

Agenda

Basehor City Council

Work Session

March 2, 2016 - 7:00 p.m.

Basehor City Hall



1. City Liability Insurance Renewal
2. Executive Session *(If Needed)*

Per K.S.A. 75-438 the City Council Meeting agenda is available for review at Basehor City Hall, 2620 North 155th

City of Basehor
Agenda Item Cover Sheet

Agenda Item No. 1

Topic: City Property and Casualty Insurance Renewal for 2016/2017

Action Requested: Consider renewal of Property and Casualty Insurance policy with One Beacon for 2016/2017.

Narrative: The City's current property and casualty insurance policy will expire on March 31, 2015. J.R. Reilly & Son's is our insurance broker and has submitted our renewal application to One Beacon. Mr. Reilly will present the new policy to Council at the work session.

Presented by: Lloyd Martley, Chief of Police/City Administrator
J.R. Reilly, Insurance Broker

Administration Recommendation: Approve insurance policy renewal with One Beacon.

Attachments: One Beacon Renewal Application

Projector needed for this item?

No

SENT 1/21/16



OneBeacon
GOVERNMENT RISKS™

OneBeacon Government Risks

8000 IH-10 West
The Forum, Suite 1045
San Antonio, TX 78230
(866) 971-6247 • www.onebeacongov.com
OBGRNewBusiness@OneBeacon.com

RENEWAL APPLICATION

Please complete PART A and other PARTS as applicable.

- PART A** **GENERAL INFORMATION (PAGE 2)**

- PART B** **PROPERTY (PAGE 3)**
 > *Attach Statement of Values (Excel format preferred)*

- PART C** **INLAND MARINE (PAGE 3)**
 > *Attach Statement of Values (Excel format preferred)*

- PART D** **CRIME (PAGE 4)**

- PART E** **AUTOMOBILE (PAGE 4)**
 > *Attach Schedule of Covered Automobiles (Excel format preferred)*

- PART F** **GENERAL LIABILITY (PAGE 5)**

- PART G** **DAM, RESERVOIR OR LEVEE SUPPLEMENT (PAGE 6)**

- PART H** **PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY (PAGE 7)**

- PART I** **LAW ENFORCEMENT LIABILITY (PAGE 8)**

- PART J** **EXCESS LIABILITY (PAGE 9)**

Legal Named Insured: City of Basehor

Renewal 4-1-16
Proposed Effective Date: _____

PART A - GENERAL INFORMATION

1. Entity

Application Date: <u>1-19-16</u>		Proposal Due Date:	
Mailing Address: <u>PO Box 406</u>			
Street Address: <u>2620 N. 155th Street</u>		County: <u>Leavenworth</u>	
City, State, Zip: <u>Basehor KS 66207</u>		Population:	
FEIN: <u>48-0732879</u>		Website: <u>cityofbasehor.org</u>	
Primary Insured Contact: <u>Klayd Martley</u>		E-Mail: <u>chief@basehorpolice.org</u>	Phone: <u>913-724-3397</u>
Risk Control Contact:		E-Mail: <u>"</u>	Phone: <u>"</u>

2. Submitting Agency

Agency: <u>The Reilly Company</u>			
Mailing Address: <u>PO Box 9</u>			
Producer: <u>J.R. Reilly/Cyndi Fry</u>		E-Mail: <u>Cyndi.Fry@reillyinsurance.com</u>	Phone: <u>913-682-1234</u> Fax: <u>913-682-8136</u>

3. Coverage Requested

<input checked="" type="checkbox"/> General Liability	<input checked="" type="checkbox"/> Property / Equipment Breakdown
<input checked="" type="checkbox"/> Public Officials Errors and Omission Liability	<input checked="" type="checkbox"/> Equipment / Inland Marine
<input checked="" type="checkbox"/> Law Enforcement Liability	<input checked="" type="checkbox"/> Crime
<input checked="" type="checkbox"/> Automobile Liability	<input type="checkbox"/> Flood
<input checked="" type="checkbox"/> Automobile Physical Damage	<input checked="" type="checkbox"/> Earthquake
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Other:

4. Operating Controls

Y N Are certificates of insurance required from your subcontractors? If Yes, explain:

Y N Are you named as an additional insured on your subcontractors' liability policies?

Y N Does the entity have a formalized risk management procedure or program?

Do the formal procedures include the following?

Y N Written Safety or Loss Prevention Manual

Y N Employee Training Meeting

Y N Property or Equipment Inspection and Maintenance Logs

Y N Procedures to prevent & report Sexual Harassment

Y N Accident Investigation Program

Describe any other formal or informal operating controls:

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

PART B – PROPERTY SUPPLEMENTAL APPLICATION

- 1. Y N Have the submitted property values increased for renewal?
If Yes, how were these renewal values determined? Flat Percentage Updated Appraisal

- 2. Y N Any loss payees or additional insured interests applicable to any properties?
If Yes, please list item # and interest:

- 3. Y N Any newly vacant property locations?

- 4. Y N Do you currently have any property in the "course of construction" or do you plan to have any new additions, renovations, or expansions?
If Yes, describe:
Cost of construction: _____

- 5. Y N Have any occupancies changed for any currently insured locations? If Yes, describe:

PART C – INLAND MARINE SUPPLEMENTAL APPLICATION

- What types of inland marine equipment are to be insured?
- Contractor's Equipment
 - Miscellaneous Tools and Equipment
 - Employee Tools
 - Leased, Rented or Borrowed Equipment
 - Other: Misc. Articles Floats for Radios (\$80,000 limit \$1,000 ded)

Please provide all values to be insured in an Excel attachment.

Please indicate the deductible to be applied to the following:

	\$1,000	\$2,500	\$5,000	Other (Please list)
Contractor's Type Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Tools and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leased, Rented or Borrowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

PART D - CRIME SUPPLEMENTAL APPLICATION

1. What deductible is requested? \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other:

2. Y N Are additional limits needed for any crime insuring agreement?
If Yes, please list insuring agreement and limit.

Insuring Agreement	Limit

3. What security provisions apply? How Often?

<input checked="" type="checkbox"/> Audit	<i>External - ANNUALLY</i>
<input checked="" type="checkbox"/> Reconciliations	<i>Yes</i>
<input checked="" type="checkbox"/> Bank statements	<i>monthly</i>
<input checked="" type="checkbox"/> Countersignature	<i>2 REQUIRED</i>
<input type="checkbox"/> Other:	

PART E - AUTOMOBILE SUPPLEMENTAL APPLICATION

1. Y N Are all of the entity's owned or leased vehicles to be insured under this policy?
If No, list vehicles insured elsewhere:

2. ^{N/A} Y N Are Fire or Ambulance vehicles to be covered on an Agreed Amount basis for APD?
If Yes, note vehicle unit #s and requested values on submitted automobile schedule.
Only Fire and Ambulance vehicles are eligible for Agreed Valuation Physical Damage

3. Y N Any loss payees or additional insured interests applicable at renewal to any automobile?
If Yes, please list auto number and interest:

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Indicate presence of each item by checking the appropriate box:

Operation	Exposure?	Any Part of Operation Subcontracted to Others?
	(Y / N)	(Y / N)
Aircraft, Airport and Related Facilities	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Ambulance Services	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Boat Docks or Marina	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Bridges	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Carnivals, Fairs, Parades	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
Cemetery Operations	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Chemical Spraying – Pesticide/Herbicide	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
Children and Youth Services	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Dams, Reservoir or Levee (Complete Part G)	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Day Care, Day Camps, Day Nurseries	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Electric Utility (Request Supplemental Application – Part L)	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Emergency Medical Services	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Exhibit Hall or Meeting Area	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Fire Department	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Fireworks Exhibits	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Garbage or Refuse Collection	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Gas Utility (Request Supplemental Application – Part K)	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Golf Course	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Halfway Houses, Shelters, Group Homes	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Health Clinics	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Hospitals	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Ice or Roller Rinks	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Industrial Buildings for Redevelopment	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Irrigation Ditches – Existence Hazard	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Jails or Correctional Facilities	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Lake or Reservoir	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Landfills/Dumps/Refuse Sites/Incinerators	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Law Enforcement Activities	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
Liquor Sales	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Nursing Homes	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Parks and Playgrounds	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
Ports/Harbors/Terminal	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Public Health Department	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Public Housing Authority	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Rescue Squad	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Sewage Collection Lines	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
Sewage Disposal Plant	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/>
School	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Streets and Roads	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/>
Swimming Areas, Pool or Beach	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Transit Operations	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Vacant Land	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Wastewater Operations	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Watercraft > 100 Horsepower	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Water Operations	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Zoo	<input type="checkbox"/> / <input checked="" type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>

Legal Named Insured: _____

Proposed Effective Date: _____

PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION

1. What deductible is requested? <i>Note: Underwriters may require higher or lower deductibles than requested</i> <i>If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount</i>	
<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other:
2. How are deductibles to apply? <input checked="" type="checkbox"/> Loss Only <input type="checkbox"/> Loss and Loss Expense	
3. General Liability is rated on operating budget – how is the budget provided to OneBeacon? <input type="checkbox"/> Attached to this application <input checked="" type="checkbox"/> Link to website located here: <i>cityofbasehor.org</i>	
4. What expenditures are associated with "green initiatives"? <i>"Green initiatives" are expenditures associated with efforts to implement environmental sustainability.</i> <i>Examples of eligible expenditures include community environmental sustainability education, recycling and composting programs, sustainability planning or similar operations undertaken to improve the physical environment.</i>	
5. What is the payroll for water, sewer or irrigation operations? (Not required for city or county business) <i>Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contract costs</i>	
6. How many of each type of employee are to be included? Required if Health Care Coverage is requested	
# <input checked="" type="checkbox"/> Social Service Providers	# <input type="checkbox"/> Paramedic
# <input type="checkbox"/> Jail Nurses	# <input type="checkbox"/> Emergency Medical Technician
# <input type="checkbox"/> Nurse	# <input type="checkbox"/> First Responder

PART G – DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION

OneBeacon Government Risks will specifically request if required for renewal.

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

PART H – PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION

1. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested. If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount*

Coverage A – Wrongful Acts	Coverage B – Employment Practices and
<input checked="" type="checkbox"/> \$5,000 Loss and Loss Expense	Coverage C – Employee Benefits Administration
<input type="checkbox"/> \$10,000 Loss and Loss Expense	<input checked="" type="checkbox"/> \$5,000 Loss and Loss Expense
<input type="checkbox"/> \$15,000 Loss and Loss Expense	<input type="checkbox"/> \$10,000 Loss and Loss Expense
<input type="checkbox"/> \$25,000 Loss and Loss Expense	<input type="checkbox"/> \$15,000 Loss and Loss Expense
<input type="checkbox"/> Other:	<input type="checkbox"/> \$25,000 Loss and Loss Expense
	<input type="checkbox"/> Other:

2. How many of the following does the entity have?

6 Board Members, Public Officials, Directors, or Officers?

27 Full-Time Paid Employees? # 1 Part-Time Paid Employees?

2 Temporary or Seasonal Workers? # 0 Volunteers? (do not include volunteer board members)

3. What is the estimated employee turnover rate each year? % 1

4. How many *involuntary* employment terminations each year? # 0

5. Y N Are any *involuntary* employment terminations planned for the upcoming year?

6. What are term lengths of the board members and management team? 4 YEARS

7. Are there any outstanding disputes involving any of the following? Check if **Yes**:

- Civil rights violations?
- Refusal of public service?
- Inadequacy of public service?
- Wrongful takings or condemnation proceedings?
- Approval of building plans or building specifications?

8. If **Yes** with regard to any outstanding disputes, *not yet a claim*, describe circumstances:

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

PART I – LAW ENFORCEMENT LIABILITY SUPPLEMENTAL APPLICATION

1. What Law Enforcement Wrongful Acts Coverage deductible is requested?
Note: Underwriters may require higher or lower deductibles than requested
If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount

<input checked="" type="checkbox"/> \$5,000 Loss and Loss Expense	<input type="checkbox"/> \$10,000 Loss and Loss Expense
<input type="checkbox"/> \$15,000 Loss and Loss Expense	<input type="checkbox"/> \$25,000 Loss and Loss Expense
<input type="checkbox"/> Other:	

2. How many of the following does the entity have?

# <u>12</u> Full-time officers, armed and with full arrest authority?	# <u>0</u> Part-time officers, armed and with full arrest authority?
# <u>0</u> Full- or part-time officers, unarmed and with limited authority?	# <u>0</u> Police dogs?
# <u>0</u> Full-time jailers?	# <u>0</u> Part-time jailers?
# <u>2</u> Administrative employees?	

3. Y N Is the law enforcement agency accredited by any professional organization or agency?
If Yes, what accreditation? KIARS

4. Are written policies established for the following?

<input checked="" type="checkbox"/> Use of deadly force	<input checked="" type="checkbox"/> Use of non-lethal force	<input checked="" type="checkbox"/> Vehicle "hot pursuit"	<input checked="" type="checkbox"/> Domestic violence
<input checked="" type="checkbox"/> Handling of intoxicated persons	<input checked="" type="checkbox"/> Outside employment (moonlighting)	<input checked="" type="checkbox"/> Armed while off duty	<input type="checkbox"/> Use of volunteers

5. What types of detention facilities are operated?

<input type="checkbox"/> Jail	<input type="checkbox"/> Holding Facility	<input type="checkbox"/> Juvenile Center	<input checked="" type="checkbox"/> Other: <u>None</u>
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Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-14

PART J – EXCESS LIABILITY SUPPLEMENTAL APPLICATION

Minimum underlying limits required to schedule Employers' Liability are \$500,000 Each Accident/ \$500,000 Disease per Employee/ \$500,000 Disease Aggregate

1. Coverage is to apply over what underlying coverage?

<input type="checkbox"/> General Liability
<input type="checkbox"/> Law Enforcement Liability
<input type="checkbox"/> Public Officials Errors and Omissions Liability
<input type="checkbox"/> Commercial Automobile Liability
<input type="checkbox"/> Employers Liability (if so, please provide carrier policy information below)
Carrier:
Term:
Policy #:
Limits:

2. Excess Limit Requested:

<input type="checkbox"/> \$1,000,000 / \$1,000,000 Aggregate
<input type="checkbox"/> \$2,000,000 / \$2,000,000 Aggregate
<input type="checkbox"/> \$3,000,000 / \$3,000,000 Aggregate
<input type="checkbox"/> \$4,000,000 / \$4,000,000 Aggregate
<input type="checkbox"/> \$5,000,000 / \$5,000,000 Aggregate
<input type="checkbox"/> \$6,000,000 / \$6,000,000 Aggregate
<input type="checkbox"/> \$7,000,000 / \$7,000,000 Aggregate
<input type="checkbox"/> \$8,000,000 / \$8,000,000 Aggregate
<input type="checkbox"/> \$9,000,000 / \$9,000,000 Aggregate
<input type="checkbox"/> \$10,000,000 / \$10,000,000 Aggregate

3. Excess limits may be tailored to account requirements subject to OneBeacon underwriting approval. **Renewal coverage will be issued as expiring unless otherwise requested.**

Please select if excess limits are to apply above the following coverages:

<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Uninsured/Underinsured Motorist Limits?
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Pollution Coverage extensions?
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Failure to Supply coverage?
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Sexual Abuse coverage?

No umbrella on expiring policy

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida Fraud Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation.

Other Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Warning

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any materially false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

Legal Named Insured: City of Basehor

Proposed Effective Date: 4-1-16

RENEWAL CHECKLIST

- COMPLETED ONEBEACON GOVERNMENT RISKS RENEWAL APPLICATION
- SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED
- COPY OF OR LINK TO APPLICANT'S MOST RECENT BUDGET PROVIDED
- VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS
- STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT
- VEHICLE SCHEDULES INCLUDES VEHICLE USAGE AND COST NEW

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

DM [Signature] *Chief of Police / City Administrator* *1/21/16*
SIGNATURE OF PROPOSED INSURED TITLE DATE

SIGNATURE OF AGENT OR BROKER TITLE DATE



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/19/2016

AGENCY The Reilly Company LLC 608 Delaware St. P.O. Box 9 Leavenworth KS 66048-0009		CARRIER OneBeacon INSURED / APPLICANT City of Basehor HEADQUARTERS ADDRESS PO Box 406 Basehor KS 66007-0406		NAIC CODE:	PAGE OF
CONTACT NAME: Cyndi Fry		POLICY NUMBER 2016 APPS		EFFECTIVE DATE 4/1/2016	
PHONE (A/C, No. Ext): (913) 682-1234	COINS %	APPLICABLE CAUSES OF LOSS		SPECIFIC AVERAGE RATE REQUESTED	
FAX (A/C, No.): (913) 682-8136	<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/>	
E-MAIL ADDRESS: cyndi.fry@reillyinsurance.com	<input checked="" type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/> FLOOD	<input type="checkbox"/> BLANKET RATE REQUESTED	
CODE:	<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL		
AGENCY CUSTOMER ID: 00005723	<input checked="" type="checkbox"/> 90	<input checked="" type="checkbox"/> Accounts Receivable	<input type="checkbox"/> VANDALISM EXCL		

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)
PIO - Property in Open.

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	DESC: City Hall 2620 N. 155th Street ADDRESS: 2620 N. 155th St. Basehor KS 66007-0406	RC	Bldg	486,081		
	1	1	DESC: City Hall 2620 N. 155th Street ADDRESS: 2620 N. 155th St. Basehor KS 66007-0406	RC	BPP	112,000		
	2	1	DESC: Sign-Welcome to Basehor ADDRESS: 155th St. at State Ave Basehor KS 66007	RC	PIO	3,277		
	3	1	DESC: Sign-Welcome to Basehor ADDRESS: N. 142nd St. at Parallel Rd KS 66007	RC	PIO	3,277		
	4	1	DESC: Shelter House ADDRESS: 15940 Leavenworth Rd. Basehor KS 66007	RC	PIO	12,016		
	4	1	DESC: Restroom ADDRESS: 15940 Leavenworth Rd. Basehor KS 66007	RC	PIO	32,769		
	5	1	DESC: Gazebo/classroom/Play equip/picnic table/grill ADDRESS: 15940 Leavenworth Road Basehor KS 66007	RC	PIO	76,431		
	6	1	DESC: Wastewater plant/Fence/lights/tank/pumps ADDRESS: 2300 N. 158th St. Basehor KS 66007	RC	Bldg	9,508,590		
	6	1	DESC: Wastewater Plant ADDRESS: 2300 N. 158th St. Basehor KS 66007	RC	BPP	50,000		
	6	2	DESC: 2300 N. 158th St./Lift Station #SN16-47292 ADDRESS: 2300 N. 158th St. Basehor KS 66007	RC	PIO	150,000		
	7	1	DESC: 1512 N. 155th St./Lift Station ADDRESS: 1512 N. 155th St. Basehor KS 66007	RC	PIO	40,000		
Totals include items found on all pages, not including Loc # = BLNK.						TOTAL \$	N/A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE 	TITLE Chief of Police/City Admin	DATE 1/21/16
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STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/19/2016

AGENCY The Reilly Company LLC 608 Delaware St. P.O. Box 9 Leavenworth KS 66048-0009		CARRIER OneBeacon INSURED / APPLICANT City of Basehor HEADQUARTERS ADDRESS PO Box 406 Basehor KS 66007-0406		NAIC CODE:	PAGE OF
CONTACT NAME: Cyndi Fry PHONE (A/C, No. Ext): (913) 682-1234 FAX (A/C, No.): (913) 682-8136 E-MAIL ADDRESS: cyndi.fry@reillyinsurance.com		COINS % <input type="checkbox"/> 80% <input checked="" type="checkbox"/> 90% <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 90		APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> Accounts Receivable <input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL	
AGENCY CUSTOMER ID: 00005723		CODE:		SUBCODE:	

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM	
	8	1	DESC: 2442 Crestwood St./Lift Station ADDRESS: 2442 Crestwood St. Basehor KS 66007	RC	PIO	40,000			
	9	1	DESC: 575 N. 155th St., Lift station ADDRESS: 575 N. 155th St. Basehor KS 66007	RC	PIO	60,000			
	10	1	DESC: 16575 State Ave./Lift Station #16082551N ADDRESS: 16575 State Ave Basehor KS 66007	RC	PIO	60,000			
	11	1	DESC: 1312 N. 150th St./Lift Station ADDRESS: 1312 N. 150th St. Basehor KS 66007	RC	PIO	40,000			
	12	1	DESC: 20005 N. 163rd/Lift Station ADDRESS: 20005 N. 163rd St. Basehor KS 66007	RC	PIO	124,000			
	13	1	DESC: Lift station/14310 Donahoo St. ADDRESS: 14310 Donahoo St. Basehor KS 66007	RC	PIO	124,000			
	14	1	DESC: 15120 State Ave/Lift Station ADDRESS: 15120 State Ave Basehor KS 66007	RC	PIO	66,000			
	15	1	DESC: 22539 141st Terrace/Lift Station ADDRESS: 22539 141st Terrace Basehor KS 66007	RC	PIO	66,000			
	16	1	DESC: 18236 153rd St./Lift Station ADDRESS: 18236 153rd St. Basehor KS 66007	RC	PIO	40,000			
	17	1	DESC: 16300 Garden Parking #16-08187N/Lift Station ADDRESS: 16300 Garden Parking Basehor KS 66007	RC	PIO	40,000			
	18	1	DESC: 19155 166th Street, Lift Station #28-00251K ADDRESS: 19155 166th St. Basehor KS 66007	RC	PIO	90,000			
	19	1	DESC: Basehor Town Center Lift Station, 2301 N. ADDRESS: 2301 N. 158th St. Basehor KS 66007	RC	PIO	160,000			
Totals include items found on all pages, not including Loc # = BLNK.						TOTAL	\$	N/A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE 	TITLE Chief of Police/City Admin	DATE 1/21/16
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STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/19/2016

AGENCY The Reilly Company LLC 608 Delaware St. P.O. Box 9 Leavenworth KS 66048-0009		CARRIER OneBeacon		NAIC CODE:	PAGE OF
CONTACT NAME: Cyndi Fry		INSURED / APPLICANT City of Basehor		POLICY NUMBER 2016 APPS	EFFECTIVE DATE 4/1/2016
PHONE (A/C, No. Ext): (913) 682-1234		HEADQUARTERS ADDRESS PO Box 406 Basehor KS 66007-0406			
FAX (A/C, No.): (913) 682-8136		COINS %		APPLICABLE CAUSES OF LOSS	
E-MAIL ADDRESS: cyndi.fry@reillyinsurance.com		<input type="checkbox"/> 80%		<input type="checkbox"/> BASIC	
CODE:		<input checked="" type="checkbox"/> 90%		<input type="checkbox"/> EARTHQUAKE COV	
SUBCODE:		<input type="checkbox"/> 100%		<input type="checkbox"/> FLOOD	
		<input checked="" type="checkbox"/> 90		<input checked="" type="checkbox"/> SPECIAL	
AGENCY CUSTOMER ID: 00005723		<input checked="" type="checkbox"/> 90		<input type="checkbox"/> SPRINKLER LEAKAGE EXCL	
				<input type="checkbox"/> VANDALISM EXCL	

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	20	1	DESC: 14333 Fairmont Road/Office Bldg ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	70,000		
	20	1	DESC: 14333 Fairmont Road/Office Bldg ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	BPP	50,000		
	20	2	DESC: 14333 Fairmont Road/Equip Garage ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	40,000		
	20	2	DESC: 14333 Fairmont Road/Equip Garage ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	BPP	15,000		
	20	3	DESC: 14333 Fairmont Road/Concession Stand ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	70,000		
	20	3	DESC: 14333 Fairmont Road/Concession Stand ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	20,000		
	20	4	DESC: 14333 Fairmont Road/Ticket Booth ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	4,000		
	20	4	DESC: 14333 Fairmont Road/Ticket Booth ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	1,000		
	20	5	DESC: 14333 Fairmont Road/Parking Booth ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	3,000		
	20	5	DESC: 14333 Fairmont Road/Parking Booth ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	Bldg	1,000		
	20	6	DESC: Fences ? Fields ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	PIO	232,000		
	20	6	DESC: Lights ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	PIO	120,000		
Totals include items found on all pages, not including Loc # = BLNK.						TOTAL \$	N/A	\$

Remove

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE <i>[Signature]</i>	TITLE Chief of Police/City Admin	DATE 1/21/16
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STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/19/2016

AGENCY The Reilly Company LLC 608 Delaware St. P.O. Box 9 Leavenworth KS 66048-0009	CARRIER OneBeacon INSURED / APPLICANT City of Basehor HEADQUARTERS ADDRESS PO Box 406 Basehor KS 66007-0406	NAIC CODE: POLICY NUMBER 2016 APPS	PAGE OF EFFECTIVE DATE 4/1/2016
CONTACT NAME: Cyndi Fry PHONE (A/C. No. Ext): (913) 682-1234 FAX (A/C. No.): (913) 682-8136 E-MAIL ADDRESS: cyndi.fry@reillyinsurance.com CODE: SUBCODE:	COINS % <input type="checkbox"/> 80% <input checked="" type="checkbox"/> 90% <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 90	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> Accounts Receivable <input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED
AGENCY CUSTOMER ID: 00005723			

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	20	6	DESC: Bleachers ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	PIO	19,200		
	20	6	DESC: Water Fountain ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	PIO	8,500		<i>Remove</i>
	20	6	DESC: Scoreboards ADDRESS: 14333 Fairmont Road Basehor KS 66007	RC	PIO	45,000		
	21	1	DESC: 2712 N. 158th Street-Lift Station ADDRESS: 2712 N. 158th Street Basehor KS 66007	RC	PIO	40,000		
	22	1	DESC: 15458 Evans Raod-Lift Station ADDRESS: 15458 Evans Raod Basehor KS 66007	RC	PIO	90,000		
	23	1	DESC: 15930 Conley Road-Lift Station ADDRESS: 15930 Conley Road Basehor KS 66007	RC	PIO	90,000		
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
TOTAL						\$ 10,475,456	N/A	\$

Blkt Building & BPP

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE 	TITLE Chief of Police/City Admin	DATE 1/21/16
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ACORD 139 (2014/09)

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INS139 (201409)

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