


Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 1/13/2021	PREPARED BY: Kevin Scott, Liz Cupples
Meeting Date Requested: 1/19/2021	PRESENTED BY: Click here to enter text.
ITEM: (Select One) <input checked="" type="checkbox"/> Consent Agenda <input type="checkbox"/> Brought Before the Board Time needed:	
SUBJECT: Renewal of existing insurance coverage for our radio site on Rattlesnake Mountain. General and Excess Liability insurance is needed to fulfill our obligations per the Rattlesnake Mountain Combined Community Communication Facility Contract (Lease Agreement # 11-33-01) between Franklin County and Benton Public Utility District.	
FISCAL IMPACT: The renewal premium for 2021 is \$14,219.47 plus an additional \$207.27 for "Terrorism" coverage. Funds will be taken from the Emergency Communications budget #13902	
BACKGROUND: Our lease with Benton PUD requires Franklin County to name Energy Northwest as an additional insured. As this violates policies within the Risk Pool, Franklin County has maintained additional insurance to meet the requirements of our contract with Benton PUD. Conover Insurance provides the additional insurance to meet our obligations in Lease Agreement #11-33-01. This is a renewal of an existing insurance policy.	
RECOMMENDATION: Recommend approval of the insurance proposal from Conover Insurance to provide insurance coverage for Franklin County equipment located in the communication facility on "Rattlesnake Mountain".	
COORDINATION: Kevin Scott have and Liz Cupples have reviewed this issue.	
ATTACHMENTS: Commercial Insurance proposal & Application Resolution	
HANDLING / ROUTING: Commissioners Information Services	

I certify the above information is accurate and complete.

 Director, Information Services

FRANKLIN COUNTY RESOLUTION _____

BEFORE THE BOARD OF COMMISSIONERS OF FRANKLIN COUNTY WASHINGTON

***APPROVAL OF RENEWAL FOR ADDITIONAL INSURANCE TO MEET THE
REQUIREMENTS OF A CONTRACT WITH BENTON PUBLIC UTILITIES
DISTRICT***

WHEREAS, renewal of existing insurance coverage for our radio site on Rattlesnake Mountain is now due; and

WHEREAS, Franklin County's lease with Benton Public Utility District (Benton PUD) requires that Energy Northwest be named as an additional insured but doing so would violate the policies of the Washington Counties Risk Pool; and

WHEREAS, Franklin County is seeking additional insurance to meet the requirements of the contract with Benton PUD and Conover Insurance provides the additional insurance to meet those obligations; and

WHEREAS, the Board of Franklin County Commissioners constitutes the legislative authority of Franklin County and deems this request to be in the best interest of Franklin County; and

WHEREAS, funding for this renewal premium for 2021 will come from the Information Services "13902 Emergency Communication Budget"

THEREFORE, BE IT RESOLVED, Franklin County Board of Commissioners hereby approves the insurance proposal by Conover Insurance and authorizes the Board Chair to sign the necessary documentation to purchase the policy.

APPROVED this _____ day of January 2021.

BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON

Chair

Attest:

Chair Pro Tem

Clerk to the Board

Member

Insurance Summary

Prepared for:

Franklin County



Darren McEuin, CIC
Account Executive

Conover Insurance • 1804 West Lewis Street, Pasco, WA 99301 • (509)545-3800

This presentation is designed to give you an overview of the insurance coverages we are offering for your company. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverages, conditions and exclusions. The Conover name and Unity Ball design are registered trademarks of Conover Insurance. Copyright 2013.

Agency Personnel/Service Team

Account Executive

Darren McEuin, CIC

Phone: (509)543-6409

E-mail: darrenm@conoverinsurance.com

Account Manager

Urbano Pina

Phone: (509)543-6430

E-mail: urbanop@conoverinsurance.com

Claims Liaison

Marco Romero

Phone: (509)543-6457

E-mail: marcor@conoverinsurance.com

Surety Specialist

Kirsten Jordan

Phone: (509)543-6427

E-mail: kirstenj@conoverinsurance.com

Policy Information

Carrier

Company	Policy #	Effective/Expiration
Kinsale Insurance Company	0100080218	01/31/2021 to 01/31/2022
AM Best Rating: A IX		

Location Schedule

Loc #	Description	Address	City	State	Zip
1	Tower Location	Rattlesnake Mountain, North of Benton City	Benton City	WA	99320

General Liability

Coverage Form

Coverage Type	Commercial General Liability
Occurrence/Claims Made	Occurrence

Coverage Detail

Coverage	Limit	Deductible
General Aggregate	2,000,000	5,000
Products/Completed Operations Aggregate	2,000,000	
Personal & Advertising Injury	1,000,000	
Each Occurrence	1,000,000	
Damages to Premises Rented to You Limit	100,000	
Medical Expense	Excluded	
WA Stop Gap Employers Liability	1,000,000	

Classification/Rating Basis

Loc #	Classification	Premium Basis	Exposure
1	Tower location	Unit	1

Special Endorsements

- Waiver of Subrogation Endorsement-Blanket
- Additional Insured as Required by Written Contract
- Additional Insured – Primary and Non-Contributory Endorsement

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Policy Information

Carrier

Company	Policy #	Effective/Expiration
Kinsale Insurance Company	0100080225	01/31/2021 to 01/31/2022
AM Best Rating: A IX		

Excess Liability

Coverage Details

Coverage	Limit	Retention Amount
Excess Liability	1,000,000	N/A

Underlying Insurance

General Liability

Company	Policy #	Eff Date	GL Each Occurrence	GL Gen Aggregate
Kinsale Insurance Company	0100080218	1/31/2021	1,000,000	2,000,000

Employers Liability

Company	Policy #	Eff Date	EL Each Accident	EL Disease Policy Limit	EL Disease Each Employee
Kinsale Insurance Company	0100080218	1/31/2021	1,000,000	1,000,000	1,000,000

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Premium Summary

Premium Summary			
Description of Coverage		Expiring Premium	Renewal Premium
Commercial General Liability	\$	7,500.00	\$ 7,875.00
Broker Fee	\$	1,100.00	\$ 1,150.00
Inspection Fee	\$	300.00	\$ 300.00
Surplus Lines – State Tax	\$	178.00	\$ 186.50
Surplus Lines – Stamping Fee	\$	8.90	\$ 9.33
Excess Liability	\$	3,675.00	\$ 4,052.00
Broker Fee	\$	550.00	\$ 550.00
Surplus Lines – State Tax	\$	84.50	\$ 92.04
Surplus Lines – Stamping Fee	\$	4.23	\$ 4.60
TOTAL	\$	13,400.63	\$ 14,219.47

Increase is due to a rate increase from 7500.0000 to 7875.0000

Excess Liability terrorism coverage available for \$203 plus taxes and fees.

Items needed to bind coverage:

1. Insured signed/dated applications.
2. Insured signed/dated Excess Liability Terrorism Election/Rejection form.

NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS' LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM. The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Rejection box below and sign and date in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Selection box below, sign and date in the space provided and remit the quoted premium amount indicated below.

<input type="checkbox"/>	TERRORISM COVERAGE REJECTION I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
<input checked="" type="checkbox"/>	TERRORISM COVERAGE SELECTION I hereby elect to purchase coverage for certified acts of terrorism for a premium of \$ <u>207.27</u>

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant's Name

Authorized Signature

Print Name

Kinsale Insurance Company
Insurance Company

1/31/2021

Date

TBD / 1/31/2021

Policy Number/Effective Date



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
10/27/2020

AGENCY Conover Insurance 1804 West Lewis Street Pasco WA 99301		CARRIER Kinsale Insurance Company		NAIC CODE 38920
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER 2021-2022 GL RATTLESNAKE		
CONTACT NAME: Urbano Pina		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (509) 545-3800				
FAX (A/C, No): (509) 547-7960				
E-MAIL ADDRESS: urbanop@conoverinsurance.com				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: 00088962				
		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 01/31/2021 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input checked="" type="checkbox"/> UMBRELLA	\$	

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 01/31/2021	PROPOSED EXP DATE 01/31/2022	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Franklin County 1016 North Fourth Street Pasco WA 99301		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: (509)545-3535			
		WEBSITE ADDRESS www.co.franklin.wa.us			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input checked="" type="checkbox"/> Public Entity <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

CONTACT INFORMATION

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET Rattlesnake Mountain, North of Benton City		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Benton City	STATE: WA	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Benton	ZIP: 99320				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	SERVICE <input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	

DESCRIPTION OF PRIMARY OPERATIONS

Tenant on Rattlesnake Mountain, Franklin County has emergency response telecommunication equipment on tower owned by Benton PUD. General Liability is for contract as subtenant.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER				
ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/>	LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	REFERENCE / LOAN #: LIEN AMOUNT:				INTEREST END DATE:					
						PHONE (A/C, No, Ext):				FAX (A/C, No):	
						ITEM DESCRIPTION					
						ITEM CLASS:				ITEM:	
						REASON FOR INTEREST:				E-MAIL ADDRESS:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				Y
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Excess
2020	CARRIER	Kinsale Insurance Co			Kinsale Insurance Co
	POLICY NUMBER	0100080218			0100080225
	PREMIUM	\$ 7,500.00	\$	\$	\$ 3,859.00
	EFFECTIVE DATE	01/31/2020			01/31/2020
	EXPIRATION DATE	01/31/2021			01/31/2021

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Excess
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Darren McEuin/Urbano Pina	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

10/27/2020

AGENCY Conover Insurance		CARRIER Kinsale Insurance Company	NAIC CODE 38920
POLICY NUMBER 2021-2022 GL RATTLESNAKE	EFFECTIVE DATE 01/31/2021	APPLICANT / FIRST NAMED INSURED Franklin County	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION
		<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000
PROPERTY DAMAGE	\$	PERSONAL & ADVERTISING INJURY	\$ 1,000,000
BODILY INJURY	\$	EACH OCCURRENCE	\$ 1,000,000
	\$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000
	\$	MEDICAL EXPENSE (Any one person)	\$ Excluded
	\$	EMPLOYEE BENEFITS	\$
	\$	WA Stop Gap	\$ 1,000,000

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Primary and Non-Contributory Additional Insured with Waiver of Subrogation. Severability of Interest also requested.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			U	1					
CLASSIFICATION DESCRIPTION Tower location									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☒ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Benton PUD			LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR	P.O. Box 6270			ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE				ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> LOSS PAYEE	Kennewick		WA 99336		
<input type="checkbox"/> MORTGAGEE					
	REFERENCE / LOAN #:				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?				N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				N
EQUIPMENT		TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
		SMALL TOOLS	LARGE EQUIPMENT	
		SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				N
7. ANY PARKING FACILITIES OWNED/RENTED?				N
8. IS A FEE CHARGED FOR PARKING?				N
9. RECREATION FACILITIES PROVIDED?				N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				N
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND
<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?				N
13. ARE ATHLETIC TEAMS SPONSORED?				
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		
		12 & UNDER	13 - 18	
			OVER 18	
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:		
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

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Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Darren McEuin/URBANO	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

10/27/2020

AGENCY Conover Insurance		CARRIER Kinsale Insurance Company		NAIC CODE 38920
POLICY NUMBER 2021-2022 GL RATTLESNAKE	EFFECTIVE DATE 01/31/2021	NAMED INSURED(S) Franklin County		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	Energy Northwest						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					



AGENCY CUSTOMER ID: 00088962

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

10/27/2020

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

AGENCY Conover Insurance	CARRIER Kinsale Insurance Company	NAIC CODE 38920
POLICY NUMBER 2021-2022 XS RATTLESNAKE	EFFECTIVE DATE 01/31/2021	NAMED INSURED(S) Franklin County

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$ 1,000,000	EA OCC	\$	
<input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/>	PROPOSED	CURRENT	\$ 1,000,000	AGG		
EXPIRING POL #:								FIRST DOLLAR DEFENSE (Y / N)	<input type="checkbox"/>

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$	
				BI EA ACC \$	\$	
				BI EA PER \$		
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Kinsale Insurance 01000802181	01/31/2020	01/31/2021	EACH OCCURRENCE \$ 1,000,000	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$	
				PROD & COMP OPS \$ 2,000,000	PRODUCTS	
				AGGREGATE PERSONAL & ADV \$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES \$ 100,000	OTHER	
				MEDICAL EXPENSE \$ Excluded	\$	
EMPLOYERS LIABILITY	Kinsale Insurance 01000802181	01/31/2020	01/31/2021	EACH ACCIDENT \$ 1,000,000	\$	
				DISEASE EACH EMPLOYEE \$ 1,000,000		
				DISEASE POLICY LIMIT \$ 1,000,000		
					\$	
					\$	

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101. Additional Remarks Schedule, may be attached if more space is required.

Blanket Additional Insured Primary-NonContributory, Blanket Waiver of Subrogation

CARE. CUSTODY. CONTROL.

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE. [B] HAS A WAIVER OF SUBROGATION. [C] IS A NAMED INSURED IN THE FIRE POLICY. [D] OTHER (specify)

VEHICLES

ACORD 131 (2017/11)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		N
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		N
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		N
6. ARE PASSENGERS CARRIED FOR A FEE?		N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		N
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		N
16. SUBJECT TO:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input checked="" type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		N
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.

(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Darren McEuin/Urbano Pina <i>Urbano Pina</i>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER