### Ordinance No. 14-04

# AN ORDINANCE APPROVING THE PURCHASE OF COMMERCIAL INSURANCE COVERAGE FROM NICOUD INSURANCE SERVICES

WHEREAS, the South Sangamon Water Commission published a solicitation for proposals for insurance coverage in a newspaper of general circulation in Sangamon County, Illinois;

WHEREAS, proposals were obtained from several insurance companies on or before the advertised deadline of April 11, 2014;

WHEREAS the proposal from Nicoud Insurance Services was responsive to the specifications and offered the best price for the Commission;

NOW, THEREFORE, BE IT ORDAINED BY THE SOUTH SANGAMON WATER COMMISSION, AS FOLLOWS:

**SECTION 1:** That certain Commercial Insurance Proposal from the Nicoud Insurance Services to the South Sangamon Water Commission with effective date of May 1, 2014, a copy of which is attached, is hereby approved.

**SECTION 2:** The Chairman shall execute appropriate contracts of insurance in accordance with said Proposal, the proper officers of the Commission shall carry out such contracts of insurance according to their terms.

**SECTION 3:** This Ordinance is effective immediately.

PASSED this 22nd day of April , 2014.

Del meort CHAIRMAN

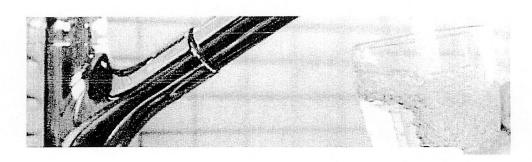
ATTEST:

Laura Van Priorque

AYES: McCord, Hall, Sander NAYS: none PASSED: 4/22/2014 APPROVED: 4/22/2014

ABSENT: none

P.O. Box 83 New Berlin, IL 62670



Proposed Effective Date: May 1, 2014



Presented by James F. Hillestad

4481 Ash Grove Ste B, PO 13078 Springfield, IL 62791-3078 217-546-6900



### AGENCY SERVICE TEAM

Welcome to **Nicoud Insurance!** Our hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. Voicemail is available after hours. Any other office hours are made by appointment. The service team assigned to manage your account is:

James F Hillestad	Phone: 217-547-2029	Account Executive	jim@nicoudinsurance.com
Alexis Galassi	Phone: 217-547-2047	Account Manager	alexis.galassi@nicoudinsurance.com
Hilary Garner	Phone: 217-547-2041	Benefits Account Manager	hilary.garner@nicoudinsurance.com
Denise Davis	Phone: 217-547-2030	Claims Specialist	denise.davis@nicoudinsurance.com

Any of these staff members will be pleased to assist you with your service needs. Your primary contact will be Alexis Galassi.

Nicoud Insurance www.nicoudinsurance.com 4481 Ash Grove Ste B, PO 13078 Springfield, IL 62791-3078 217-546-6900 Fax: 217-546-7034 (800) 982-6564 WATS



NICOUD]. [INSURANCE

- The Commercial Account Manager will be assigned to your account and will be accessible to meet your policy service requirements in a professional manner.
- Certificates of Insurance will be processed and forwarded to you within one business day of receiving the request.
- Binders will be processed and forwarded to you within three business days after binding coverage.

#### **ACCOUNT PROCEDURES:**

- Agency will review your operations as you request or at least *Time Frame* to determine any changes in exposures, claim activity or servicing needs.
- All service personnel will return telephone calls within the same day they are received.
- Audits will be reviewed upon receipt. Agency will request that the company complete the audit within 90 days of the policy expiration.

#### **CLAIMS MANAGEMENT:**

- Workers' Compensation claims should be reported to Denise Davis, Claims Specialist, by the insured.
- Agency reports all claims to your carrier within 24 hours of receipt.
- ❖ Draft authority will be utilized to settle claims "in house" whenever possible.
- Agency will monitor the settling and reserving of claims and keep you advised of any major changes in reserves.
- Agency will maintain open and frequent communication regarding the status of the open claims.
- Loss runs will be reviewed at your request on a monthly, quarterly or semi-annual basis.
- Agency will review your Workers' Compensation Experience Modification (where applicable) for accuracy on an annual basis.
- Agency will review all open claims prior to any applicable dividend calculations.

#### **RENEWAL PROCEDURES:**

- Agency will begin reviewing your policy renewal with the appropriate insurance carriers 60-90 days prior to your policy expiration.
- Agency will provide a renewal proposal and premium quotation prior to your policy expiration.

#### YOUR DUTIES AND RESPONSIBILITIES:

- Timely payment of all premiums.
- Audit premiums are payable upon receipt.
- Timely reporting of all claims.
- Prompt notification of any material changes or additions to your operations.
- Compliance and/or written response to loss control recommendations.

NICOUD INSURANCE SERVIC	ES	
	DATE:	
South Sangamon Water Commission		
	DATE:	

# LOCATION SCHEDULE

Loc#	Bldg#	Address
1	1	9199 Buckhart Road • Rochester, IL 62563
2	1	Mansion Road • Chatham, IL 62629

### Coverage Detail

Valuation:

AA – Agreed Value

ACV - Actual Cash Value ALS - Actual Loss Sustained

FRC - Functional Replacement Cost

RC - Replacement Cost

Subject			Amount	Val	Co- Ins %	Cause of Loss	Ded
Blanket Bui	ilding		\$10,410,000	RC	90%	Special	\$1,000
Blanket Bus	siness Personal Pr	operty	\$100,000	RC	90%	Special	\$1,000
**Business	Income & Extra	Expense	\$2,300,000		90%	Special	\$1,000
Earthquake			Included			Special	10%
Data Compi	romise		\$50,000			Special	\$1,000
Identity Red	covery		\$25,000			Special	\$250
Equipment	Breakdown		Included			Special	\$1,000
Flood			\$5,000,000			Special	\$1,000
Loc #: 1	Bldg #: 1	Main Plant					
Building			\$7,420,000	RC	90%	Special	\$1,000
Business Pe	ersonal Property		\$100,000	ŖC	90%	Special	\$1,000
Loc #: 1	Bldg #: 2	Wells					
Loc #: 1 Building	Bldg #: 2	Wells	\$1,100,000	RC	90%	Special	\$1,000
	Bldg #: 2	Wells Steel Tanks		RC	90%	Special	\$1,000
Building				RC RC	90%	Special	\$1,000
Building  Loc #: 1							
Building  Loc #: 1  Building	Bldg #: 3	Steel Tanks					
Building  Loc #: 1  Building  Loc #: 1	Bldg #: 3	Steel Tanks	\$1,000,000	RC	90%	Special	\$1,000

<sup>\*\*</sup> Business Income & Extra Expense coverage is extended 180 days.

### PROPERTY CONTINUED

Coverage Detail

Valuation:

ACV - Actual Cash Value ALS - Actual Loss Sustained

AA – Agreed Value ACV – Ac FRC – Functional Replacement Cost

RC - Replacement Cost

Subject			Amount	Val	Co- Ins %	Cause of Loss	Ded
Loc #: 1	Bldg #: 6	Grinder Pun	np				
Building			\$100,000	RC	90%	Special	\$1,000
Loc #: 1	Bldg #: 7	Chemical Fe	ed Building				
Building			\$150,000	RC	90%	Special	\$1,000
Loc #: 2	Bldg #: 1	Pump Statio	n- Mansion Road				
Building			\$100,000	RC	90%	Special	\$1,000

# CinciPlus® WATER UTILITIES COMMERCIAL PROPERTY XC+® (EXPANDED COVERAGE PLUS) ENDORSEMENT

#### SUMMARY OF COVERAGE LIMITS

This is a summary of the Coverages and the Limits of Insurance provided by the CinciPlus<sup>®</sup> Water Utilities Commercial Property XC+<sup>®</sup> (Expanded Coverage Plus) Endorsement, FA 263, in combination with the Commercial Property Coverage Form, FM101, which is included in this policy. No coverage is provided by this summary. Refer to endorsement FA 263 and the Commercial Property Coverage Form, FM 101, to determine the scope of your insurance protection.

Blanket Coverages:	Blanket Coverage Limit:  \$ 150,000 in total for all loss arising from all Blanket Coverages arising from a single occurrence, except as noted otherwise in the form.
Accounts Receivable	
Debris Removal	
Electronic Data Processing Property (EDP):	
Duplicate and Backup Electronic Data	\$2,000 in addition to the Blanket Coverage Limit
Newly Acquired EDP	\$10,000 in addition to the Blanket Coverage Limit
In Transit or Away From Premises	\$10,000 as part of the Blanket Coverage Limit
Worldwide Laptop Coverage	
Ordinance or Law (Increased Construction Costs and Demolition)	
Peak Season	
Personal Property of Others	
Tenant Move Back Expenses	
Valuable Papers and Records	

Other Coverages	Limit of Insurance:
(not subject to Blanket Coverage Limit);	
Brands and Labels	\$25,000
Business Income and Extra Expense:	\$100,000
Business Income From Dependent Properties	\$5,000 (sub-limit, subject to a 24 hour deductible)
Interruption of Computer Operations	\$25,000 (sub-limit, subject to a 24 hour deductible)

Other Coverages (not subject to Blanket Coverage Limit):	Limit of Insurance:
Fine Arts	\$25,000
Fire Department Service Charge	\$25,000
Fire Protection Equipment Recharge	\$50,000
Inflation Guard	4% on all Building Property referenced in the Declarations
Non-Owned Building Damage:	
Loss caused by theft, burglary or robbery	Up to the Business Personal Property (BPP) Limit of Insurance
Loss by any other Covered Cause of Loss	\$25,000 or the BPP Limit of Insurance (whichever is less)
Ordinance or Law (other than Increased Construction Costs and Demolition)	Subject to the Building Limit of Insurance
Outdoor Property	\$25,000 (\$1,000 for any one tree, shrub or plant)
Paved Surfaces	\$20,000
Personal Effects	\$25,000 (\$1,000 for loss by theft)
Piping and Penstock	\$100,000
Pollutant Clean Up and Removal	\$25,000
Signs	\$10,000
Temperature Change	\$5,000
Underground Property	Subject to the Building Limit of Insurance
Water Backup from Sewers, Drains or Sumps	\$10,000

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Coverage

Scheduled Contractor Equipment - \$63,200 (Replacement Cost Valuation)

### Deductible

\$1,000

### **Unscheduled Equipment**

Description	Amount of Insurance
Employee Owned Tools – Any One Tool	\$250
Employee Owned Tools – Any One Occurrence	\$1,000
Your Tools – Any One Tool	\$250
Your Tools – Any One Occurrence	\$1,000
Equipment Leased or Rented from Others	\$25,000
Electronic Data Processing Equipment(SCADA)	\$1,000,000
Newly Purchased Equipment	\$25,000 OR 30% OF TOTAL SCHEDULED EQUIPMENT-WHICHEVER IS GREATER
Newly Purchased Equipment-Number of Days	60 DAYS
Pollutant Clean up and Removal	\$10,000
Rental Reimbursement – Per Day	\$500
Rental Reimbursement – Per Year	\$5,000

### Scheduled Equipment

Item#	Description	ID/Serial #	Amount of Ins.
001	2013 Caterpillar 289C2 Compact Track Loader	RTD01068	\$57,200
002	2013 Exmark 58" Riding mower		\$6,000

### CRIME / FIDELITY

### Coverage Detail

Subject	Amount	Deductible
Fidelity Bond / Employee Dishonesty	\$250,000	\$1,000
Forgery or Alteration	\$25,000	\$ 500
Theft, Disappearance & Destruction		
Inside the Premises	\$25,000	\$ 500
Outside the Premises	\$5,000	\$ 500
Money Orders and Counterfeit Money	\$25,000	\$ 500

### GENERAL LIABILITY

### Coverage Detail

Limits of Liability	Description
\$1,000,000	Per Occurrence
\$2,000,000	Annual Aggregate, Other Than Products
\$3,000,000	Annual Aggregate, Products & Completed Operations
\$1,000,000	Personal And Advertising Injury Aggregate
\$500,000	Fire Damage Liability
\$10,000	Medical Expense Each Claim
\$1,000,000	Employee Benefits - Per Occurrence
\$2,000,000	Employee Benefits - Annual Aggregate
\$1,000	Employee Benefits - Deductible
\$1,000,000	Professional Liability - Per Occurrence
\$2,000,000	Professional Liability - Annual Aggregate

### Schedule of Hazards

Loc#	Class Code	Classification	Premium Basis	Exposure
1	99943	Water Company	Payroll	\$150,000

### COMMERCIAL AUTOMOBILE

### **Coverage Detail**

Liability Limits	Coverage Symbol	Description
\$1,000,000	8 & 9	Hired & Non-Owned Automobile Liability Bodily Injury & Property Damage Combined Single Limit
\$1,000,000	8 & 9	Uninsured & Underinsured Motorist Protection Bodily Injury & Property Damage Combined Single Limit



### WORKERS COMPENSATION / EMPLOYERS LIABILITY

### Coverage Detail

Limits	Description
\$1,000,000	Employers Liability: Each Accident
\$1,000,000	Employers Liability: Disease – Policy Limit
\$1,000,000	Employers Liability: Disease – Each Employee
Included	Workers Compensation: Statutory Benefit

### Locations & Classifications

Loc#	St	Code	Description	Annual Payroll
1	IL	8810	Clerical-Administrative	\$15,000
1	IL	7520	Plant Operator	\$150,000



# Treasurer's/Public Officials Bond

### Coverage Detail

Limits	Description
\$2,500,000	Bond Limit ( Laura Van Proyen)



### **Coverage Detail**

Limits	Description
\$5,000,000	Per Occurrence
\$5,000,000	Annual Aggregate Limit
\$0	Retained Limit

### **Underlying Coverage's**

Policy Type	Carrier / Policy #	Policy Period	Limits
Automobile Liability  Combined Single Limit	Cincinnati Ins Co	05/01/2014 - 05/01/2015	\$1,000,000
General Liability Each Occurrence General Aggregate Products & Comp Ops Personal & Adv Injury	Cincinnati Ins Co	05/01/2014 - 05/01/2015	\$1,000,000 \$2,000,000 \$2,000,000 \$1,000,000
Employers Liability Each Accident Disease Policy Limit Disease Each Employee	Cincinnati Ins Co	05/01/2014 - 05/01/2015	\$1,000,000 \$1,000,000 \$1,000,000
Employee Benefits Liability Each Occurrence General Aggregate	Cincinnati Ins Co	05/01/2014 - 05/01/2015	\$1,000,000 \$3,000,000



### PREMIUM SUMMARY

Insurer:

Cincinnati Insurance Company

Policy Term:

05/01/2014 - 05/01/2015

#### Premiums

Line of Business	<b>Proposed Annual Premium</b>
Package	\$18,834.00
Workers Compensation	\$8,075.00
Treasurer's/Public Official Bond	\$2,250.00
Umbrella	\$5,000.00
Terrorism	\$311.00
Total Premium:	\$34,470.00

THIS DOCUMENT SUMMARIZES THE PROPOSAL FOR YOUR INSURANCE. THIS IS NOT A CONTRACT. THE TERMS OF THE POLICY FORMS WILL CONTROL THE INSURANCE CONTRACT WITHOUT REGARD TO ANY STATEMENT MADE IN THIS PROPOSAL.

#### **ORDINANCE CERTIFICATE**

STATE OF ILLINOIS	)
	) SS
COUNTY OF SANGAMON	)

I, the undersigned, do hereby certify that I am the duly qualified and acting Clerk of the South Sangamon Water Commission.

I do further certify that the ordinance attached hereto is a full, true, and exact copy of Ordinance No. 14- O'H adopted by the Commission on the 22 nd day of April, 2014, said Ordinance being entitled:

# AN ORDINANCE APPROVING THE PURCHASE OF COMMERCIAL INSURANCE COVERAGE FROM NICOUD INSURANCE SERVICES

I do further certify that prior to the making of this certificate, the said Ordinance was spread at length upon the permanent records of said Commission, where it now appears and remains.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of said Commission this & day of April, 2014.

Laura Vantroyen
Clerk