

RESOLUTION NO. 70-01
CITY OF CENTERVILLE, OHIO

SPONSORED BY COUNCILMEMBER Roger W. Krass ON
THE 20th DAY OF August, 2001.

A RESOLUTION ACCEPTING THE BIDS SUBMITTED BY THE BROWER INSURANCE AGENCY AND WICHERT INSURANCE SERVICES FOR GENERAL INSURANCE FOR THE CITY OF CENTERVILLE ; REJECTING ALL BIDS FOR UMBRELLA LIABILITY INSURANCE COVERAGE AND AUTHORIZING THE CITY MANAGER TO ENTER INTO AGREEMENTS IN CONNECTION THEREWITH.

WHEREAS, the City of Centerville advertised for bidders for insurance coverage that included general liability, public officials liability, police professional liability, automobile, umbrella liability, and property, and

WHEREAS, as a result of a complete analysis of all bids received, it has been determined that the combined bids from The Brower Insurance Agency and Wichert Insurance Services for a total amount of \$97,926.00 are the low and best bids; and

WHEREAS, the Council hereby finds that all bids for the umbrella liability insurance coverage should be rejected for the reason that, at the time the bids were received, no acceptable umbrella policy was provided based on coverage limits and price; and

WHEREAS, since the bids were received the Governor of Ohio has signed new legislation that will allow the City's current umbrella liability carrier to renew the existing liability coverage at a reasonable premium (\$18,852.00); and

WHEREAS, in view of the foregoing, the Council hereby finds that it would be in the best interests of its citizens to renew said current umbrella liability coverage and that the best interests of its citizens would not be well served by rebidding said coverage.

NOW THEREFORE, THE MUNICIPALITY OF CENTERVILLE HEREBY RESOLVES:

Section 1. That the bid submitted by The Brower Insurance Agency for insurance for the City of Centerville is hereby accepted, for a total amount of \$57,785.00 a copy of said bid marked Exhibit "A" is attached hereto and incorporated herein.

Section 2. That the bid submitted by Wichert Insurance Services for insurance for the City of Centerville is hereby accepted, for a total amount of \$40,141.00 a copy of said bid marked Exhibit "B" is attached hereto and incorporated herein.

Section 3. That all bids previously submitted for the umbrella liability are hereby rejected and the City Manager is hereby authorized and directed to renew the existing umbrella liability coverage at a premium of \$18,852.00.

Section 4. That the City Manager is hereby authorized and directed to enter into any necessary contract to evidence acceptance of said bid and to make payment pursuant thereto.

PASSED this 20th day of August, 2001.

Sally D. Beak
Mayor of the City of Centerville, Ohio

ATTEST:

Debra A. James, Assistant to the
Clerk of Council, City of Centerville, Ohio

CERTIFICATE

The undersigned, Clerk of the Council of the City of Centerville, Ohio, hereby certifies that the foregoing is a true and correct copy of resolution Number 70-01, passed by the council of the City of Centerville, Ohio, on the 20th day of August, 2001.

Debra A. James, Assistant
to the Clerk of Council

Approved as to form, consistency with
the Charter and Constitutional Provisions.

Department of Law
Robert N. Farquhar
Municipal Attorney

INS IDENT

CITY OF CENTERVILLE
Insurance Identification Form

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


Insuring Company's Name St. Paul Insurance Company
Address Great Northern Corporate Center 24950 Country Club Blvd STE#120
City North Olmsted State OH Zip 44070

Name of Local Claim Person for this Insurer Brower Insurance Agency, PLL
Address P.O. Box 37
City Dayton State OH Zip 45401 Tel. 800-949-1167

Agency or Insurer Submitting this Bid/Quotation Brower Insurance Agency, PLL
Address P.O. Box 37
City Dayton State OH Zip 45401 Tel. 800-949-1167

Social Security No. if Agency Owner or Federal Identification
Number 31-0545421

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 City 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 City and the insurers you choose). Failure to provide the policies within 90 days will cause the City to cancel the policies flat without penalty.

Signed 
Print Name Marc F Reynolds
Title Partner
Firm Brower Insurance Agency, PLL
Address P.O. Box 37
City Dayton State Oh Zip 45401
Telephone 937-2284135
Fax 937-228-9108
Home or car phone (Optional) _____

Additional Information You Wish to Provide

GEN COV PRO

CITY OF CENTERVILLE
General Coverage Provisions

(Complete this form for each insurer for which you have submitted a bid)

Agency Submitting BROWER INS. AGY Insurer ST. PAUL INSURANCE COMPANY

Three Year Policies

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

Yes No

Coverage exceptions

Rate Guarantee

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

Three-Year Rate Guarantee Yes No

Coverage Exceptions To Guarantee

Is your rate guarantee subject to a loss ratio requirement? N/A

Yes No If a loss ratio required, please list % _____

List coverages to which loss ratios provision applies, if not universally applied to all coverages

Installments:

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

Yes No

List installment percentages or amounts.

BID SUM

CITY OF CENTERVILLE

Bid Summary Sheet

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

Agency Submitting BLOWER INS. AGY Insurer ST. PAUL INSURANCE COMPANY

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.

Coverage

General Liability

Employment Practices Liability

Public Officials Liability

Police Professional Liability

Auto Fleet Liability & Physical Damage

Umbrella Liability

Property (including inland marine, crime & boiler & machinery)

Total For This Insurer

Comments or variations pertaining to the above.

Premium
OPTION #1 OPTION #2
\$15,518 \$16,675

INCLUDED IN POL

\$6041 \$6646

\$16,936 \$18,206

NOT QUOTED

NOT QUOTED

\$19,290

OPTION #1 OPTION #2
\$57,785 \$60,817

CITY OF CENTERVILLE
Bid 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.
No deductible.

1. Liability Limits

	<u>Premium</u>
\$1,000,000	(1) \$ <u>15,518</u>
\$2,000,000	(2) \$ <u>16,675</u>
\$3,000,000	<u>AVAILABLE</u>
\$4,000,000	<u>AVAILABLE</u>
\$5,000,000	<u>AVAILABLE</u>

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

2. BI/PD Deductibles

\$500	<u>NOT AVAILABLE</u>
\$1,000	<u>AVAILABLE</u>
\$2,000 <i>NOT AVAILABLE - 2500</i>	<u>AVAILABLE</u>
\$3,000 <i>NOT AVAILABLE - 5000</i>	<u>AVAILABLE</u>

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) 1,000,000 Premium, if different than above _____ Other Aggregates and Premiums (1m limit)

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

5. Medical Expense

\$3,000	<u>NOT AVAILABLE</u>
\$5,000	<u>NOT AVAILABLE</u>
\$10,000	<u>INCLUDED</u>

6. Fire Damage Legal Liability Limit

\$250,000	<u>NOT APPLICABLE</u>
\$500,000	<u>INCLUDED</u>
\$1,000,000	<u>AVAILABLE</u>

7. Employee Benefits Liability

\$1,000,000 Limit, Quote \$1,000 deductible	<u>INCLUDED</u>
Aggregate? <u>1,000,000</u>	

8. Employers/Stop Gap Liability Limit

\$1,000,000 Limit	<u>Premium</u>
Full StopGap coverage with "substantially certain to occur" exclusion removed.	<u>INCLUDED</u>
Limited StopGap coverage, intentional torts not covered.	<u>NOT APPLICABLE</u>

9. Liquor Liability

The City operates a meeting area at Benham's Grove, 166 Main Street, Centerville. The City dispenses no alcohol at this location; however, citizens using this location may bring alcohol for their own use. Additionally, the City operates a clubhouse at The Golf Club at Yankee Trace, 10000 Yankee Street, Centerville where alcohol is dispensed by the City.

Provide quote on liquor liability covering the City's exposure. Approximate annual receipts at Yankee Trace are \$236,000 which is less than 50% of the total receipts for the clubhouse.

\$1,000,000 Limit

Premium
INCLUDED

List any special or required deductibles _____

10. List Any Other Applicable Aggregate Limits *not* displayed above under (4) above NOT APPLICABLE

Please indicate with respect to your 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 _____

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 _____

Employee Benefits Liability: Provide 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 provide X 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 City Manager or the City Finance Director. 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 and of itself constitute knowledge of the insured unless the City Manager and/or Finance Director shall have received notice from its agent, servant or employees.”

Will provide X Unable to provide _____

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 X Decline _____

Coverage for Volunteers: Will you include coverage for volunteers? Agree X
Decline _____

Blanket Contractual Liability Does your form provide blanket contractual liability coverage? Yes X No _____

Waiver of Governmental Immunity: Will you attach an endorsement waiving the defense of governmental immunity? Agree X Decline _____

Will you attach an amendment for **Aggregate Limits of Insurance (Per Project)?**
Yes X No _____

Will you attach an amendment for **Aggregate Limits of Insurance (Per Location)?**
Yes X No _____

Will you provide 90 Day Notice of Insurer Cancellation? Yes X No _____

Additional Comments

**CITY OF CENTERVILLE
Bid 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	* INCLUDED IN PUBLIC OFFICIALS ; PREMIUM NOT SEPARABLE			
\$3,000,000				

Other Deductibles:

List other deductibles and limits you wish to quote

Does your proposed form cover liability:

	<u>Yes</u>	<u>No</u>
1. Arising under ADA?	<u>X</u>	___
2. Arising from the following specific causes:		
discrimination against individuals?	<u>X</u>	___
failure to hire?	<u>X</u>	___
failure to promote?	<u>X</u>	___
wrongful termination?	<u>X</u>	___
wrongful termination of career opportunity?	<u>X</u>	___
sexual harassment?	<u>X</u>	___
breach of employment contract?	<u>X</u>	___
employment-related defamation?	<u>X</u>	___
employment-related misrepresentation?	<u>X</u>	___

negligent evaluation?	<u>X</u>	___
wrongful infliction of emotional distress?	<u>X</u>	___
back wages covered?	<u>X</u>	___
non-monetary damages covered?	___	<u>X</u>

Comments on above items

<u>Does your proposed form cover:</u>	<u>Yes</u>	<u>No</u>	<u>Limits(if any)</u>
<u>Punitive Damages (if allowed)</u>	___	<u>X</u>	___
<u>Defense Costs (within limits)</u>	<u>X</u>	___	<u>OUTSIDE LIMITS</u>
<u>First Dollar Defense</u>	<u>X</u>	___	___
<u>Consent to Settle</u>	___	<u>X</u>	___
<u>Mandatory Arbitration Provision</u>	<u>X</u>	___	___
<u>Claims-Made</u>	<u>X</u>	___	___
<u>If Claims-Made, Full Prior Acts</u> If Full Prior Acts not available list retroactive date used)	<u>X</u>	___	___
<u>Coinsurance or Co-Payment Provision</u> (list usual amount) (Can Co-Payment Provision be removed)	___	<u>X</u>	___ Cost _____
<u>Deductible Applicable to Defense</u>	___	<u>X</u>	___

Back Wages If your form does not automatically include back wages, can you include it by endorsement? Yes ___ No ___ If you can include back wages by endorsement, complete the following as to limits and cost.

<i>Dollar amount of back wages</i>	<i>Premium</i>
Full Back wages covered	_____
\$amount of back wages covered	_____
" " " " " " " "	_____
" " " " " " " "	_____
" " " " " " " "	_____

“ “ “ “ “ “ “ “

Comment:

CITY OF CENTERVILLE
Public Officials Liability Specifications

Limits of Liability

Quote the following limits. If you quote umbrella that applies over public officials' liability coverage, you need quote only \$1,000,000.

Limits

Premium

Quote \$1,000 deductible - *LOWEST AVAILABLE IS \$5,000*

\$1,000,000 each occurrence, \$1,000,000 aggregate

(1) \$ 6,041

\$2,000,000 each occurrence, \$2,000,000 aggregate

(2) \$ 6,646

\$3,000,000 each occurrence, \$3,000,000 aggregate

NOT AVAILABLE

\$4,000,000 each occurrence, \$4,000,000 aggregate

NOT AVAILABLE

\$5,000,000 each occurrence, \$5,000,000 aggregate

NOT AVAILABLE

Quote additional limits beyond \$5,000,000, as available. Separate excess coverage to provide additional limits is acceptable.

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	<u>X</u>
\$3,000	1m _____;	2m _____;	3m _____;	4m _____;	5m _____	Not quoted	<u>X</u>
\$4,000	1m _____;	2m _____;	3m _____;	4m _____;	5m _____	Not quoted	<u>X</u>
\$5,000	1m <u>N/A</u> ;	2m <u>N/A</u> ;	3m _____;	4m _____;	5m _____	Not quoted	_____

Additional information on limits and deductibles you wish to record _____

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 an Unintentional Errors and Omissions Endorsement? (see general liability specifications) Yes No ___ Comment _____

Will you attach a Delayed Notice of Occurrence Endorsement? (see general liability specifications) Yes No ___ Comment _____

Defense expenses paid outside of 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 ___ Addit. premium required _____

Will your policy cover all elected or appointed officials or members of boards and commissions operating under the jurisdiction of the City of Centerville and all full time and part time employees of the City of Centerville? Yes No ___ List any exceptions _____

Will your policy provide coverage for estates, heirs to legal representatives of deceased persons who were employees of the City of Centerville, and insured, at the time of the wrongful act? Yes No ___ Exceptions or comments _____

Will your policy provide coverage for all living persons who were employed by the City in the past, 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 City of Centerville? Yes No Comment

Does policy apply the policy deductible to defense expenses? Yes No

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

Addit. Prem. (if any) No, cannot provide

Comment

Definition of "Wrongful Act" Indicate if 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 contain any of the following exclusions, please advise if you will remove them

- 1. Violation of civil rights exclusion Will remove Cannot remove *N/A*
 - 2. Punitive Damages exclusion Will remove Cannot remove *N/A*
 - 3. Exclusion of claims against City 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 Will provide only defense for such claims
 - 5. Faulty preparation of bid specifications exclusion. Will remove Cannot remove
 - 6. Failure to maintain insurance exclusion. Will remove Cannot remove
- Comment (list any additional premiums required for the above exclusion removals)

Loss and other information is attached to these specifications. Additional information needed to complete a bid is available from Mark Schlagheck (address and telephone number elsewhere). Any applications that need to be completed should be forwarded to Mr. Schlagheck.

CITY OF CENTERVILLE
Police Professional Liability

Limits of Liability

Quote the following limits of liability. You need not quote other than \$1,000,000 limit if you are quoting an umbrella that applies over police professional liability.

<u>Limits</u>	<u>Premium</u>
Quote \$1,000 deductible - [*] 2,500 DEDUCTIBLE LOWEST AVAILABLE	
\$1,000,000 each occurrence, \$1,000,000 aggregate	(1) \$ 16,936
\$2,000,000 each occurrence, \$2,000,000 aggregate	(2) \$ 18,206
\$3,000,000 each occurrence, \$3,000,000 aggregate	NOT AVAILABLE
\$4,000,000 each occurrence, \$4,000,000 aggregate	NOT AVAILABLE
\$5,000,000 each occurrence, \$5,000,000 aggregate	NOT AVAILABLE

Quote additional limits beyond \$5,000,000, as available. Separate excess coverage to provide additional limits is acceptable.

Deductibles

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

\$2,000 1m _____; 2m _____; 3m _____; 4m _____; 5m _____	Not quoted	<u>X</u>
\$3,000 1m _____; 2m _____; 3m _____; 4m _____; 5m _____	Not quoted	<u>X</u>
\$4,000 1m _____; 2m _____; 3m _____; 4m _____; 5m _____	Not quoted	<u>X</u>
\$5,000 1m _____; 2m _____; 3m _____; 4m _____; 5m _____	Not quoted	<u>X</u>
\$10,000 1m _____; 2m _____; 3m _____; 4m _____; 5m _____	Not quoted	<u>X</u>

Additional information on limits and deductibles you wish to record _____

The policy is to cover all sworn police officers, civilian personnel and any auxiliary police officers employed by the City of Centerville Police Department. See attached information. Occurrence versus Claims-Made Are you quoting an occurrence form? Yes X No _____ Are you quoting a claims-made form? Yes _____ No _____. If claims-made, will you offer

full prior acts coverage? Yes N/A 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 City of Centerville Police Department and The City of Centerville".

Loss or other information is attached to these specifications. Additional information needed to complete a bid is available from Mark Schlagheck (address and telephone number elsewhere). Any applications that need to be completed should be forwarded to Mr. Schlagheck.

Coverage Elements

(Indicate and briefly describe each item whether coverage is included in the submitted bid)

Insureds

Will you include as insureds:

Y N___ 1. All current, all past or all future full or part-time law enforcement officers and employees of the City's police department?

Y N___ 2. Public officials and employees of the City in furtherance of the pursuits of the police department?

Y N___ 3. Volunteer and part-time workers in the police department?

Y N___ 4. Heirs, estates, executors, administrators, legal representatives, and assigns of all persons in 1,2 and 3 in event of death, bankruptcy or incompetence?

Mutual Agreements

Law enforcement mutual aid agreements covered? Yes No _____ Comment

Premises.

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

INCLUDED

"Moonlighting" coverage (describe or attach relevant policy provision)

INCLUDED

Punitive damages (if allowed)

covered EXCLUDED

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

Will you attach an Unintentional Errors and Omissions Endorsement (see general liability specifications)? Yes No Comment

Will you attach a Delayed Notice of Occurrence Endorsement? (see general liability specifications) Yes No Comment

Defense expenses paid outside of 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
Addit. premium required _____

Does policy apply the policy deductible to defense expenses? Yes No
If yes, can you provide coverage that applies the deductible to indemnity only? Yes
Addit. Prem.(if any) _____ No, cannot provide _____
Comment

Perils

Indicate which of the following listed perils are covered under you policy

False arrest, detention, or imprisonment Yes No

Malicious prosecution Yes No

Wrongful entry, eviction or other invasion of the right of private occupancy
Yes No

Discrimination Yes No

Humiliation Yes No

Libel or slander Yes No

Assault or battery Yes No

First aid E&O Yes No

False or improper service of process Yes No

Violation of property rights Yes No

Violation of civil rights Yes No

Alleged criminal acts Yes X No

Comments

Comments and additional items
proposed

CITY OF CENTERVILLE

Property Insurance

Bid Specifications

Please provide property insurance quotations as follows.

1. Blanket replacement cost on all buildings and contents, including improvements and betterments, agreed amount, 90% or 100% coinsurance, blanket all locations, per schedule of values and locations attached indicating a building and contents limit of \$10,840,700

<u>Deductibles:</u>	<u>90% Coinsurance Premium</u>	<u>100% Coinsurance Premium</u>
No deductible	<u>NOT AVAILABLE</u>	<u>NOT AVAILABLE</u>
\$250	<u>NOT AVAILABLE</u>	<u>NOT AVAILABLE</u>
\$500	<u>NOT AVAILABLE</u>	<u>NOT AVAILABLE</u>
\$1,000	<u>11,956</u>	<u>NOT QUOTED</u>
\$5,000	<u>AVAILABLE</u>	<u>AVAILABLE</u>
\$10,000	<u>AVAILABLE</u>	<u>AVAILABLE</u>

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 Coverages Under the Building and Contents Form? Yes___ . Addt. Prem? _____ 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 coverages usually provided by a Property Extension Form by endorsement? Yes X No _____ If yes, describe them here.

2. 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. Assume a \$1,000 deductible. If you are using a combined or blanket average rate, record that here. Rate, building coverage. _____ Rate, contents coverage. _____ Combined or blanket average rate ..

3. Building Ordinance and Law Coverage

Please quote coverage for loss due to building laws or ordinances. See list of buildings attached with age of buildings indicated.

Limits

\$1,000,000

Premium

NOT QUOTED

INCLUDED)

(000,000

Does Your Building Ordinance and Law Form Include:

Provision for a Blanket Limit? Yes _____ No _____ *NA*

Provision for the Increased Cost of Construction Resulting From ADA (American Disabilities Act). Yes _____ No _____ *NA*

Provision for the Repair or Reconstruction of:

- The Cost of Excavations, Grading, Backfilling and Filling
- Foundations of Buildings
- Pilings
- Underground Flues, Pipes and Drains

Yes _____ No _____ *NA*

Comment (list any not covered)

4. 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.

PROP

Deductibles

Premium

\$100

N/A

\$500

N/A

5. Business Income Coverage

Please quote business income coverage for the these amounts and these locations.

\$500,000 City Municipal Building, 100 West Spring Valley Road, Centerville

\$200,000 Public Works Building and Garage, 7970 South Suburban, Centerville.

\$500,000 The Golf Club at Yankee Trace, 10000 Yankee Street, Centerville.

Deductibles

Premium

No deductible

\$ 1200

\$250

AVAILABLE

\$500

AVAILABLE

\$1,000

AVAILABLE

\$5,000

AVAILABLE

\$10,000

AVAILABLE

6. Golf Putting Greens and Fairways

Please provide quotation on coverage for damage to teeing grounds, fairways and putting greens at Yankee Trace Golf Club, 10,000 Yankee Street, Centerville. Approximate value of the property exposed to loss is \$100,000.

Deductibles

Premium

\$100

NOT AVAILABLE

\$250

NOT AVAILABLE

\$500

\$ 1400

\$1,000

AVAILABLE

Will you provide all-risk coverage on this exposure? Yes X No If you are providing only specified perils coverage, list the perils here

7. Spoilage Coverage

Please quote \$25,000 spoilage coverage to apply to The Golf Club at Yankee Trace, 10000 Yankee Street, Centerville.

<u>Deductibles</u>	NOT QUOTED	([*] 10,000	INCLUDED) <u>Premium</u>
\$100			_____
\$250			_____
\$500			_____
\$500			_____
\$1,000			_____
\$5,000			_____

\$ 117
to take to 25,000

Does your form cover loss caused by breakdown or contamination?

Yes _____ No _____ N/A

Does your form cover loss caused by power outage generated on-premises or off-premises? Yes _____ No _____ N/A

Will you provide all-risk coverage, including the peril of earthquake?

Yes _____ No _____ N/A

Does your form cover all "perishable stock"? Yes _____ No _____ N/A

Comment

8. Inland Marine

a. Contractors Equipment

Please provide a quotation for equipment valued at \$1,050,000 that is moved from location to location. This equipment is generally described in a list attached to these specifications. Actual cash value coverage desired.

<u>Deductibles:</u>	<u>Premium</u>
\$50	NOT AVAILABLE

PROP

\$100	<u>NOT AVAILABLE</u>
\$250	<u>INCLUDED IN INLAND MARINE PREMIUM</u> (SEE PAGE 11)
\$500	<u>AVAILABLE</u>
\$1,000	<u>AVAILABLE</u>

b. Other Equipment

Please quote floater coverage for bicycles, radios, and police firearms in the amount of \$317,200. A detailed list of this equipment will be provided to the successful bidder. Please include coverage for golf carts and utility vehicles used at the Yankee Trace Golf Club in the amount of \$285,000. Total floater coverage, \$602,200.

<u>Deductibles</u>	<u>Premium</u>
\$50	<u>NOT AVAILABLE</u>
\$100	<u>NOT AVAILABLE</u>
\$250	<u>INCLUDED IN INLAND MARINE PREMIUM</u> (SEE PAGE 11)
\$500	<u>AVAILABLE</u>
\$1,000	<u>AVAILABLE</u>

c. Accounts Receivable Coverage

Please quote accounts receivable coverage to apply at the City's Administrative Building, 100 W. Spring Valley Road, Centerville and at Public Works Building and Garage, 7970 South Suburban Street, Centerville.

- Provide quote all risk coverage:
- \$50,000 Accounts receivable records at the described locations.
 - \$50,000 Accounts receivable records temporarily away from the described location.
 - \$50,000 Accounts receivable records in transit.

<u>Deductible</u>	<u>Premium</u>
None	<u>INCLUDED</u>

Are you including computerized records? Yes X No ____
 Will you delete any electrical or magnetic disturbance exclusion? Yes ____ No X
 Will you write this coverage without a coinsurance provision? Yes ____ No X
 If No, indicate coinsurance percentage 80%

PROP

Will you delete any loss by trickery exclusion? Yes ___ No X

Will you delete any protection of records requiring accounts receivable records be kept in a designated container whenever they are not in use and when the premises are closed for business? Yes ___ No X

Comment (include any addit. premium required for features requested)

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

Deductible Application on a Per Item Basis, Direct Damage? Yes ___ No ___
Applicable to which coverages? _____

Deductible on a per on a Per Occurrence Basis, Direct Damage? Yes ___ No ___
Applicable to which coverages? _____

90 Day Notice of Insurer Cancellation? Yes X No ___
Applicable to which coverages? _____

Can You Provide Replacement Cost Coverage? Yes X No ___ Addit. Prem. ___
Applicable to which coverages?
EDP

Perils to be Insured in these Inland Marine Coverages: *All Risks of Direct Physical Loss, including Earthquake.* Except as indicated above.

Remarks
EARTHQUAKE NOT QUOTED

9. Earthquake

Quote all real and personal property for the peril of earthquake. DIC is acceptable. Include sample policy form 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.

EARTHQUAKE - AVAILABLE - NOT QUOTED

<u>Deductibles</u>	<u>Premium</u>
_____	_____
_____	_____
_____	_____

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

10. Boiler & Machinery

Quote comprehensive blanket coverage on all boilers and fired and unfired pressure vessels, motors, switch gears, all reciprocating compressors 7 h.p. & smaller at all locations. Include 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. Perils, all risks, including Earthquake. The City has one boiler. It is located at The Golf Club at Yankee Trace, 10000 Yankee Street, Centerville. All other buildings are heated and air conditioned by individual units.

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

Values:

Policy Sub-Limits, if any:

Sub-Limit <u>POLLUTION CLEANUP</u>	Amount \$ <u>250,000</u>
Sub-Limit <u>SPOILAGE</u>	Amount \$ <u>250,000</u>
Sub-Limit <u>CFC REFRIGERANTS</u>	Amount \$ <u>INCLUDED</u>
Sub-Limit _____	Amount \$ _____

Expediting Expense Limit \$ 250,000

Comments _____

Boiler & Machinery Deductibles Premium

\$500 NOT AVAILABLE

PROP

\$1,000

INCLUDED IN PROPERTY PREM.

\$5,000

AVAILABLE

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

11. Crime Coverage

Quote commercial crime coverages and limits.

Theft, Disappearance & Destruction Coverage

Premium

Loss Inside Premises \$10,000

\$

Loss Outside premises \$10,000

100

Locations: All premises except Yankee Trace.

The Golf Club at Yankee Trace, 10000 Yankee Street, Centerville, quote

Loss Inside Premises \$25,000

Loss Outside Premises \$25,000

NOT QUOTED

12. Electronic Data Processing Coverage

Quote electronic data processing equipment coverage at various locations in City with the major location being the City's Municipal Building, 100 W. Spring Valley Road, Centerville. Cover data, programs, media, blanket. Cover equipment, data, programs, and media at unscheduled locations and in transit. Coverage to be written on a 90% coinsurance basis. Provide replacement cost coverage.

Equipment Replacement Value (\$375,000 hardware, blanket all locations) (\$75,000 software, blanket all locations), Total \$450,000.

Quoted

Y N___ Quote *Loss of Income and Extra Expense*, \$25,000

Y N___ Quote *In Transit and Away from Premises*, \$25,000

Y N___ Quote coverage for *Backup Media*, \$6,000

Y ___ N___ Quote coverage for *Accounts Receivable* \$50,000 (if you have not included computer-based accounts receivable coverage in inland marine quote, above)

Deductibles

Premium

\$50

NOT AVAILABLE

\$100

NOT AVAILABLE

\$250

INCLUDED IN INLAND MARINE PREM

\$500

AVAILABLE

If you require a different deductible for mechanical breakdown, electrical damage, etc. please record those deductibles here.

DIFFERENT DEDUCTIBLE IS REQUIRED

1,000
Must Break

Perils to be Insured, All Risks of Physical Loss, including Earthquake.

Please indicate whether your proposed form includes the following:

	<u>Yes</u>	<u>No</u>	<u>Limits (if any)</u>
Coverage for all property meeting covered property definitions whether on the property schedule?	<u>X</u>	—	—
No coverage limitation for computer viruses?	<u>X</u>	—	—
Amend definition of "covered equipment" to include telephone systems.	—	<u>X</u>	—
Coverage for equipment leased from others?	—	<u>X</u>	—
Newly acquired property at least 90 day's coverage?	—	<u>X</u>	<u>500,000</u> <u>60 DAYS</u>
Newly acquired locations at least 90 days' coverage?	—	<u>X</u>	<u>500,000</u> <u>60 DAYS</u>
Coverage, unscheduled locations?	<u>X</u>	—	<u>500,000</u> <u>60 DAYS</u>
90 day notice of insurer cancellation?	—	—	<u>AVAILABLE</u>

Please indicate by title any additional premium required by any of the above requests.

13. Valuable Papers Coverage

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

\$50,000

NOT APPLICABLE

PROP

\$100,000	<u>INCLUDED</u>
\$200,000	<u>AVAILABLE</u>
\$300,000	<u>AVAILABLE</u>
\$500,000	<u>AVAILABLE</u>

Perils to be insured, all risks of physical damage, including Earthquake. (NOT QUOTED)

Please indicate whether your proposed property form includes the following.

	<u>Yes</u>	<u>No</u>	<u>Limits(if any)</u>
Coverage for property of others	<u> </u>	<u>X</u>	<u> </u>
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	<u> </u>	<u>X</u>	<u> </u>
90 day notice of insurer cancellation	<u>X</u>	<u> </u>	<u> </u>

14. Extra Expense

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

<u>Limits</u>	<u>Premium</u>
\$50,000	<u> N/A </u>
\$100,000	<u>INCLUDED</u>
\$250,000	<u>AVAILABLE</u>
\$500,000	<u>AVAILABLE</u>
\$1,000,000	<u>AVAILABLE</u>

Additional Comments on Property Coverage You Wish to Make. Include any Special Features of the Forms and Coverages you quoted.

X TOTAL INLAND MARINE PREMIUM
\$ 7,234

2000 BEST'S KEY RATING GUIDE — PROPERTY-CASUALTY EDITION

ANNUAL STATEMENT DATA FOR YEARS 1995 – 1999

Company Name Rating Unit Name Group Affiliation Principal Officer Mailing Address Dom. : Regn Bus. : Struct. : Mkg. Specialty Phone #	Current Rating & Modifier	FSC	Balance Sheet										Operations						Net Inc. (\$00)
			Date Year	Cash & Short- Term Invest. (%)	Stocks and Bonds (%)	All Other Assets (%)	Total Admitted Assets (\$000)	Loss Res. (%)	Un- earned Prem. (%)	All Other Liab. (%)	Total Liabilities (\$000)	Policy- holders' Surplus (\$000)	Direct Premiums Written (\$000)	Net Premiums Written (\$000)	Bus. Net Ret. (%)	Net Under- writing Income (\$000)	Net Investment Income (\$000)	Pretax Operating Income (\$000)	
SAIF CORPORATION SAIF Corporation State Insurance Funds & Resid Market Fac Katherine L. Keene, President 400 High Street, Southeast Salem, OR 97312 OR : 1914 : State Fund : Direct Response Workers' Comp 503-373-8000 AMB # 03480 NAIC # 35196	NR-3		'95	1.0	79.0	20.0	2,117,052	90.5	2.0	7.5	1,687,125	429,928	249,348	255,241	94.6	-141,905	119,877	-28,840	45
			'96	0.9	81.3	17.8	2,205,211	94.1	2.3	3.6	1,813,167	392,044	242,174	252,921	98.5	-218,991	125,988	-94,581	45
	FSC X		'97	1.8	81.9	16.3	2,345,312	94.8	2.4	2.8	1,817,953	527,359	223,643	233,740	99.8	-70,260	136,062	66,314	122
			'98	0.7	86.9	12.3	2,421,197	91.4	2.4	6.3	1,928,571	492,627	205,729	216,517	101.5	-251,371	126,134	-76,507	46
			'99	4.5	85.5	10.0	2,521,047	95.0	1.9	2.1	2,006,912	514,135	190,955	196,858	100.1	-316,066	120,598	-118,186	79
Rating History: NR-3, 05/10/00; NR-3, 08/22/99; NR-3, 06/16/97; NR-3, 07/01/96; NA-4, 07/05/95																			
ST. PAUL COMPANIES St. Paul Companies St. Paul Companies Douglas W. Leatherdale, Pres. & CEO 385 Washington Street St. Paul, MN 55102 MN : Other : Agency Comm Lines, Medical Mal 651-310-7911 AMB # 00080 NAIC # 35196	A+		'95	2.9	77.3	19.9	20,699,684	72.8	16.3	10.9	16,978,498	3,721,186	6,343,496	5,637,335	78.8	-287,152	1,111,361	770,784	45
			'96	2.9	78.2	18.9	22,607,774	72.2	16.1	11.8	18,866,378	3,941,396	6,208,933	6,324,608	86.0	-508,091	1,211,227	538,778	807
	FSC XV		'97	3.6	77.4	19.1	22,890,031	71.3	14.8	13.9	18,703,541	4,186,490	5,805,297	5,978,225	86.8	-282,953	1,192,062	882,840	1,095
			'98	3.0	77.9	19.1	22,257,396	74.9	13.9	11.2	18,248,747	4,008,649	5,322,194	5,537,377	88.0	-1,084,450	1,178,827	-139,602	1,125
			'99	4.4	74.5	21.1	22,153,254	75.5	12.2	12.3	17,314,078	4,839,179	5,187,717	4,800,383	77.4	-189,442	1,273,328	988,454	843
Rating History: A+, 08/27/00; A+, 07/12/99; A+, 11/16/98; A+, 01/20/98; A+, 02/24/97																			
ST. PAUL FIRE & CASUALTY INS St. Paul Companies St. Paul Companies S.W. Lilienthal, President 385 Washington Street St. Paul, MN 55102 WI : 1982 : Stock : Agency Medical Mal, Workers' Comp 414-784-5530 AMB # 01701 NAIC # 40957	A+ r		'95	1.0	96.5	2.5	11,369	...	...	100.0	3	11,366	128,915	...	...	740	723	...
			'96	0.2	97.3	2.5	12,137	...	...	100.0	11	12,126	102,347	...	...	760	760	...
	FSC XV		'97	0.9	96.7	2.4	12,954	...	...	100.0	18	12,938	91,074	...	...	794	794	...
			'98	1.3	96.5	2.2	13,792	...	...	100.0	13	13,779	87,889	...	...	843	843	...
			'99	1.9	96.2	2.0	13,727	...	...	100.0	16	13,710	85,904	...	...	732	732	...
Rating History: A+ r, 08/27/00; A+ r, 07/12/99; A+ r, 11/16/98; A+ r, 01/20/98; A+ r, 02/24/97																			
ST. PAUL FIRE & MARINE INS CO St. Paul Companies St. Paul Companies Douglas W. Leatherdale, Chrm/Pres 385 Washington Street St. Paul, MN 55102 MN : 1929 : Stock : Agency Medical Mal, Other Liability 651-310-7911 AMB # 02452 NAIC # 24767	A+ p		'95	2.9	78.3	18.8	11,753,714	73.3	16.7	10.0	9,678,736	2,074,978	1,825,398	3,113,302	86.9	-143,132	619,781	452,970	375
			'96	1.3	81.8	17.2	13,627,782	74.3	16.1	9.6	11,141,747	2,486,035	1,707,088	3,453,164	89.1	-120,863	732,543	548,628	607
	FSC XV		'97	3.0	80.2	16.8	14,233,797	72.8	15.0	12.2	11,509,052	2,724,744	1,658,924	3,432,508	91.3	-282,795	721,881	494,650	781
			'98	1.5	80.7	17.8	13,342,494	76.0	14.6	9.5	10,393,105	2,949,390	1,587,451	2,960,521	90.7	-514,554	727,817	108,952	288
			'99	1.0	76.9	20.1	15,497,984	73.6	13.9	12.4	10,658,806	4,839,179	1,878,973	3,205,204	79.7	-438,319	801,861	211,975	258
Rating History: A+ p, 08/27/00; A+ p, 07/12/99; A+ p, 11/16/98; A+ p, 01/20/98; A+ p, 02/24/97																			
ST. PAUL GUARDIAN INS CO St. Paul Companies St. Paul Companies D.W. Leatherdale, Chrm. & Pres. 385 Washington Street St. Paul, MN 55102 MN : 1970 : Stock : Agency Personal Lines, Other Liability 651-310-7911 AMB # 04311 NAIC # 24775	A+ r		'95	0.2	97.7	2.1	30,520	...	...	100.0	16	30,503	272,168	...	...	2,031	2,031	21
			'96	0.2	97.9	1.8	32,584	...	...	100.0	13	32,571	307,219	...	...	2,102	2,102	21
	FSC XV		'97	1.3	96.9	1.8	34,816	...	...	100.0	15	34,801	391,931	...	...	2,233	2,233	21
			'98	2.6	95.7	1.8	37,110	...	...	100.0	18	37,092	458,883	...	...	2,293	2,293	21
			'99	1.7	96.5	1.8	36,357	...	...	100.0	14	36,343	553,458	...	...	2,241	2,241	21
Rating History: A+ r, 08/27/00; A+ r, 07/12/99; A+ r, 11/16/98; A+ r, 01/20/98; A+ r, 02/24/97																			
ST. PAUL INDEMNITY INS CO St. Paul Companies St. Paul Companies S.W. Lilienthal, President 9001 Wesleyan Road, Suite 400 Indianapolis, IN 46268 IN : 1983 : Stock : Agency Comm Lines 317-228-9500 AMB # 01706 NAIC # 41831	A+ r		'95	1.7	96.2	2.1	36,114	...	...	100.0	-3	36,117	21,300	-3,608	-16.9	2,537	2,407	...
			'96	0.3	97.8	2.1	38,541	...	...	100.0	44	38,496	16,080	...	...	2,380	2,380	...
	FSC XV		'97	1.6	96.5	1.9	41,177	...	...	100.0	168	41,009	13,947	...	...	2,513	2,513	...
			'98	4.7	93.5	1.9	45,537	...	...	100.0	1,698	43,839	11,972	...	...	2,819	2,630	...
			'99	2.6	95.6	1.8	43,342	...	...	100.0	221	43,121	12,077	...	...	2,621	2,621	...
Rating History: A+ r, 08/27/00; A+ r, 07/12/99; A+ r, 11/16/98; A+ r, 01/20/98; A+ r, 02/24/97																			
ST. PAUL INSURANCE COMPANY St. Paul Companies St. Paul Companies D.W. Leatherdale, President Brookhollow One, Suite 400 Arlington, TX 76006-7472 TX : 1957 : Stock : Agency Medical Mal, Other Liability 817-695-1400 AMB # 03130 NAIC # 24783	A+ r		'95	0.3	93.7	6.0	29,199	...	...	100.0	15	29,184	83,584	...	...	1,809	1,809	11
			'96	0.5	94.1	5.4	31,063	...	...	100.0	12	31,051	70,404	...	...	1,892	1,892	11
	FSC XV		'97	1.6	93.3	5.1	33,057	...	...	100.0	16	33,041	64,450	...	...	1,992	1,992	11
			'98	3.0	92.1	4.9	35,109	...	...	100.0	31	35,078	51,950	...	...	2,039	2,039	21
			'99	2.2	93.1	4.7	35,847	...	...	100.0	13	35,835	51,394	...	...	2,121	2,121	21
Rating History: A+ r, 08/27/00; A+ r, 07/12/99; A+ r, 11/16/98; A+ r, 01/20/98; A+ r, 02/24/97																			
ST. PAUL INS CO OF IL St. Paul Companies St. Paul Companies D.W. Leatherdale, Chairman 385 Washington Street St. Paul, MN 55102 IL : 1972 : Stock : Agency Workers' Comp, Other Liability 651-310-7911 AMB # 04871 NAIC # 24805	A+ g		'95	0.3	92.3	7.4	434,954	70.2	21.8	8.0	314,525	120,429	91,748	115,941	100.0	22,864	26,588	50,597	307
			'96	1.9	90.2	7.9	430,105	69.8	21.2	9.0	310,119	119,986	84,820	110,025	100.0	15,454	26,989	42,610	378
	FSC XV		'97	1.5	89.8	8.8	425,952	74.1	23.3	2.8	283,322	162,630	89,377	109,143	100.0	32,128	27,030	59,272	383
			'98	2.2	88.8	9.0	418,447	70.5	18.3	11.2	276,410	142,037	78,543	91,254	100.0	-23,014	25,974	3,072	383
			'99	3.1	88.6	8.2	415,081	74.2	17.0	8.7	241,009	174,072	74,858	78,217	100.0	12,967	26,383	39,410	383
Rating History: A+ g, 08/27/00; A, 09/28/98; A, 02/24/97; A, 05/08/95; A, 06/27/94																			
ST. PAUL INSURANCE CO OF ND St. Paul Companies St. Paul Companies S.W. Lilienthal, President One Second Street North Fargo, ND 58102 ND : 1982 : Stock : Agency Personal Auto, Medical Mal 701-235-0591 AMB # 01703 NAIC # 41572	A+ r		'95	2.8	95.2	2.0	3,806	...	...	100.0	2	3,805	4,586	...	...	250	250	...
			'96	0.9	97.2	1.9	4,071	...	...	100.0	1	4,070	4,019	...	...	265	265	...
	FSC XV		'97	2.0	96.2	1.9	4,355	...	...	100.0	2	4,353	3,918	...	...	283	283	...
			'98	5.4	93.0	1.6	4,646	...	...	100.0	2	4,644	3,382	...	...	291	291	...
			'99	2.2	96.3	1.5	4,692	...	...	100.0	2	4,690	2,054	...	...	296	296	...
Rating History: A+ r, 08/27/00; A+ r, 07/12/99; A+ r, 11/16/98; A+ r, 01/20/98; A+ r, 02/24/97																			

INS IDENT

CITY OF CENTERVILLE
Insurance Identification Form

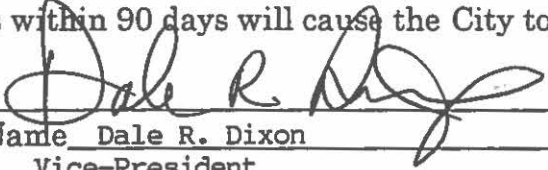
(A copy of this form must be submitted for *each* insurer proposed by the submitter)

Insuring Company's Name Westfield Insurance Company
 Address P. O. Box 5001
 City Westfield Center State Ohio Zip 44251

Name of Local Claim Person for this Insurer Mr. Tim Cloud, Claims Mgr.
 Address Westfield Insurance Co., Dryden 75 Office Center, Suite 201, P. O. Box 783
 City Dayton State OH Zip 45401 Tel. 1-800-243-0205

Agency or Insurer Submitting this Bid/Quotation Wichert Insurance Services, Inc.
 Address 1019 Portage Trail, P. O. Box 997
 City Cuyahoga Falls State OH Zip 44223 Tel. 1-800-888-0979
 Social Security No. if Agency Owner or Federal Identification
 Number 34-1081978

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 City with issued policies complete with all endorsements within 90 days after you are asked to write said insurance? Yes XX No _____
 (Exceptions will be made to this requirement if there are unresolved coverage issues outstanding between the City and the insurers you choose). Failure to provide the policies within 90 days will cause the City to cancel the policies flat without penalty.

Signed 
 Print Name Dale R. Dixon
 Title Vice-President
 Firm Wichert Insurance Services, Inc.
 Address 1019 Portage Trail
 City Cuyahoga Falls State OH Zip 44223
 Telephone 1-800-888-0979
 Fax 1-330-929-7762
 Home or car phone (Optional) _____

Additional Information You Wish to Provide

GEN COV PRO

CITY OF CENTERVILLE
General Coverage Provisions

(Complete this form for each insurer for which you have submitted a bid)

Agency Submitting Wichert Ins. Services Insurer Westfield Insurance Co.

Three Year Policies

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

Yes No

Coverage exceptions

Rate Guarantee

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

Three-Year Rate Guarantee Yes No

Coverage Exceptions To Guarantee

Is your rate guarantee subject to a loss ratio requirement?

Yes No If a loss ratio required, please list % _____

List coverages to which loss ratios provision applies, if not universally applied to all coverages

Installments:

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

Yes No

List installment percentages or amounts.

CITY OF CENTERVILLE

Bid Summary Sheet

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

Agency Submitting Wichert Ins. Services Insurer Westfield Insurance Co.

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	_____
Employment Practices Liability	_____
Public Officials Liability	_____
Police Professional Liability	_____
Auto Fleet Liability & Physical Damage	\$40,141
Umbrella Liability	_____
Property (including inland marine, crime & boiler & machinery)	_____
Total For This Insurer	<u>\$40,141</u>

Comments or variations pertaining to the above.

**CITY OF CENTERVILLE
Bid Specifications
Automobile Fleet**

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

Automobile Liability, Combined Single Limit

Premium	
(Quote Symbol 1)	
\$1 000,000	<u>\$28,018</u>
\$2,000,000	<u> </u>
\$3,000,000	<u> </u>
\$5,000,000	<u> </u>

Medical Payments

(Quote Symbol 2)	
\$3,000	<u> </u>
\$5,000	<u>\$1,216</u>
\$10,000	<u> </u>

Uninsured Motorist & Underinsured Motorist

(Quote Combined Single Limit. If Split Limits, See Below)	
(Quote Symbol 2)	
\$10,000	<u> </u>
\$20,000	<u> </u>
\$30,000	<u> </u>
\$60,000	<u> </u>
\$100,000	<u>\$11,523</u>
\$300,000	<u>\$22,157</u>
\$500,000	<u>\$28,329</u>
\$1,000,000	<u>\$35,926</u>

AUTO

If you quote Uninsured Motorists split limits, please indicate split
Amounts _____

Physical Damage

(Quote Symbol 7)

Comprehensive Coverage

Premium

Deductibles

\$100	_____
\$250	_____
\$500	<u>\$2,405</u>
\$1,000	_____
\$2,000	_____

Collision Coverage

Deductibles

\$100	_____
\$250	_____
\$500	_____
\$1,000	<u>\$8,502</u>
\$2,000	_____

Cost per Vehicle Composite

Using the number of vehicles listed in the information attached to this specification and assuming a 1m liability limit, \$500 deductible comprehensive and ^{\$1,000 ded.} collision and no medical payments or uninsured motorists coverage, calculate your quoted cost per vehicle.

Cost per Vehicle \$393

Indicate whether quotation includes the following

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

AUTO

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 agreement except in the case of autos hired with drivers. Does your form provide car rental contractual liability coverage? Yes No _____

Employees as Insureds Endorsement? Yes _____ No _____

City coverage under this endorsement will apply as primary insurance? Yes _____ No

City coverage under this endorsement will apply as excess insurance? Yes _____ No _____

Additional premium, if applies as primary? Yes _____ No _____ If yes what will be the amount of premium? \$ N/A

Any special rules if applies as primary insurance such as permission to use the auto on City business? If so, please describe.

Nonownership Liability? Yes No _____

Broad Named Insured Endorsement? Yes No _____

90 Day Notice of Insurer Cancellation? Yes No _____

Delayed Notice of Occurrence Endorsement? Yes _____ No _____

(See General Liability specifications for suggested wording).

Fellow Employee Exclusion Deleted? Yes No _____

Comment _____

Aggregate or Cap on Number of Deductibles Assessed Under Comprehensive

Damage in Any One Incident? Yes _____ No Aggregate or Cap _____ If

AUTO

available, additional premium required? Yes _____ No xx Amount of additional premium. _____

Comment _____

Sound or Receiving Equipment Coverage - Fire, Police and Emergency Vehicles?

Yes xx

No _____ Comment Permanently Installed _____

Loss Control Programs Briefly describe the auto fleet loss control programs the insurer will offer the City.

Additional Comments or Quotations

2000 BEST'S KEY RATING GUIDE — PROPERTY-CASUALTY EDITION

ANNUAL STATEMENT DATA FOR YEARS 1995 – 1999

Company Name Rating Unit Name Group Affiliation Principal Officer Mailing Address n. Began Bus. Struct.: Mktg. Specialty Phone # NAIC #	Current Rating & Modifier FSC	Date Year	Balance Sheet								Operations						Loss Ratio (%)		
			Cash & Short-Term Invest. (%)	Stocks and Bonds (%)	All Other Assets (%)	Total Admitted Assets (\$000)	Loss Res. (%)	Un-earned Prem. (%)	All Other Liab. (%)	Total Liabilities (\$000)	Policy-holders' Surplus (\$000)	Direct Premiums Written (\$000)	Net Premiums Written (\$000)	Bus. Net Ret (%)	Net Underwriting Income (\$000)	Net Investment Income (\$000)		Pretax Operating Income (\$000)	Net Income (\$000)
TERN SELECT INSURANCE CO Magna Carta Companies Magna Carta Companies Earl I. Miller, President 11755 Wilshire Blvd. Los Angeles, CA 90025 CA : 1999 : Stock : Agency Comm Lines 310-445-8000 12272 NAIC # 10997	B++r	'95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'96	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'97	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'98	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'99	9.3	89.4	1.4	10,408	...	...	...	10,408	...	...	...	...	...	403	403	403	...
Rating History: B++r, 05/25/00; B++r, 07/06/99																			
ERN SPECIALTY INSURANCE CO ern Specialty Insurance Company (No Group Affiliation) Brian J. Zawadzki, Pres. & CEO 125 Windsor Drive, Suite 115 Oak Brook, IL 60523 IL : 1989 : Stock : Broker Comm Lines 630-990-9909 10630 NAIC # 34282	NR-2	'95	7.3	78.2	13.4	3,241	...	...	...	3,241	2,124	746	35.1	-116	148	29	29	70.1	
		'96	14.5	74.2	11.2	11,424	25.2	72.4	2.4	4,738	6,688	5,691	4,920	86.5	-2,304	337	-2,227	-1,478	95.8
		'97	8.3	84.9	6.7	15,332	55.4	43.0	1.5	9,919	5,412	11,563	9,116	78.8	-2,002	724	-1,312	-788	68.4
		'98	6.5	87.1	6.4	17,298	68.3	15.7	18.0	11,780	5,518	12,489	5,944	47.6	-676	901	-261	-187	69.8
		'99	6.0	76.8	17.5	18,537	71.1	27.4	1.8	13,118	5,418	12,253	12,328	100.6	-878	966	94	29	67.8
Rating History: NR-2, 04/26/99; NR-2, 06/22/98; NR-2, 06/16/97; NR-2, 06/24/96; NA-3, 12/11/95																			
EASTERN SURETY COMPANY EA Surety Corporation Group CNA Insurance Companies Kirk C. Vornahme, President & CEO P.O. Box 5077 Sioux Falls, SD 57117-5077 SD : 1900 : Stock : Agency Surety, Fidelity 605-336-0850 00974 NAIC # 13188	A+ g	'95	5.9	86.4	7.7	141,208	35.1	51.5	13.4	107,859	33,349	75,086	71,051	94.6	15,780	9,420	24,802	14,582	8.5
		'96	7.6	83.9	8.5	139,842	35.1	53.0	11.9	106,013	33,829	78,322	71,932	91.8	13,157	8,931	22,003	14,600	9.6
		'97	27.6	56.5	15.9	442,871	14.4	48.6	35.9	317,470	125,401	84,221	215,950	98.6	-7,920	12,289	4,261	5,428	14.3
		'98	7.4	77.6	15.0	503,612	21.8	48.1	30.1	353,867	149,745	86,981	247,269	97.6	43,576	21,827	65,619	32,325	18.6
		'99	4.5	80.3	15.2	542,819	23.1	50.3	26.7	369,380	173,439	93,047	277,342	97.7	49,516	23,049	85,015	58,899	20.2
Rating History: A+ g, 06/26/00; A+ g, 06/01/99; A+ g, 10/06/97; A+ gu, 12/20/96; A+ g, 09/11/96																			
TERN UNDERWRITERS INS CO tern Underwriters Insurance Company (No Group Affiliation) Donald W. Grant, President 35 Wilshire Boulevard, Suite 123 Los Angeles, CA 90010 : 1998 : Stock : Mng Gen Agent Reins Property 213-351-6009 12252 NAIC # 10935	NR-2	'95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'96	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'97	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		'98	95.7	...	4.3	6,536	4.9	31.3	63.8	986	5,550	...	550	100.0	-9	282	253	180	20.0
		'99	85.8	...	4.2	7,010	24.9	29.3	45.7	851	6,158	...	781	100.0	-151	316	165	134	20.0
Rating History: NR-2, 06/26/00; NR-2, 06/14/99																			
TERN UNITED INSURANCE CO tern United Insurance Company California State Auto Group Les B. Schaffert, Chairman & CEO 595 MacArthur Court, 3rd Floor Newport Beach, CA 92660 CA : 1990 : Stock : Agency Non Std Auto 949-474-4100 11042 NAIC # 37770	A-	'95	43.8	42.4	13.8	34,032	67.2	20.6	12.2	27,258	6,774	31,859	26,549	83.3	-4,981	1,714	-3,504	-3,299	89.6
		'96	7.2	68.1	24.7	24,906	64.3	32.4	3.3	17,379	7,528	26,927	21,633	80.3	-1,540	1,188	437	432	78.5
		'97	8.5	66.5	24.0	28,690	57.9	36.6	5.5	18,281	10,408	30,376	24,192	79.6	394	1,191	2,769	2,773	74.7
		'98	-0.4	68.4	32.0	37,786	45.6	48.5	5.9	26,413	11,373	36,555	34,071	93.2	-1,109	1,231	1,878	1,244	73.0
		'99	-1.5	71.2	30.3	38,873	49.6	46.0	4.4	26,620	12,253	30,916	30,523	98.7	-2,497	1,376	1,339	1,118	76.0
Rating History: A-, 12/30/99; B+ u, 06/01/99; B+, 05/04/98; FPR 3, 04/21/97; FPR 3, 06/03/96																			
TERN WORLD INSURANCE CO Western World Insurance Group Western World Insurance Group Andrew S. Frazier, President 400 Parson's Pond Drive Franklin Lakes, NJ 07417-2600 NH : 1964 : Stock : Agency Excess & Surplus 201-847-8600 03132 NAIC # 13196	A+ p	'95	3.8	77.5	18.6	401,330	64.8	8.6	26.8	274,878	128,452	58,511	48,503	77.5	-1,290	15,677	15,284	11,848	68.5
		'96	5.3	75.2	19.5	420,189	63.9	9.4	26.7	286,122	134,067	53,207	52,354	85.2	-2,845	15,225	13,737	11,100	68.6
		'97	6.0	74.7	19.3	434,831	65.6	8.5	25.9	289,092	145,739	44,434	52,481	86.8	-688	15,814	16,398	13,068	68.8
		'98	5.8	74.8	19.4	447,477	65.5	8.2	26.3	291,747	155,730	41,312	50,974	86.4	-1,484	14,961	15,587	13,407	69.4
		'99	4.1	75.0	20.8	458,980	66.9	8.8	24.3	296,209	162,751	40,263	55,240	88.0	-2,893	14,188	13,954	11,901	70.0
Rating History: A+ p, 05/12/00; A+ p, 01/25/99; A+ p, 10/27/97; A+ p, 05/28/96; A+ p, 02/28/95																			
ERN WORLD INSURANCE GROUP Western World Insurance Group Western World Insurance Group Andrew S. Frazier, President 400 Parson's Pond Drive Franklin Lakes, NJ 07417-2600 NH : Other : Agency Excess & Surplus 201-847-8600 02946	A+	'95	6.7	71.2	22.2	540,852	55.6	7.3	37.0	414,400	126,452	83,053	62,620	75.4	-1,680	24,039	22,197	17,462	68.5
		'96	6.3	70.8	22.9	572,399	54.2	7.9	38.0	438,332	134,067	82,822	67,458	81.4	-3,569	24,036	20,732	16,731	68.5
		'97	7.7	69.9	22.4	590,700	55.4	7.1	37.5	444,962	145,739	86,205	68,111	79.0	-1,005	25,219	24,346	19,532	68.8
		'98	6.4	71.2	22.4	610,914	54.6	6.8	38.6	455,184	155,730	86,222	65,871	76.4	-1,894	24,411	22,585	19,526	69.4
		'99	5.2	70.7	24.0	644,038	53.6	7.0	39.4	481,287	162,751	92,601	70,974	76.6	-3,644	24,210	20,733	17,468	70.0
Rating History: A+, 05/12/00; A+, 01/25/99; A+, 10/27/97; A+, 05/28/96; A+, 02/28/95																			
WESTFIELD COMPANIES Westfield Companies Westfield Companies R. Cary Blair, Chairman & CEO P.O. Box 5001 Westfield Center, OH 44251-5001 OH : Other : Agency Comm Auto, Personal Lines 330-887-0101 00730	A+	'95	2.7	75.9	21.3	1,513,003	53.4	32.7	13.9	1,070,088	442,917	722,667	708,915	96.1	-3,886	73,690	34,439	44,108	67.5
		'96	2.4	76.3	21.2	1,586,937	52.8	33.6	13.6	1,095,891	491,048	774,952	751,227	96.0	-42,430	74,459	8,262	27,864	72.8
		'97	2.4	76.8	20.8	1,696,218	49.6	35.2	15.2	1,131,490	584,727	834,701	810,115	96.5	-42,560	76,135	9,664	34,250	71.9
		'98	3.4	72.1	24.4	1,901,259	49.2	33.6	17.2	1,237,109	684,150	875,751	854,042	97.1	-56,023	124,239	53,597	148,730	74.0
		'99	4.0	76.5	19.6	1,883,124	53.7	33.4	12.8	1,222,023	661,101	875,954	853,040	97.0	-94,979	89,685	-1,178	10,508	79.2
Rating History: A+, 07/06/99; A+, 08/08/98; A++, 06/09/97; A++, 06/10/96; A++, 06/19/95																			
WESTFIELD INSURANCE COMPANY Westfield Companies Westfield Companies R. Cary Blair, Chairman & CEO P.O. Box 5001 Westfield Center, OH 44251-5001 OH : 1929 : Stock : Agency Comm Lines, Personal Lines	A+ p	'95	2.0	79.8	18.2	767,415	55.5	33.9	10.5	514,724	252,691	426,662	354,457	83.1	-2,008	38,661	18,104	24,513	67.5
		'96	2.3	79.6	18.1	805,741	54.9	35.0	10.0	526,141	279,600	461,449	375,614	81.4	-21,256	40,277	6,148	19,701	72.8
		'97	0.7	81.3	18.0	860,539	51.9	36.7	11.4	541,161	319,377	497,472	405,057	81.4	-21,344	42,588	7,411	21,807	71.9
		'98	2.5	76.8	20.7	921,359	52.8	36.0	11.2	576,820	344,540	508,618	427,021	83.9	-26,109	42,140	5,751	27,471	74.0
		'99	2.1	81.4	16.5	946,758	55.5	34.5	10.1	592,207	354,551	511,700	426,520	83.2	-47,583	47,549	2,554	11,345	79.2