notice** by the insurer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Will you attach an Unintentional Errors and Omissions Endorsement** (*See general liability bid for & specifications*) Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Will you attach a **Delayed Notice of Occurrence Endorsement?** (*See General Liability Bid Form and Specifications for a description of this endorsement*) Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Defense expenses paid outside the liability limit?** Yes \_\_\_\_\_ No \_\_\_\_\_

If No Comment \_\_\_\_\_  
\_\_\_\_\_

**Pay on Behalf**

Is your policy on a **“pay on behalf”** basis rather than an “indemnity” basis? Yes \_\_\_\_\_

No \_\_\_\_\_ If No, can you provide **“pay on behalf”** basis for an additional premium?

Yes \_\_\_\_\_ No \_\_\_\_\_ Additional premium required \_\_\_\_\_

**Does your policy apply the policy deductible to defense expenses?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, can you provide coverage that applies the deductible to indemnity only? Yes \_\_\_\_\_

Additional premium (if any) \_\_\_\_\_ No, cannot provide \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Perils**

Indicate which of the following listed perils are covered under your policy:

1. False arrest, detention, or imprisonment Yes \_\_\_\_\_ No \_\_\_\_\_

2. Malicious prosecution Yes \_\_\_\_\_ No \_\_\_\_\_

3. Wrongful entry, eviction or other invasion of the right of private occupancy Yes \_\_\_\_\_  
No \_\_\_\_\_

4. Discrimination Yes \_\_\_\_\_ No \_\_\_\_\_

5. Humiliation Yes \_\_\_\_\_ No \_\_\_\_\_

6. Libel or slander Yes \_\_\_\_\_ No \_\_\_\_\_

7. Assault or battery Yes \_\_\_\_\_ No \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – POLICE PROFESSIONAL LIABILITY (continued)**

**Perils (continued)**

- 8. First aid E&O Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. False or improper service of process Yes \_\_\_\_\_ No \_\_\_\_\_
- 10. Violation of property rights Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Violation of civil rights Yes \_\_\_\_\_ No \_\_\_\_\_
- 12. Alleged criminal acts Yes \_\_\_\_\_ No \_\_\_\_\_

Comments

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**Comments and additional items proposed**

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**VILLAGE OF ROAMING SHORES  
 INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
 BID FORM & SPECIFICATIONS –  
 AUTOMOBILE LIABILITY/PHYSICAL DAMAGE**

Please quote the following limits and deductibles. If you are quoting Umbrella Liability you need only quote a \$1,000,000 Automobile Liability limit.

<b>Automobile Liability, Combined Single Limit</b> (Quote Symbol 1)	<u><b>Premium</b></u>
\$1,000,000	_____
\$2,000,000	_____
\$3,000, 000	_____
\$5,000, 000	_____
<b>Medical Payments</b> (Quote Symbol 2)	
\$3,000	_____
\$5,000	_____
\$10,000	_____
<b>Uninsured Motorist &amp; Underinsured Motorist</b> (Quote Combined Single Limit. If Split Limits, see below) (Quote Symbol 3)	
\$10,000	_____
\$20,000	_____
\$30,000	_____
\$60,000	_____
\$100,000	_____
\$300,000	_____
\$500,000	_____

**VILLAGE OF ROAMING SHORES  
 INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
 BID FORM & SPECIFICATIONS –  
 AUTOMOBILE LIABILITY/PHYSICAL DAMAGE (continued)**

**Uninsured Motorist & Underinsured Motorist (continued)**

If you quote **Uninsured Motorist** split limits, please indicate split

Amounts \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Physical Damage</b>	<u><b>Premium</b></u>
<b>Comprehensive Coverage</b>	
<u>Deductibles</u>	
\$100	_____
\$250	_____
\$500	_____
\$1,000	_____
\$2,000	_____
<b>Collision Coverage</b>	
<u>Deductibles</u>	
\$100	_____
\$250	_____
\$500	_____
\$1,000	_____
\$2,000	_____

**NOTE: Your quote should exclude the Fire Department Liability. The Village’s fire and ambulance service is provided by townships.**

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS –  
AUTOMOBILE LIABILITY/PHYSICAL DAMAGE (continued)**

**Cost per Vehicle Composite**

Using the number of vehicles listed in the information included in Appendix A and assuming a 1m liability limit, \$500 deductible comprehensive and collision and no medical payments or uninsured motorist coverage, calculate your quoted cost per vehicle.

Cost per Vehicle \_\_\_\_\_

**Indicate whether quotation includes the following:**

**Coverage Form?** Is your coverage as broad as ISO Business Auto form (CA 00 01)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If you are using a pre-12/1990 form, please include coverage for “covered pollution cost or expense”

**Contractual Liability Coverage** should include coverage for liability assumed in a car rental or lease except in the case of autos hired with drivers. Does your form provide car rental contractual liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employees as Insured Endorsement?** Yes \_\_\_\_\_ No \_\_\_\_\_

Village coverage under this endorsement will apply as primary insurance? Yes \_\_\_\_\_  
No \_\_\_\_\_

Village coverage under this endorsement will apply in excess insurance? Yes \_\_\_\_\_  
No \_\_\_\_\_

Additional premium, if applies as primary? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what will be the amount of the premium? \$ \_\_\_\_\_ Any special rules if applies as primary insurance such as permission to use the auto on Village business? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

**Non-ownership Liability?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Broad Named Insured Endorsement?** Yes \_\_\_\_\_ No \_\_\_\_\_

**90 Day Notice of Insurer Cancellation?** Yes \_\_\_\_\_ No \_\_\_\_\_

Will you attach a **Delayed Notice of Occurrence Endorsement?** (See *General Liability Bid Form and Specifications* for a description of this endorsement) Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_

\_\_\_\_\_

**Fellow Employee Exclusion Deleted?** Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS –  
AUTOMOBILE LIABILITY/PHYSICAL DAMAGE (continued)**

**Aggregate or Cap on Number of Deductibles Assessed under Comprehensive Coverage in Any One Incident?** Yes \_\_\_\_\_ No \_\_\_\_\_ If available, additional premium required? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of additional premium \$ \_\_\_\_\_  
Comment \_\_\_\_\_

**Sound or Receiving Equipment Coverage – Police Vehicles?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will you extend coverage for other sound equipment installed in other Village vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_

**Pay deductible under Physical Damage Insurance on Volunteers' or Employees' Personal Autos Coverage when they are involved in an emergency?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Maximum amount paid \$ \_\_\_\_\_  
Comment \_\_\_\_\_

**Freezing Coverage – Emergency Vehicles/Equipment?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_

**Loss Control Programs** briefly describe the auto fleet loss control program the insurer will offer the Village .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments or Quotations**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – EMPLOYMENT PRACTICES LIABILITY**

Please provide quotation of Employment Practices Liability coverage. This can be a stand-alone coverage or it can be quoted as a coverage part of the General Liability or Public Officials Liability quotation. *In any event, the premium must be quoted separately for this coverage.*

Quote the following limits using a \$2,500, \$5,000, \$25,000 and \$50,000 deductibles:

<u>Limits</u>	<u>Premium (\$2,500)</u>	<u>Premium (\$5,000)</u>	<u>Premium (\$25,000)</u>	<u>Premium (\$50,000)</u>
\$1,000,000	_____	_____	_____	_____
\$2,000,000	_____	_____	_____	_____
\$3,000,000	_____	_____	_____	_____

**Other Deductibles:**

List other deductibles and limits you wish to quote

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**Does your proposed form cover liability**

1. Arising from ADA? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Arising from the following specific causes:
  - discrimination against individuals? Yes \_\_\_\_\_ No \_\_\_\_\_
  - failure to hire? Yes \_\_\_\_\_ No \_\_\_\_\_
  - failure to promote? Yes \_\_\_\_\_ No \_\_\_\_\_
  - wrongful termination? Yes \_\_\_\_\_ No \_\_\_\_\_
  - wrongful termination of career opportunity? Yes \_\_\_\_\_ No \_\_\_\_\_
  - sexual harassment? Yes \_\_\_\_\_ No \_\_\_\_\_
  - breach of employment contract? Yes \_\_\_\_\_ No \_\_\_\_\_
  - employment-related defamation? Yes \_\_\_\_\_ No \_\_\_\_\_
  - employment-related misrepresentation? Yes \_\_\_\_\_ No \_\_\_\_\_
  - negligent evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_
  - wrongful infliction of emotional distress? Yes \_\_\_\_\_ No \_\_\_\_\_
  - back wages covered? Yes \_\_\_\_\_ No \_\_\_\_\_
  - non-monetary damages covered? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments on above items

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – UMBRELLA LIABILITY**

Quote the following limits. **Assume underlying or primary coverage with \$1,000,000 limits for general liability, employee benefits liability, stop gap liability, automobile liability, police professional, employment practices liability, and public officials liability coverage.** If you require different underlying limits, please advise in comment section below. If your proposed policy cannot apply over any of the listed coverage, please list in the comment section below.

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Limit</b>	<b><u>Premium</u></b>
\$1,000,000	_____
\$2,000,000	_____
\$3,000,000	_____
\$5,000,000	_____
\$10,000,000	_____
\$15,000,000	_____
\$20,000,000	_____

Quotations **must** be submitted for each liability limit.

If you are using different insurers for upper limits (i.e. above \$5m), list those insurers here.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your quote above \$5m is based on a per million rate, indicate that rate. If the rate changes at any limit above \$5m, please list the limit and rate where the change occurs.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate whether your quotation provides the following (you need not answer these questions if you listed underlying coverage above over which your policy will not apply)**

Applies over General Liability \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
 \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – UMBRELLA LIABILITY (continued)**

Applies over **Employer Stop Gap Liability** \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Applies over **Employee Benefit Liability** \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Applies over **Public Officials Liability** \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Applies over **Employment Practices Liability** \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Applies over **Police Professional Liability** \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Retentions**

**Self-Insured Retention** \$ \_\_\_\_\_

Will you waive the self-insured retention \$1m underlying? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Aggregate Limit** \$ \_\_\_\_\_

**Pay on behalf of insured?** Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

**Occurrence rather than claims-made coverage?** Yes \_\_\_\_\_ No \_\_\_\_\_

If claims-made, retroactive date \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – UMBRELLA LIABILITY (continued)**

Is your form a **Follow Form**? Yes \_\_\_\_\_ No \_\_\_\_\_ If it is not, will you provide an endorsement that states that the umbrella coverage is no more restrictive than is provided by the terms and conditions of the underlying policies? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**Broad Named Insured Endorsement?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**First Dollar Defense when no Underlying Policy Covers a Claim to which this Policy will Respond?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**Delayed Notice of Occurrence Endorsement Included?** (See *General Liability Bid Form and Specifications* for a description of this endorsement) Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**Unintentional Hazard Disclosure Endorsement Included?** (See *General Liability Bid Form and Specifications* for a description of this endorsement) Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**90 Day Notice of Insurer Cancellation?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**Fellow Employee Exclusion Made Inapplicable** (if made inapplicable by the underlying policy)? Yes \_\_\_\_\_ No \_\_\_\_\_ If this is not possible, will you amend your exclusion to provide coverage for supervisor personnel and executive personnel? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_

**Coverage for Volunteers?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_



**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – UMBRELLA LIABILITY (continued)**

**General Comments:**

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PROPERTY INSURANCE**

Please provide property insurance quotations as follows.

Blanket replacement cost on all buildings and contents, including improvements and betterment's, agreed amount, 90% or 100% coinsurance, blanket all locations, per schedule of values and locations included in Appendix A, indicating a building and contents limit of **\$13,000,000.**

<u>Deductibles:</u>	<b>90% Coinsurance <u>Premium</u></b>	<b>100% Coinsurance <u>Premium</u></b>
\$1,000	_____	_____
\$5,000	_____	_____
\$10,000	_____	_____
\$20,000	_____	_____

**Perils**, *All Risks of Direct Physical Loss* (causes of loss, special form)

**Does your proposed property insurance form include the following?**

**A Property Extension form that Increases Certain Coverage under the Building and Contents Form?** Yes \_\_\_\_\_ (Additional Premium (if any) \$ \_\_\_\_\_ It is mandatory that you include a copy of the extension form.) No \_\_\_\_\_ If you do not provide a property extension form, can you increase certain coverage usually provided by a "Property Extension Form" by endorsement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe them here.

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**Coverage for Property at Unscheduled Locations?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Limit (if any) \$ \_\_\_\_\_

**Property in Transit?** Yes \_\_\_\_\_ No \_\_\_\_\_ Limit (if any) \$ \_\_\_\_\_

**Newly Acquired Locations of Real Property?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Limit (if any) \$ \_\_\_\_\_

**Personal Property?** Yes \_\_\_\_\_ No \_\_\_\_\_ Limit (if any) \$ \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
 INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
 BID FORM & SPECIFICATIONS – PROPERTY INSURANCE (continued)**

**Inflation Value Increased Annually?** Yes \_\_\_\_\_ (Annual Percentage \_\_\_\_\_) No \_\_\_\_\_ If Yes, Additional Premium? Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Remarks \_\_\_\_\_

**Covered Property.** Please indicate if the following will be covered. Indicate limits.

	<b>Yes</b>	<b>No</b>	<b>Limits (if less than building or contents limit)</b>
Property in the Open	_____	_____	_____
Personal Property	_____	_____	_____
Employees Property	_____	_____	_____
Indoor and Outdoor Signs	_____	_____	_____
Building Glass	_____	_____	_____
Fences	_____	_____	_____
Light Standards	_____	_____	_____
Engineer/Architect Fees	_____	_____	_____
Sub-Flooring and Below Grad Walls	_____	_____	_____
TV and Radio Antennas	_____	_____	_____
Foundations, Dams, Spillways and other Underground Property	_____	_____	_____
Retaining Was not a Part of Building	_____	_____	_____
Land Excavations, Grading, Filling	_____	_____	_____
Underground Pipes, Flues or Drains	_____	_____	_____
Lawns, Ties, Shrubs, Plants	_____	_____	_____
Patios, Driveways, Roadways, & Other Paved Surfaces	_____	_____	_____
Back up of Sewers or Drains	_____	_____	*

\* Can this limit be increased? Yes \_\_\_\_\_ (Amount \$ \_\_\_\_\_, Additional Premium \$ \_\_\_\_\_)  
 No \_\_\_\_\_ Remarks \_\_\_\_\_

**Rating**

Please record here the rate per \$100 of coverage that you are using for building coverage and the rate per \$100 coverage that you are using for contents coverage. If you are using a combined or blanket average, record that here. Rate, building coverage \_\_\_\_\_ Rate, contents coverage \_\_\_\_\_ Combined or blanket average rate \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PROPERTY INSURANCE (continued)**

**Building Ordinance and Law Coverage**

Please quote coverage for loss due to building laws or ordinances. See list of buildings, included in Appendix A.

**Limits**

\$1,000,000

**Premium**

\_\_\_\_\_

**Does Your Building Ordinance and Law Form include:**

Provisions for a **Blanket Limit**? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Provisions for the **Increased Cost of Construction Resulting from ADA** (American Disabilities Act)? Yes \_\_\_\_\_ No \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_

Provisions for the **Repair or Construction of:**

**The cost of Excavations, Grading, Backfilling and Filling**

**Foundations of Buildings**

**Pilings**

**Underground Flues, Pipes and Drains**

Yes \_\_\_\_\_ No \_\_\_\_\_

Comment (list any not covered) \_\_\_\_\_  
\_\_\_\_\_

**Glass**

Include all glass within the definition of “building” in your property form with a no per pane limit. Include all glazing and special lettering.

If your form does not provide full glass coverage on an all-risk basis, please provide coverage for all building plate glass, then please quote the following deductibles per event.

**Deductibles**

\$100

\$500

**Premium**

\_\_\_\_\_

\_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PROPERTY INSURANCE (continued)**

**Inland Marine**

***Contractors Equipment***

Please provide a quotation for equipment that is moved from location to location. This equipment is detailed in the list included in Appendix A. Actual cash value coverage is desired.

<b>Deductibles</b>	<b><u>Premium</u></b>
\$50	_____
\$100	_____
\$250	_____
\$500	_____
\$1,000	_____

***Other Equipment***

Blanket Antennas and Towers per the list included in Appendix A.

<b>Deductibles</b>	<b><u>Premium</u></b>
\$50	_____
\$100	_____
\$250	_____
\$500	_____
\$1,000	_____

**Does Your Coverage Form Provide *With Respect to the Above Coverage* the following features?** (Please list coverage and response):

Deductible Application on a **Per Item Basis, Direct Damage**? Yes \_\_\_\_\_ No \_\_\_\_\_  
Applicable to which coverage? \_\_\_\_\_

Deductible on a **Per Occurrence Basis, Direct Damage**? Yes \_\_\_\_\_ No \_\_\_\_\_ Applicable to which coverage? \_\_\_\_\_

**90 Day Notice of Insurance Cancellation**? Yes \_\_\_\_\_ No \_\_\_\_\_  
Applicable to which coverage? \_\_\_\_\_

Can you provide **Replacement Cost Coverage**? Yes \_\_\_\_\_ No \_\_\_\_\_ Additional Premium (if any) \$ \_\_\_\_\_  
Applicable to which coverage? \_\_\_\_\_

**Perils to be Insured in this Inland Marine Coverage:** *All Risks of Direct Physical Loss, including Earthquake and Dam Failure.*

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PROPERTY INSURANCE (continued)**

**Earthquake**

Quote all real and personal property for the peril of earthquake. DIC is acceptable. Include sample policy from and information on deductible application. **Keep quote separate from above quote on real and personal property.** If proposed deductible is on a percentage basis, list available percentage deductibles. If deductible is on a dollar basis, list available dollar deductibles.

**Deductibles**

**Premium**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are quoting *less* than full property values for earthquake coverage, please list the values you are quoting

\_\_\_\_\_  
\_\_\_\_\_

**Boiler and Machinery**

Quote comprehensive blanket coverage on all boilers and fired and unfired pressure vessels, motors, switch gears, all reciprocating compressors 10 h.p. and smaller at locations, per the schedules of equipment and locations in Appendix A. Include all air conditioning units. Insure to full property value. **If you are not insuring to full property values, please list the value you are using.** If you are including sub-limits for certain events in the boiler policy, please record them below. The Village boiler & machinery items are listed in Appendix A.

Do you agree that if you write this coverage that the insurer you use will provide an inspection of all steam boilers annually and of all hot water boilers at least every three years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

**Property Values you are using, if not full property values:**

Values: \_\_\_\_\_

\_\_\_\_\_

**Policy Sub-Limits, if any:**

Sub-limit _____	Amount \$ _____
Sub-limit _____	Amount \$ _____
Sub-limit _____	Amount \$ _____
Sub-limit _____	Amount \$ _____

**VILLAGE OF ROAMING SHORES  
 INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
 BID FORM & SPECIFICATIONS – PROPERTY INSURANCE (continued)**

**Boiler and Machinery (continued)**

**Expediting Expense Limit** \$ \_\_\_\_\_

**Boiler and Machinery Deductibles**

<b>Deductibles</b>	<b><u>Premium</u></b>
\$500	_____
\$1,000	_____
\$5,000	_____

Please list any other deductibles applicable to business interruption, water damage, contamination, expediting expense, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Valuable Papers Coverage**

Please quote blanket valuable papers coverage to apply at all locations.

<b>Limits</b>	<b><u>Premium</u></b>
\$50,000	_____
\$100,000	_____
\$200,000	_____
\$300,000	_____
\$500,000	_____

**Perils to be insured:** *All Risks of Direct Physical Loss, including Earthquake*

Please indicate whether your proposed property form includes the following:

**Coverage for property of others** Yes \_\_\_\_\_ No \_\_\_\_\_ Limit (if any) \$ \_\_\_\_\_

**Valuation of replaceable items at the cost to research and reconstruct lost information and to recreate the documents, plus the cost of blank materials and transcribing expense others**

Yes \_\_\_\_\_ No \_\_\_\_\_ Limit (if any) \$ \_\_\_\_\_

**90 day notice of insurer cancellation others** Yes \_\_\_\_\_ No \_\_\_\_\_ Limit (if any) \$ \_\_\_\_\_

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID FORM & SPECIFICATIONS – PROPERTY INSURANCE (continued)**

**Extra Expense**

Please quote extra expense coverage. Base your quote as applying blanket to all locations

<b>Limits</b>	<b><u>Premium</u></b>
\$50,000	_____
\$100,000	_____
\$200,000	_____
\$300,000	_____
\$500,000	_____

**Additional comments on property coverage you wish to make. Include any special features on the forms and coverage you quoted.**

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**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we \_\_\_\_\_  
(herein after called the Principal) as, a \_\_\_\_\_, a corporation  
organized under the laws of the State of \_\_\_\_\_ with its principal office in the Village  
of \_\_\_\_\_, (hereinafter called Surety) and licensed to do business in the State  
of \_\_\_\_\_ as Surety, are held and firmly bound unto the Village of Roaming  
Shores, Ohio, (hereinafter called the Obligee) in the penal sum of \_\_\_\_\_  
\_\_\_\_\_ Dollars (\$ \_\_\_\_\_) lawful money of the United States for the payment of  
which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators,  
successors, and assigns.

THE CONDITIONS OF THIS OBLIGATION IS SUCH, That whereas, the Principal has submitted the  
accompanying bid, dated \_\_\_\_\_, 20\_\_\_\_\_, for \_\_\_\_\_  
\_\_\_\_\_.

NOW THEREFORE, If the Obligee shall make any award according to the terms of said Bid and the  
Principal shall enter into a Contract with said Obligee in accordance with the terms of said Bid and  
give Bond for the faithful performance thereof within the time specified; or if no time is specified,  
within thirty days after the date of award; or if the Principal shall in the case of failure to do so,  
indemnify the Obligees against any loss the Obligee may suffer directly arising by reason of such  
failure, not exceeding the penalty of this Bond, then this obligation shall be null and void:  
otherwise, to remain in full force and virtue.

Signed and sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Principal

By: \_\_\_\_\_

\_\_\_\_\_  
Surety

By: \_\_\_\_\_

Attorney-in-Fact

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
NON-COLLUSION AFFIDAVIT**

State of Ohio, County of Ashtabula  
Village of Roaming Shores

\_\_\_\_\_  
(Name of Individual)

\_\_\_\_\_  
(Company Representing)

BEING DULY SWORN, DOES DEPOSE AND SAY THAT (HE, THEY) RESIDE AT

\_\_\_\_\_  
(Resident Address)

AND THAT (HE IS, THEY ARE) THE ONLY PERSON(S) WITH SAID

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Company Address)

INTERESTED IN THE PROFITS OF THE PROPOSED CONTRACT FOR THIS PROJECT: THAT THE SAID CONTRACT IS MADE WITHOUT ANY CONNECTION OR COMMON INTEREST IN THE PROFITS, THEREOF, WITH ANY PERSON MAKING ANY BID OR PROPOSAL FOR SAID WORK: THAT THE SAID CONTRACT IS ON THEIR PART, IN ALL RESPECTS, FAIR AND WITHOUT COLLUSION OF FRAUD: AND, ALSO, THAT NO MEMBER OF COUNCIL, HEAD OF ANY DEPARTMENT OR BUREAU, OR EMPLOYEE THEREIN, OR ANY OFFICER OR EMPLOYEE OF THE VILLAGE OF ROAMING SHORES, OHIO, IS DIRECTLY OR INDIRECTLY INTERESTED THEREIN.

SUBSCRIBED TO AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Company

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
AFFIDAVIT OF CONTRACTOR OR SUPPLIER OF NON-DELINQUENCY  
OF PERSONAL PROPERTY TAXES AND VILLAGE OF ROAMING SHORES INCOME TAXES  
O.R.C. 5919.042**

STATE OF OHIO:

TO: Village of Roaming Shores, Ohio  
Ashtabula County, Ohio

The undersigned, being first duly sworn, having been awarded a contract by the Village of Roaming Shores for

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hereby states that we are not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which as a taxing district have territory and that we were not charged with delinquent personal property taxes on any such tax list. Furthermore, we state that we are not delinquent for Income Tax owed to the Village of Roaming Shores.

In consideration of the award of the above contract, the above statement is incorporated in said contract as a covenant of the undersigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
APPENDIX A: DESCRIPTIONS OF, LOCATIONS  
AND VALUES OF PROPERTY**

**Buildings & Real Property**

**Administration**

1.	New Village Hall- Masonry - 1 Story	
	2500 Hayford Road .....	\$900,000
	Contents.....	\$75,000

**Public Works**

1.	Waste Water Treatment Plant Building	
	Rome Rock Creek Road.....	\$100,000
	Contents.....	\$500,000
2.	Water Department Chlorination Building – 2500 Hayford. ....	\$15,000
	Contents.....	\$20,000
3.	Filter / Ultra Violet Treatment Building.....	\$250,000
4.	Digester Pump House.....	\$50,000
5.	Water Tower.....	\$500,000
7.	Clarifiers .....	\$1,000,000
	Secondary (6), Primary (6) and Equipment	
8.	Aeration Tanks .....	\$1,100,000
9.	Light Poles .....	\$20,000
10.	Fencing and Miscellaneous Outside Building .....	\$50,000
11.	1 East Lift Station .....	\$25,000
12.	1 West Lift Station .....	\$25,000
13.	2 East Lift Station .....	\$50,000
14.	2 West Lift Station .....	\$50,000
15.	3 East Lift Station .....	\$25,000
16.	3 West Lift Station .....	\$25,000

17.	4 East Lift Station .....	\$25,000
18.	4 West Lift Station .....	\$25,000
19.	5 East Lift Station .....	\$25,000
20.	5 West Lift Station .....	\$25,000
21.	6 East Lift Station .....	\$25,000
22.	6 West Lift Station .....	\$25,000
23.	7 East Lift Station .....	\$25,000
24.	7 West Lift Station .....	\$25,000
25.	8 East Lift Station .....	\$25,000
26.	8 West Lift Station .....	\$25,000
27.	9 East Lift Station .....	\$75,000
28.	9 West Lift Station .....	\$25,000
29.	10 East Lift Station .....	\$75,000
30.	10 West Lift Station .....	\$75,000
31.	11 East Lift Station .....	\$75,000
32.	11 West Lift Station .....	\$75,000
33.	12 East Lift Station .....	\$75,000
34.	12 West Lift Station .....	\$75,000
35.	13 East Lift Station .....	\$75,000
36.	13 West Lift Station .....	\$75,000
37.	14 East Lift Station .....	\$75,000
38.	14 West Lift Station .....	\$75,000

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
APPENDIX A: DESCRIPTIONS OF, LOCATIONS  
AND VALUES OF PROPERTY (continued)**

**Boiler/Machinery**

1 Boiler / HVAC System (Municipal Building, 2500 Hayford Road) .....	\$50,000
3 Boilers Wastewater Plant @ \$4,000 ea.(Rome Rock Creek Road) Resnors .....	\$12,000

**Radio and Communication Equipment**

Radio Equipment, Antenna & Building at Water Tower.....	\$2,500
Radio Equipment, Antenna & Building at Chlorination Building.....	\$2,500

**Dam, Spillway and Appurtances**

800' Earthen and Concrete Dam.....	\$6,000,000
Emergency Spillway.....	\$1,000,000

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
APPENDIX A: DESCRIPTIONS OF, LOCATIONS  
AND VALUES OF PROPERTY (continued)**

**Other Miscellaneous Property Coverage**

1 Defibrillator Unit @ \$1,500 (\$500 Deductible) .....	\$1,500
3 Mobile Data Terminals @ \$2,500 Each (\$500 Deductible) .....	\$7,500
Police equipment.....	\$20,000
A \$50,000 limit for rented, borrowed, and leased equipment.	

**AUTOMOTIVE EQUIPMENT**

One– 2003 Crown Victoria’s in service, but will be decommissioned in November.....	\$5,000
One– 2002 Crown Victoria’s in service, but will be decommissioned in November.....	\$4,000
Two - 2012 Ford Escape at \$30K ea. (4x4) to be in service in November.....	\$60,000
One – 1997 F350 Plow Truck.....	\$25,000
One – 1997 Ford Ranger Truck.....	\$15,000
One- 1998 Chevy 1-ton Utility Truck.....	\$20,000

**HEAVY EQUIPMENT**

New Holland Back Hoe.....	\$12,000
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**Attachment: Loss history & 2011 Inventory**

**VILLAGE OF ROAMING SHORES  
INSURANCE – PROPERTY / CASUALTY INSURANCE PROGRAM  
APPENDIX C: VILLAGE OF ROAMING SHORES FACTS AND  
MISCELLANEOUS INFORMATION**

Date of Incorporation ..... 1979  
 Population..... 1,509  
 Form of Government ..... Council/Village Mayor  
 Municipal Area ..... 2.8 square miles

**Public Works Department:**

Public Lane Miles of Streets ..... 1.5  
 Total Miles of Streets (Public & Private).....27  
 Number of Street Lights..... 4  
 Number of Traffic Lights ..... 0

**Fire Protection:**

Number of Stations.....0  
 Number of Firemen and Officers ..... 0  
 Number of Part-Time Firemen..... 0  
 Number of Paramedic Units ..... 0

**Police Protection:**

Number of Stations..... 1  
 Number of Full-Time Police Officers..... 2

**Public Utility Department:**

Number of Customers..... 875  
 Average Daily Consumption of Water.....110,000 gdp  
 Miles of Water Lines ..... 27  
 Miles of Sewer Lines ..... 15  
 Waste Water Lift Stations.....28

**Recreation and Cultural:**

Home Owner’s Association.....1  
 550 Acre Private Lake.....1  
 Number of Association Owned Recreation Lots.....59  
 Number of Libraries ..... 0  
 Number of Holdings ..... 4 acres

**Employees:**

Full-time ..... 6  
 Part-time ..... 4



# Village of Roaming Shores

Inventory: Property, Police, Auto, Inland

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
1	Auto	Mobile Engine Generator Set	WWTP	Empire 45 Kw	Good	2009	1	\$40,000	\$40,000
3	Auto	F350 Truck	WWTP	1FDKF38G1VEB23886	Good	1997	1	\$25,000	\$25,000
4	Auto	Set of Snow Tires on Rims	WWTP	14"	Good	2009	4	\$100	\$400
5	Auto	Chevy Utility Truck	WWTP	1GCGK24R8WZ266142	Good	1998	1	\$20,000	\$20,000
6	Auto	Ranger Truck	WWTP	1FTCR10CR10A1UVD03418	Good	1997	1	\$15,000	\$15,000
7	Auto	Police Cruiser	WWTP	Ford Crown Victoria	Good	2003	1	\$10,000	\$10,000
8	Auto	Police Cruiser	Village Hall	Ford Crown Victoria	Good	2002	1	\$10,000	\$10,000
9	Auto	Police Cruiser	WWTP	Ford Crown Victoria	Poor	2002	1	\$6,000	\$6,000
10	Auto	20' Deck Over Dual Axle Trailer	WWTP	Pequea VIN:4JASL182-1-UG00038	Poor	2003	1	\$25,000	\$25,000
11	Auto	Trailer for Sewer/Water Main Break	WWTP	Dual Axle	Good		1	\$8,000	\$8,000
12	Auto	Back Hoe with loader	WWTP	New Holland #2120	Good	1995	1	\$12,000	\$12,000

Auto Subtotal

**\$171,400**

13	Inland	ARC Welder	WWTP	Lincoln Electric AC/DC 225/125	Good	1995	1	\$1,000	\$1,000
14	Inland	Clothes Washing Machine	WWTP	Kenmore 80 Series	Good	2000	1	\$500	\$500
15	Inland	Clothes Dryer Machine	WWTP	Whirlpool Heavy-Duty Large Capacity	Good	2000	1	\$500	\$500
16	Inland	4" Trash Pump	WWTP	Barnes	Reman		1	\$3,000	\$3,000
17	Inland	1/2 Hp. Submersible pump	WWTP	Barnes	Reman		1	\$900	\$900
18	Inland	Hydraulic Stationary Press	WWTP	20 Ton	Good	1995-'00	1	\$300	\$300
19	Inland	Air Compressor (3.5 hp. 15 gal)	WWTP	Craftsman #919.1529.12	Good	1995-'00	1	\$300	\$300
20	Inland	Parts Washer	WWTP	Gray Mill DMD 232	Good	1995-'00	1	\$250	\$250
21	Inland	Metal Shelving	WWTP	Industrial Grade 2 1/2' x 6'	Good	1995-'00	8	\$250	\$2,000
22	Inland	3" Trash Pump	WWTP	Honda WT 30X	New	1995-'00	1	\$1,000	\$1,000
23	Inland	3" Trash Pump	WWTP	Honda 6X 240 MAX	Good	1995-'00	1	\$1,800	\$1,800
24	Inland	Tamper BT-50	WWTP	BOMAG #00832421	Good	1995-'00	1	\$1,500	\$1,500

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
25	Inland	Water Valve 4"	WWTP	Kennedy #040A236023 LN	New	1995-'00	7	\$800	\$5,600
26	Inland	2" Gate Valve	WWTP	Kennedy M139877	New	1995-'00	1	\$300	\$300
27	Inland	Water Line Connector	WWTP	8" x 3"	New	1995-'00	1	\$100	\$100
28	Inland	Water Line Connector	WWTP	4" x 1"	New	1995-'00	2	\$75	\$150
29	Inland	Flanged Cross Connector	WWTP	4"	New	1995-'00	1	\$300	\$300
30	Inland	Check Valve	WWTP	Mueller 4" (175WP)	New	1989	2	\$1,000	\$2,000
31	Inland	Flanged Connector	WWTP	8" x 15"	New	1995-'00	1	\$600	\$600
32	Inland	Inground Meter Pit Casting Lids	WWTP		New	1995-'00	11	\$125	\$1,375
33	Inland	Discharge Hose	WWTP	4" x 50'	Good	1995-'00	1	\$500	\$500
34	Inland	Geotextile Bags	WWTP	20 yard	Good	1995-'00	10	\$380	\$3,800
35	Inland	Water Curb Boxes	WWTP		New	1995-'00	1	\$150	\$150
36	Inland	Fire Hydrant	WWTP	Kennedy 5 1/2" 200 CWP	Good	1995-'00	1	\$1,500	\$1,500
37	Inland	Acetalyne Torch Regulator/Hose Cart	WWTP		Good	1995	1	\$600	\$600
38	Inland	Portable Air tank	WWTP	10 gallon GA-0503004752	Good	1995-'00	1	\$80	\$80
39	Inland	Chain Saw	WWTP	Stihl #036	Good	1995-'00	1	\$500	\$500
40	Inland	Hydraulic Floor Jack	WWTP	F361 SWC	New	1995-'00	1	\$150	\$150
41	Inland	Mop Bucket & Ringer	WWTP		Good	1995-'00	2	\$80	\$160
42	Inland	Wheel Barrow	WWTP	Rubbermaid 5 Cu. Ft.	Good	1995-'00	1	\$100	\$100
43	Inland	UV Bulbs/Crystals	WWTP	#302208-004 R.D.	Good	1995-'00	6	\$100	\$600
44	Inland	Power Washer	WWTP	Honda 6X 160 5.5 hp.	Good	2001	1	\$400	\$400
45	Inland	Effluent Sampler	WWTP	Sigma 900	New	2010	1	\$6,500	\$6,500
46	Inland	Power Snake	WWTP	Rigid K-50	Good	1995-'00	1	\$300	\$300
47	Inland	Propane Flame Thrower	WWTP	BW 100	Good	1995-'00	1	\$200	\$200
48	Inland	Effluent Sampler Chart Recorder	WWTP	Hoch	Good	1995-'00	1	\$5,000	\$5,000
49	Inland	Effluent Sampler Flow Meter	WWTP	Hoch	Good	1995-'00	1	\$4,000	\$4,000
50	Inland	Metal Forman's Desk	WWTP		Good	1980	1	\$200	\$200
51	Inland	High Pressure Hose	WWTP	50'	Good		2	\$300	\$600
52	Inland	Finishing Mower	WWTP	New Holland 50' #930-B	Good		1	\$1,800	\$1,800
53	Inland	Brush Bull	WWTP	Woods 60"	Good	1995	1	\$2,000	\$2,000

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
54	Inland	Bulk Water Tank	WWTP	Snyder 350 gallon	Good	2001	1	\$1,600	\$1,600
55	Inland	Small Mobile Generator	WWTP	Honda EB 2500	Good		1	\$400	\$400
56	Inland	Fuel Tansfer Pump Station	WWTP	GPI #150S	Good		1	\$2,000	\$2,000
57	Inland	Tri-Pod Winch	WWTP		Good	1995-'00	2	\$2,000	\$4,000
58	Inland	Electronic Microscope	WWTP	Van Guard Scientific	Good	2010	1	\$2,000	\$2,000
59	Inland	KSB TYPE KRT Submersible Pumps	WWTP	E80-200 34x6 19mm	Good	1995-'00	2	\$8,000	\$16,000
60	Inland	Weed Wacker	WWTP	Echo SRM 2400	Good	1995-'00	2	\$300	\$600
61	Inland	3 hp Pumps	WWTP	Hydrostatic 5300 M2-4	Good	1995-'00	50	\$4,700	\$235,000
62	Inland	Manhole Smoke Tester Ventalator	WWTP	Superior #20-5hp	Good	1992	9	\$2,000	\$18,000
63	Inland	Western 8' Snow Plow	WWTP	#9130450099	Good	1989	1	\$1,200	\$1,200
64	Inland	Propane Torpedo Heater	WWTP	Dayton 300,000 BTU	Good	2008	1	\$300	\$300
65	Inland	Influent Sampler	WWTP	Telydyne ISCO 4700	New	2010	1	\$6,000	\$6,000
66	Inland	Utlity Space Heaters	WWTP	120 volts MHD 1502T	Good	2010	14	\$150	\$2,100
67	Inland	Dehumidifiers	WWTP	BHD-301-G	Rebuilt	2010	12	\$150	\$1,800
68	Inland	Spades	WWTP		Good	1995-'00	6	\$30	\$180
69	Inland	Flat Shovels	WWTP		Good	1995-'00	6	\$50	\$300
70	Inland	Manure Forks	WWTP		Good	1995-'00	2	\$70	\$140
71	Inland	Pony Spades	WWTP		Good	1995-'00	3	\$40	\$120
72	Inland	Rakes	WWTP		Good	1995-'00	5	\$20	\$100
73	Inland	Push Brooms	WWTP		Good	1995-'00	4	\$25	\$100
74	Inland	5' Spud Bars	WWTP	Steel	Good	1995-'00	2	\$60	\$120
75	Inland	Pick Axes	WWTP	Wood Steel	Good	1995-'00	2	\$60	\$120
76	Inland	Honey Dipper	WWTP		Good	1995-'00	1	\$200	\$200
77	Inland	Fiberglass Post Pounder	WWTP		Good	1995-'00	1	\$100	\$100
78	Inland	Crescent Pipe Tong	WWTP	1500 pounds #310	Good	1995-'00	1	\$1,000	\$1,000
79	Inland	Hydrant Wrenches	WWTP	Steel	Good	1995-'00	6	\$25	\$150
80	Inland	Recovery Winch Fall Protection	WWTP	MSEC #2003G	Good	1995-'00	2	\$1,100	\$2,200
81	Inland	Emergency HDX Back Board	WWTP		Good	1995-'00	1	\$300	\$300
82	Inland	Filter sand	WWTP	100# bags	Good	1995-'00	24	\$110	\$2,640

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
83	Inland	Snow Fence	WWTP	200'	Good	1995-'00	1	\$400	\$400
84	Inland	3/4" CPS	WWTP	300'	Good	1995-'00	1	\$190	\$190
85	Inland	Shop Vacuums	WWTP	Craftsman	Good	1995-'00	2	\$100	\$200
86	Inland	20 Yard Dumpster	WWTP	Schmidt Equipment #16527	Good	2009	1	\$5,000	\$5,000
87	Inland	Drill Press	WWTP	Craftsman 15", 12 speed, 1Hp 5/8 chuck	Unused	2007	1	\$400	\$400
88	Inland	Bench Grinder	WWTP	Craftsman 1/3 Hp, 120-v	Good		1	\$200	\$200
89	Inland	Drill Hammer, Circ. Saw, Sawzaw, light	WWTP	Milwaukee V28 xc	Good	2010	1	\$450	\$450
90	Inland	Surveyance equipment	WWTP		Good		1	\$600	\$600
91	Inland	Fire Extinguishers	Villagewide	16#, WH-734012	Good	2010	6	\$60	\$360
92	Inland	Heavy Duty Bench Vise	WWTP		Good	1995-'00	1	\$160	\$160
93	Inland	Heat Gun	WWTP	Master 120 V.A.C. 60Hz 12 amps	Good	2010	1	\$80	\$80
94	Inland	Plug in hand drill	WWTP	Craftsman 7/8	Good		1	\$80	\$80
95	Inland	Battery Hand Drill	WWTP	Dewalt 12V	Good		1	\$80	\$80
96	Inland	Submersable Pump	WWTP	Master Plumber 1/10hp 390 GPH	Good		1	\$500	\$500
97	Inland	Stethoscope	WWTP	TEKTO	Good	2010	1	\$50	\$50
98	Inland	Propane Torch	WWTP	Weller 2500 F	Good		1	\$60	\$60
99	Inland	Battery Charger	WWTP	2/10/50 AMP	Good		2	\$150	\$300
100	Inland	Manhole light/heater unit	WWTP	Power Cat by FASCO	Good		1	\$1,000	\$1,000
101	Inland	Artic Pants & Jackets	WWTP	Carhartt	Good		3	\$250	\$750
102	Inland	Rain Gear	WWTP	LaCrosse	Good		3	\$100	\$300
103	Inland	Chlorine Pump	WWTP	LMI 100 gal a day A181-91T	New		2	\$250	\$500
104	Inland	Lift Station Flex Coupling	WWTP	Dodge PX20	Good		4	\$100	\$400
105	Inland	Trench Box	WWTP	Aluminum 10 x 3	Good		6	\$1,000	\$6,000
106	Inland	Diaphram Pump	WWTP	Honda 6X160 5 HP	Good	2001	1	\$5,000	\$5,000
107	Inland	Air Compressor	WWTP	Ingersoll Rand 5.5 HP #0406150164	Good	2001	1	\$3,000	\$3,000
108	Inland	Light Stand	WWTP	Luna Pro Dual 300W	Good		3	\$100	\$300
109	Inland	Baracades with lights	WWTP	Orange and Yellow	Good		8	\$150	\$1,200
110	Inland	Air Hose	WWTP	100' of 3/8"	Good		2	\$100	\$200
111	Inland	Cargo Ratchet Straps	WWTP	2"	Good		4	\$50	\$200

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
112	Inland	Power Cords	WWTP	100'	Good		6	\$50	\$300
113	Inland	Plastic Shed	WWTP	6' x 8' Rubbermaid	Good	2000	1	\$400	\$400
114	Inland	Commercial Shelves	WWTP	6' - four shelf	Good		9	\$200	\$1,800
115	Inland	Security Camera System w/screen	WWTP	H.264	Good		1	\$400	\$400
116	Inland	Lab Refrigerator	WWTP	GE 3.5 Cu.	Good		1	\$100	\$100
117	Inland	Chlorine Test Kits	WWTP	Hach	Good		3	\$300	\$900
118	Inland	Polymer Jar Test Kit	WWTP		Good		1	\$200	\$200
119	Inland	Gas Calibration Kit	WWTP		Good		2	\$300	\$600
120	Inland	Time Card Machine	WWTP	Lathem 1000 E	Good		1	\$100	\$100
121	Inland	Portable Oxygen Desolve Meter	WWTP		Good		1	\$500	\$500
122	Inland	Assorted Lab Glass	WWTP		Good		1	\$2,000	\$2,000
123	Inland	Barometer	WWTP	Sunbeam	Good		1	\$150	\$150
124	Inland	PH temperature meter	WWTP	Orion 4 Star	Good		2	\$1,400	\$2,800
125	Inland	Hot Plat Stirrer	WWTP	Barn Stead Thermal Line	Good		2	\$75	\$150
126	Inland	Office Jet Printer	WWTP	HP	Good		1	\$400	\$400
127	Inland	Fire Water Hose Clamp	WWTP	100' of 3" hose	Good		3	\$100	\$300
128	Inland	Assorted Tarps	WWTP		Good		6	\$50	\$300
129	Inland	PVC Tee's	WWTP	90 Degree	Good				\$0
130	Inland	Rubber Sewer Line Plugs	WWTP	12", 10", 8"	Good		4	\$200	\$800
131	Inland	2" PVC Tee's	WWTP	90 & 45 Degree	Good		30	\$15	\$450
132	Inland	Rubber Fernco Connector	WWTP	4"	Good		20	\$15	\$300
133	Inland	PVC Insulated Connectors	WWTP	1 1/4"	Good		30	\$15	\$450
134	Inland	DFW/HP1 Flex Saddle	WWTP	Y Version	Good		3	\$150	\$450
135	Inland	PVC Sewer Tee	WWTP	8"	Good		1	\$120	\$120
136	Inland	Stainless Steel Tapping Sleeve	WWTP	8"	Good		1	\$500	\$500
137	Inland	Assorted Spindles of Wire	WWTP		Good		1	\$500	\$500
138	Inland	Non-Metalic Elictrical Enclosure	WWTP		Good		2	\$150	\$300
139	Inland	Copper Meter Setters	WWTP		Good		10	\$200	\$2,000
140	Inland	Copper Meter Setter w/dual check	WWTP		Good		8	\$200	\$1,600

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
141	Inland	3/4" Coupling 400	WWTP	Blair Smith	New		2	\$100	\$200
142	Inland	2" Coupling 400	WWTP	Blair Smith	New		3	\$150	\$450
143	Inland	3" Coupling 400	WWTP	Blair Smith	New		4	\$200	\$800
144	Inland	4" Coupling 400	WWTP	Blair Smith	New		4	\$300	\$1,200
145	Inland	6" Coupling 400	WWTP	Blair Smith	New		13	\$300	\$3,900
146	Inland	8" Coupling 400	WWTP	Blair Smith	New		6	\$300	\$1,800
147	Inland	Stainless 6 Bolt Seal	WWTP	8"	Good		2	\$200	\$400
148	Inland	Transite Power Seal	WWTP	3" x 12"	New		2	\$95	\$190
149	Inland	Transite Power Seal	WWTP	4" x 12"	New		5	\$99	\$495
150	Inland	Single Band Water Band	WWTP	4"	New		2	\$145	\$290
151	Inland	DI CPLG Coupling	WWTP	4"	New		2	\$310	\$620
152	Inland	DI CPLG Coupling	WWTP	8"	New		2	\$399	\$798
153	Inland	Full Circle Stainless Alloy Clamp	WWTP	1' 2 1/2"	New		3	\$400	\$1,200
154	Inland	Transite Clamp	WWTP	4"	New		1	\$200	\$200
155	Inland	Full Circle Stainless Alloy Bolt Clamp	WWTP	15"	New		1	\$300	\$300
156	Inland	Full Circle Stainless Alloy Clamp	WWTP	12.5"	New		3	\$500	\$1,500
157	Inland	Power Seal Repair Clamp	WWTP	12"	New		3	\$403	\$1,209
158	Inland	Full Circle Stainless Repair Clamp	WWTP	7 1/2"	New		1	\$196	\$196
159	Inland	Full Circle Stainless Repair Clamp	WWTP	4"	New		14	\$135	\$1,890
160	Inland	Full Circle Bolt Alloy PVC	WWTP	3"	New		2	\$121	\$242
161	Inland	Single Band Repair	WWTP	7.5"	New		2	\$106	\$212
162	Inland	Microwave Radar Range	WWTP	Amana	Good		1	\$40	\$40
163	Inland	Steel Blue Print Cabinet	WWTP	16 Drawer (4' x 3' x	Good		1	\$750	\$750
164	Inland	Upright Kitchen Refrigerator	WWTP	Whirlpool	Good		1	\$350	\$350
165	Inland	Upright Metal File Cabinet	WWTP	Cole 5 Drawer	Good		1	\$300	\$300
166	Inland	Auto Dialing Alarm	WWTP	Dialog Plus - Kaye	Good	2000	1	\$1,500	\$1,500
167	Inland	Power Supply	WWTP	Trip Lite 500 Watt	Good	2000	1	\$160	\$160
168	Inland	Flow Chart	WWTP	Neptune Tricon J034034	Good		1	\$2,000	\$2,000
169	Inland	Chlorine Analyser	WWTP	Hach CL17	Good	2000	1	\$5,000	\$5,000

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
170	Inland	Mini Lab Refrigerator	WWTP	Black & Decker	New	2010	1	\$50	\$50
171	Inland	Non-Submersible Lift Station Pump	WWTP	400 MPD	Rebuilt		5	\$2,500	\$12,500
172	Inland	Non-Submersible Drive Pump	WWTP	GE 5K484DL272	Good		5	\$2,500	\$12,500
173	Inland	Pump Impellers	WWTP	7 1/4 to 8 1/2"	New		12	\$1,000	\$12,000
174	Inland	Pump Shafts	WWTP	2"	New		4	\$500	\$2,000
175	Inland	In Ground Vent Blowers	WWTP	Reliance Electric 1/4 HP	New		2	\$800	\$1,600
176	Inland	Hot Water Heater	WWTP	40 gallon - Commercial Grade	New		1	\$200	\$200
177	Inland	Yard Water Meters	WWTP	Neptune	New		10	\$100	\$1,000
178	Inland	Water meter heads	WWTP	Neptune	New		6	\$28	\$168
179	Inland	Brass male adaptor	WWTP	3/4"	New		15	\$20	\$300
180	Inland	Brass 3 pc. Union	WWTP	Ford 3/4"	New		6	\$20	\$120
181	Inland	Brass 3 pc. Union CTS to CTS	WWTP	Mueller 3/4"	New		12	\$20	\$240
182	Inland	Brass Coupler Iron to CTS	WWTP	3/4"	New		19	\$20	\$380
183	Inland	Elbo Pipe to CTS	WWTP	3/4"	New		5	\$20	\$100
184	Inland	90 Degree Coupling	WWTP	3/4"	New		10	\$20	\$200
185	Inland	Meter Coupling	WWTP	3/4" Right Angle	New		5	\$20	\$100
186	Inland	Meter Valve	WWTP	3/4"	New		9	\$20	\$180
187	Inland	3 Piece Coupling	WWTP	1"	New		12	\$20	\$240
188	Inland	90 Degree Valve	WWTP	1"	New		5	\$20	\$100
189	Inland	Male Adapter Iron to CTS	WWTP	1"	New		6	\$22	\$132
190	Inland	Reducers	WWTP	3/4" to 1"	New		4	\$26	\$104
191	Inland	Corp Stop	WWTP	3/4"	New		10	\$90	\$900
192	Inland	Iron Pipe to CTS	WWTP	3/4"	New		15	\$15	\$225
193	Inland	CTS 90 Degree Elbo	WWTP	3/4"	New		10	\$15	\$150
194	Inland	Meter Coupling	WWTP	3/4"	New		6	\$15	\$90
195	Inland	Copper Flange Corp Stop	WWTP	3/4"	New		3	\$30	\$90
196	Inland	Female Pipe to 1" CTS	WWTP	3/4"	New		12	\$18	\$216
197	Inland	Female to Female Adapter	WWTP	3/4"	New		20	\$20	\$400
198	Inland	Brass Gate Valves	WWTP	3/4"	New		8	\$20	\$160

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
199	Inland	CTS Tee's	WWTP	3/4"	New		1	\$40	\$40
200	Inland	Meter Washers	WWTP	1" & 3/4"	New		200	\$0	\$50
201	Inland	CTS 90 Degree Meter Valve	WWTP	1"	New		1	\$50	\$50
202	Inland	PVC Glue Fittings	WWTP	Assorted sizes	New		40	\$4	\$160
203	Inland	Silt Fencing	WWTP		Good		200	\$1	\$200
204	Inland	Steel Sheeting	WWTP	1/16"	New		1	\$80	\$80
205	Inland	Yard Hydrant	WWTP	Kennedy	Good		1	\$300	\$300
206	Inland	Confined Space Baracades	WWTP		Good		2	\$200	\$400
207	Inland	Influent Sampler	WWTP	Jug	New		1	\$100	\$100
208	Inland	Float Mounting Stainless Bracket	WWTP	6-hole	New		10	\$100	\$1,000
209	Inland	PVC Conduit	WWTP	1 1/2" x 10'	New		10	\$15	\$150
210	Inland	Copper Tubbing	WWTP	1/2" 60' Coil	New		1	\$200	\$200
211	Inland	MTW - AWM Wire	WWTP	500'	New		1	\$300	\$300
212	Inland	Polyethaline Drain Grate	WWTP	12"	New		3	\$100	\$300
213	Inland	Chair	WWTP	La-z-boy	NIB		1	\$180	\$180
214	Inland	Captain's Chair	WWTP	Hard Wood	Good	1980	2	\$60	\$120
215	Inland	Check Valve	WWTP	Cambell 1 1/4"	New		4	\$35	\$140
216	Inland	Female to Female Brass Connector	WWTP	1 1/4"	New		12	\$20	\$240
217	Inland	PVC Assorted Adaptors	WWTP	2"	New		20	\$5	\$100
218	Inland	Stainless Nipples & Adaptors	WWTP	1/2" to 3/4"	New		15	\$5	\$68
219	Inland	Metering Pumps	WWTP	115 volts LO545APTC1xxx	Fair		3	\$100	\$300
220	Inland	Keelamp Fittings	WWTP	5A477	New		4	\$15	\$60
221	Inland	Keelamp Fittings	WWTP	5A595	Good		16	\$20	\$320
222	Inland	Ball Turnoffs	WWTP	PVC	Good		8	\$15	\$120
223	Inland	Loop & Chains	WWTP	4"	Good		4	\$20	\$80
224	Inland	LMI 4 Function Valve	WWTP	.375" Tubing	New		8	\$20	\$160
225	Inland	Amp Master Pump Switch	WWTP	1006312 20 amp	New		8	\$150	\$1,200
226	Inland	Water Pipe Seals	WWTP	Assorted large sizes	New		10	\$20	\$200
227	Inland	Seal Kit	WWTP	51700-025-7	New		2	\$75	\$150



Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
228	Inland	Seal Kit	WWTP	51700-033-7	New		3	\$90	\$270
229	Inland	Tee's, Plugs, Fittings	WWTP	3"	New		10	\$20	\$200
230	Inland	PVC Adapter	WWTP	Spears 3"	New		12	\$40	\$480
231	Inland	Gas Pump Nozzle	WWTP	New in Box	New		1	\$100	\$100
232	Inland	Gas Pump Diaphragm	WWTP	GT 315-6	New		1	\$200	\$200
233	Inland	Partner Demosan	WWTP	K700 Active3	New		2	\$1,600	\$3,200
234	Inland	Water Meters	WWTP	Neptune 5/8"	New		40	\$100	\$4,000
235	Inland	Circular Saw	WWTP	Dewalt 12V 7 1/2" Dw 368	Good		1	\$178	\$178
236	Inland	Cordless Drill	WWTP	Dewalt 18V	Good		1	\$150	\$150
237	Inland	Partner Saw Blades	WWTP	Box	New		5	\$100	\$500
238	Inland	Angle Grinder	WWTP	1 3/4 Hp, 7"	Good		2	\$400	\$800
239	Inland	Angle Grinder	WWTP	Micna 4 1/2" 6148-6	Good		1	\$180	\$180
240	Inland	Starting Capacitors	WWTP	Assorted sizes	Good		100	\$10	\$1,000
241	Inland	Hip Boots	WWTP		Good		3	\$100	\$300
242	Inland	Hard Hats	WWTP		Good		6	\$10	\$60
243	Inland	Chain Saw Blade Chains	WWTP		Good		6	\$20	\$120
244	Inland	Manhole Ventolator	WWTP	Allegro	Good		1	\$600	\$600
245	Inland	Hydrant Relief Valve	WWTP	Mueller 2 1/2"	Good		1	\$1,500	\$1,500
246	Inland	Calabrating Test Clamp	WWTP		Good		1	\$200	\$200
247	Inland	Baldor Pump Motor	WWTP	7.5 Hp FO805120404	Rebuilt		5	\$700	\$3,500
248	Inland	Marathon Pump Motor	WWTP	7.4 Hp UXA215TBFL7058BPL	Rebuilt		3	\$1,000	\$3,000
249	Inland	Dayton Pump Motor	WWTP	5Hp. 5K4849	Rebuilt		3	\$750	\$2,250
250	Inland	Baldor Pump Motor	WWTP	7.5 Hp.805290295	Rebuilt		3	\$750	\$2,250
251	Inland	AJAX Pump Motor	WWTP	3.0 Hp. M-3-12-215T	Rebuilt		3	\$750	\$2,250
252	Inland	Marathon Pump Motor	WWTP	EL 10 Hp. RUM21STTDR-7026HTL	Rebuilt		1	\$1,000	\$1,000
253	Inland	WEG Pump Motor	WWTP	212213T	Rebuilt		1	\$1,000	\$1,000
254	Inland	AJAX Pump Motor	WWTP	5.0 Hp. 9792-92-10-198	Rebuilt		1	\$1,000	\$1,000
255	Inland	Dayton Pump Motor	WWTP	3.0 Hp. 5K 483M	Rebuilt		1	\$1,000	\$1,000
256	Inland	Dayton Pump Motor	WWTP	10 Hp. 5N299	Rebuilt		1	\$1,000	\$1,000

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
257	Inland	GE Pump Motor	WWTP	5 Hp. 5KC 216AK202	Rebuilt		1	\$1,000	\$1,000
258	Inland	Service Saddle	WWTP	4"	New		1	\$85	\$85
259	Inland	Fast Tap	WWTP	3"	New		12	\$97	\$1,164
260	Inland	Dresser Quick Tap	WWTP	3/4" CTS	New		8	\$200	\$1,600
261	Inland	Packing Gaskets	WWTP	4" 803456	New		1	\$70	\$70
262	Inland	MCD Tap	WWTP	C-900 Pipe 6 x 3/4"	New		1	\$200	\$200
263	Inland	Plastic Pipe Saddle	WWTP	4"	New		3	\$75	\$225
264	Inland	Trash Pump	WWTP	Honda 2" WT 20X	Good		1	\$500	\$500
265	Inland	Sludge Dewatering Polymer Port-a-Poly	WWTP	IWAKI	Good		1	\$3,000	\$3,000
266	Inland	Natural gas detector	WWTP	BW Tech Gas Alert Max XT	Good		2	\$800	\$1,600
267	Inland	Sludge Dewatering Static Mixer	WWTP		Good		1	\$2,000	\$2,000

Inland Subtotal

**\$523,352**

268	Police		2500 Hayford Rd		Good				\$0
269	Police	Department Computers	2500 Hayford Rd	Pentium IV	Good		3	\$1,000	\$3,000
270	Police	Mobile radio's	2500 Hayford Rd	MARCS	Good		3	\$3,500	\$10,500
271	Police	Portable (officer) radio's	2500 Hayford Rd	MARCS	Good		3	\$2,500	\$7,500
272	Police	Radio Repeater	2500 Hayford Rd	Pyamid	Good		3	\$1,000	\$3,000
273	Police	DVD Player	2500 Hayford Rd	Sony	Good		1	\$100	\$100
274	Police	Shot Guns	2500 Hayford Rd	Mossberg's	Good		3	\$600	\$1,800
275	Police	Digital Camera	2500 Hayford Rd	Canon	Good		1	\$300	\$300
276	Police	Server	2500 Hayford Road	Dell	Good		1	\$5,000	\$5,000
277	Police	Binoculars	2500 Hayford Road	Bushnell	Good		2	\$150	\$300
278	Police	Intoxilizer	2500 Hayford Road	S-D%	Good		3	\$500	\$1,500
279	Police	Day/night vision Binoculars	2500 Hayford Road	Fraiser-Volpe "Stedi-eye"	Good		1	\$6,000	\$6,000
280	Police	Finger printing kit	2500 Hayford Road		Good		1	\$200	\$200
281	Police	Homeland Security Kit	2500 Hayford Road	Dell Computer, Range finder, GPS, etc.	2008		1	\$2,000	\$2,000
282	Police	Lasar jet printer	2500 Hayford Road	Lexmarks	Good		3	\$400	\$1,200
283	Police	Low-band portible radio	2500 Hayford Road	Motorola	Good		5	\$500	\$2,500

Record #	Insurance Type	Name	Location / Address	Serial/VIN Model Number Discription	Condition	Year Acquired	# of Units	Per Unit Cost	Replacement Cost
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**Police Subtotal**

**\$44,900**

279	Property	Fixed Ultra Violet Disinfection Unit	WWTP	Trojan 3000PTP - UVM	Good	2001	1	\$20,000	\$20,000
280	Property	UV Concrete Tub	WWTP	5' x 12'	Good	2001	1	\$10,000	\$10,000
281	Property	Fixed Sand Filter System	WWTP	Aqua Aerobic ABF-612P #105959	Good	1995-'00	2	\$100,000	\$200,000
282	Property	Sand Filter Building Ceiling Heater	WWTP	Trane	Good	1995-'00	2	\$4,000	\$8,000
283	Property	Metal Pole Sand Filter Building	WWTP	50' x 80'	New	2001	1	\$60,000	\$60,000
284	Property	Treatment Plant Pole Barn Building	WWTP	32' x 96'	Good		1	\$100,000	\$100,000
285	Property	Pump Shed	WWTP	20' x 10'	Fair	1966	1	\$2,000	\$2,000
286	Property	Air Flow Compressors	WWTP	Kaeser Omega DB 165	Good	2001	3	\$400,000	\$1,200,000
287	Property	Air Flow Compressors	WWTP	Kaeser Omega DB 235	Good	2001	2	\$400,000	\$800,000
288	Property	Sand Filter Building Exhaust Fan	WWTP	Loren Cook Co.	Good		1	\$4,000	\$4,000
289	Property	Auxillary Generator	WWTP	Generac SD 180 M507600	Good	2001	1	\$250,000	\$250,000
290	Property	Water Tower	Rome Rock Creek Rd		Good	1965	1	\$500,000	\$500,000
291	Property	800' Earthen Dam	2500 Hayford Rd		Good	1966	1	\$5,000,000	\$5,000,000
292	Property	Emergency Spillway	2500 Hayford Rd		Good	1966	1	\$1,000,000	\$1,000,000
293	Property	Reznor Heater	WWTP	45,000 BTU 600	Good		2	\$2,500	\$5,000
294	Property	Fuel Depot	WWTP	1000 gallon	Good		1	\$8,000	\$8,000
295	Property	Universal Power Roots Blower	WWTP	865-113-120	Good		3	\$20,000	\$60,000
296	Property	Village Hall	WWTP	10,000 plus square feet	New	2010	1	\$880,000	\$880,000
297	Property	Village Hall	WWTP	3,000 square feet	Poor	1985	1	\$40,000	\$40,000

**Property Subtotal**

**\$10,147,000**

**TOTAL \$10,886,652**