

Ordinance No. 17- 02

**AN ORDINANCE APPROVING THE PURCHASE OF
COMMERCIAL INSURANCE COVERAGE FROM NICLOUD INSURANCE SERVICES**

*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, 2017, 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 18th day of April, 2017.


CHAIRMAN

ATTEST:


Clerk

AYES: Haill Blaine Sander

NAYES: none

PASSED: April 18, 2017

APPROVED: April 18, 2017

ABSENT: none

Commercial Insurance Proposal



South Sangamon Water Commission

9199 Buckhart Road
Rochester, IL 62563

Proposed Effective Date:
May 1, 2017



Presented by James F. Hillestad
4481 Ash Grove Ste B, PO 13078
Springfield, IL 62791-3078
217-546-6900

"Nicoud Comes Through For You."

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	Ext. 103	Account Executive	jim@nicoudinsurance.com
Alexis Galassi	Ext. 115	Account Manager	alexis.galassi@nicoudinsurance.com
Denise Davis	Ext. 106	Claims Coordinator	denise.davis@nicoudinsurance.com
Hilary Garner	Ext. 123	Benefits Account Manager	hilary.garner@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
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4481 Ash Grove Ste B, PO 13078
Springfield, IL 62791-3078
217-546-6900
Fax: 217-546-7034
(800) 982-6564 WATS

NAMED INSURED SCHEDULE

Entity(ies):
South Sangamon Water Commission

LOCATION SCHEDULE

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

PROPERTY

Coverage Detail

Valuation: AA – Agreed Value ACV – Actual Cash Value ALS – Actual Loss Sustained
FRC – Functional Replacement Cost RC – Replacement Cost

Coverage Description	Limit of Coverage	Val	Co-Ins %	Cause of Loss	Deductible
Blanket Building	\$10,550,000	AV/RC	100%	Special	\$2,500
Blanket Business Personal Property	\$100,000	RC	100%	Special	\$2,500
Business Income/Extra Expense**	\$2,300,000		100%	Special	
Flood	\$2,000,000			Special	\$1,000
Earthquake	Included			EQ	5%
Data Compromise	\$50,000			Special	\$1,000
Identity Recovery	\$25,000			Special	\$250
Equipment Breakdown	Included			Special	\$2,500
Loc #: 1	Bldg #: 1	9199 Buckhart Road • Main Plant			
Building (including pumps & filters)	\$7,560,000	AV/RC	100%	Special	\$2,500
Business Personal Property	\$100,000	RC	100%	Special	\$2,500
Loc #: 1	Bldg #: 2	9199 Buckhart Road • Wells/Pumps			
Building (10 wells)	\$1,100,000	AV/RC	100%	Special	\$2,500
Loc #: 1	Bldg #: 3	9199 Buckhart Road • Steel Tanks			
Building	\$1,000,000	AV/RC	100%	Special	\$2,500
Loc #: 1	Bldg #: 4	9199 Buckhart Road • Generator			
Building	\$420,000	AV/RC	100%	Special	\$2,500
Loc #: 1	Bldg #: 5	9199 Buckhart Road • Fence/Lighting			
Building	\$120,000	AV/RC	100%	Special	\$2,500
Loc #: 1	Bldg #: 6	9199 Buckhart Road • Grinder Pump			
Building	\$100,000	AV/RC	100%	Special	\$2,500

**Business Income/Extra Expense: 180 Day Extended Reporting Period Applies

PROPERTY

Coverage Detail

Valuation: AA – Agreed Value ACV – Actual Cash Value ALS – Actual Loss Sustained
FRC – Functional Replacement Cost RC – Replacement Cost

Coverage Description			Limit of Coverage	Val	Co-Ins %	Cause of Loss	Deductible
Loc #: 1	Bldg #: 7	9199 Buckhart Road • Chemical Feed Building					
Building			\$150,000	AV/RC	100%	Special	\$2,500
Loc #: 2	Bldg #: 1	Mansion Road • Pump Station					
Building			\$100,000	AV/RC	100%	Special	\$2,500

PROPERTY – Included Coverage's

Blanket Coverage's:	Blanket Coverage Limit: \$150,000 in total for all loss arising from all Blanket Coverage's arising from a single occurrence, except as noted otherwise in the form.
Accounts Receivable	
Debris Removal	
<u>Electronic Data Processing Property (EDP):</u>	
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
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	

PROPERTY – Included Coverage's

Coverage Description (not included in blanket)	Limit of Insurance:
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 if not subject to Blanket Coverage Limit);	\$25,000 (sub-limit, subject to a 24 hour deductible)
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
<u>Non-Owned Building Damage:</u>	
Loss caused by theft, burglary or robbery	Up to the Business Personal Property Limit of Insurance
Loss by any other Covered Cause of Loss	\$25,000 or 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

EQUIPMENT FLOATER

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
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

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

ELECTRONIC DATA PROCESSING

Coverage Detail

Loc#	Bldg#	Subject	Amount
1	1	COVERAGE A	
		Electronic Data Processing Property (SCADA System)	\$150,000
		Debris Removal	\$50,000
		Duplicate & Backup Electronic Media & Records	\$10,000
		Off Premises	\$30,000
		Pollutant Clean Up & Removal	\$10,000
		Recharge or Refill of a Fire Protection Device	\$50,000
		Third Party Host	\$10,000
1	1	COVERAGE B	
		Business Income & Extra Expense	\$10,000
1	1	COVERAGE C	
		Denial of Service	\$10,000
		Loss Establishment Expenses	\$5,000
		Malicious Code	\$10,000
		Unauthorized Use	\$10,000

DEDUCTIBLES:

Coverage A: Basic - \$500
Specified Losses - \$1,000

Coverage B: 24 Hours

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
\$3,000,000	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 Liability Limit - Per Occurrence
\$3,000,000	Employee Benefits Liability Limit - Per Occurrence
\$1,000	Employee Benefits - Deductible

Schedule of Hazards

Class Code	Classification	Premium Basis	Annual Exposure
99943	Water Companies	Payroll	0
91591	Sub Contractors	Total Cost	\$931,441

GENERAL LIABILITY – INCLUDED COVERAGE'S

COMMERCIAL GENERAL LIABILITY BROADENED ENDORSEMENT

Liability Coverage's	Limits
Waiver of subrogation if required in a written contract	Included
Unintentional failure to disclose existing hazards	Included
Broadened notice of occurrence	Included
Property damage to borrowed equipment when not in use (\$250 deductible)	\$10,000 each occurrence
Newly formed or newly acquired organizations for up to	Included
Automatic additional insured where required in a written contract or oral agreement (where a certificate of insurance showing that person or organization as an additional insured has been issued) for: lessors of premises, lessors of equipment, vendors, state or political	Included
Supplementary payments: a bail bonds	\$1,000
0 loss of earnings	\$350 per day
Employees as insured's for specified healthcare services (nurses, EMTs and paramedics)	Included

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

Coverage Symbols:

- | | |
|---|--|
| 1 - Any Auto | 6 - Owned Autos Subject to Compulsory U.M. Law |
| 2 - All Owned Autos | 7 - Autos Specified on Schedule |
| 3 - Owned Private Passenger Autos | 8 - Hired Autos |
| 4 - Owned Autos other than Private Passenger | 9 - Non Owned Autos |
| 5 - All Owned Autos Requiring No-Fault Coverage | |

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

State	Code	Description	Annual Payroll
IL	8810	Clerical	\$7,200

COMMERCIAL UMBRELLA

Coverage Detail

Limits	Description
\$5,000,000	Per Occurrence
\$5,000,000	Annual Aggregate Limit
None	Retained Limit

Underlying Coverage's

Policy Type	Carrier / Policy #	Limits
<u>Automobile Liability</u> Hired & Non-Owned Auto Liability	Cincinnati Insurance Company UPP0007920	\$1,000,000
<u>General Liability</u> Each Occurrence General Aggregate Products & Comp Ops Personal & Advertising Injury	Cincinnati Insurance Company UPP0007920	\$1,000,000 \$3,000,000 \$3,000,000 \$1,000,000
<u>Employers Liability</u> Each Accident Disease Policy Limit Disease Each Employee	Cincinnati Insurance Company EWC0238049-00	\$1,000,000 \$1,000,000 \$1,000,000
<u>Employee Benefits Liability</u> Each Occurrence General Aggregate	Cincinnati Insurance Company UPP0007920	\$1,000,000 \$3,000,000

PUBLIC OFFICIAL TREASURER'S BOND

Coverage Detail

Limits	Description
\$2,500,000	Bond Limit

PREMIUM SUMMARY

Insurer: Cincinnati Insurance Company
Policy Term: 05/01/2017-05/01/2018

Premiums

Line of Business	Expiring Annual Premium	Renewal Annual Premium
Property	\$11,640.00	\$12,374.00
Equipment Floater	\$784.00	\$797.00
Crime	\$419.00	\$419.00
General Liability	\$3,595.00	\$1,500.00
Business Auto	\$125.00	\$125.00
Workers Compensation	\$512.00	\$387.00
Umbrella	\$4,000.00	\$4,280.00
Terrorism	\$274.00	\$254.00
Public Official Treasurer's Bond	\$2,250.00	\$2,250.00
Total Premium:	\$23,599.00	\$22,386.00

Recommendations

- Pollution Liability coverage on premises, unless this is covered under the agreement with the plant management firm. Annual Premium for a \$500,000 limit is approximately \$2,500.

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. 17-02 adopted by the Commission on the 18th day of April, 2017, said Ordinance being entitled:

AN ORDINANCE APPROVING THE PURCHASE OF COMMERCIAL INSURANCE COVERAGE FROM NICLOUD 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 18th day of April, 2017.


Clerk