

RESOLUTION # RES-2015-032

Clear Lake Township, Sherburne County,
Minnesota

**A RESOLUTION APPROVING AN INCREASED
PROPERTY & CASUALTY DEDUCTIBLE**

WHEREAS, the town board has received information concerning the value of property owned by the town; and

WHEREAS, in order to reduce the amount it costs to insure that property, the town board has determined that it desires to increase the amount of the deductible on the insurance covering it.

NOW, THEREFORE, BE IT RESOLVED, that, subject to the provisions of the town's property and casualty insurance with the Minnesota Association of Townships Insurance Trust the town board approves changing the deductible on such property and casualty insurance to the following amount (check one):

_____ \$1,000 X \$2,500

The town clerk is hereby authorized to take any steps necessary to implement this change.

	<u>Yes</u>	<u>No</u>	<u>Other</u>
Supervisor <u>DAVE</u>	<u>X</u>	_____	_____
Supervisor <u>Jae Soeman</u>	<u>Y</u>	_____	_____
Supervisor <u>Lloyd Sten</u>	<u>X</u>	_____	_____
Supervisor _____	_____	_____	_____
Supervisor _____	_____	_____	_____

Adopted this 16th day of June, 2015.

BY THE BOARD
DAVE
Town Chair

Attest: May Merv
Town Clerk



MINNESOTA ASSOCIATION OF TOWNSHIPS AGENCY

Minnesota Association of Townships Insurance & Bond Trust (MATIT)

Executive Director:
Gary Pedersen
Director of Operations:
Kristen McCullough
General Counsel:
Eric Hedtke
Claim Administrator:
Debbie Provence
Agency Financial Assistant:
Christa Sellner
Agency Assistant:
Dawn Zimmerman
Agency Assistant:
Angela Hendrickson

MATIT CONSOLIDATED COVERAGE RENEWAL INVOICE & DECLARATION PAGES

Thank you in advance for renewing your township's Consolidated Liability Coverage through the Minnesota Association of Townships Insurance and Bond Trust (MATIT). Enclosed you will find the invoice, the declaration pages and the schedules for your township's renewal.

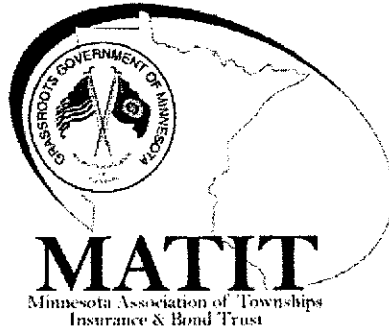
Carefully review the enclosed documents to make sure they are accurate. If changes are necessary, inform us immediately to insure proper coverage is in place. You may make the necessary changes by:

- Emailing us: MATIT@mntownships.org
- Fax us: 763-497-3233
- Call us: 800-262-2864

Please keep these documents for your records and don't hesitate to contact us if you ever have any questions regarding your township's coverage or if we can be of assistance in any other way.

Sincerely,

The MAT Agency



Clear Lake Township

Sherburne County

MATIT's
Consolidated
Coverage

July 1, 2015 - July 1, 2016

Minnesota Association of Township
Insurance & Bond Trust

**MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE
AND BOND TRUST GROUP SELF-INSURED PLAN
CONSOLIDATED COVERAGE
MEMBER AGREEMENT CERTIFICATE**

MEMBER AGREEMENT POLICY NUMBER : J0536CLC15

1. MEMBER NAME AND MAILING ADDRESS Clear Lake Township c/o Barb Hartkopf 9897 80th Ave SE Clear Lake, MN 55319	2. AGENT NAME AND ADDRESS Minnesota Association of Townships Agency 805 Central Avenue East, PO Box 415 St. Michael, MN 55376 763-497-2330 800-262-2864																								
2. CERTIFICATE PERIOD <table border="1" style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%; text-align: center;">FROM: 7/1/2015</td> <td style="width:50%; text-align: center;">TO: 7/1/2016</td> </tr> </table> <p>This Member Agreement Certificate becomes effective and expires at 12:01 a.m. Standard Time at Your Mailing Address Shown Above for the Certificate Period stated.</p>		FROM: 7/1/2015	TO: 7/1/2016																						
FROM: 7/1/2015	TO: 7/1/2016																								
3. COVERAGES This agreement consists of the following commercial coverage parts for which a premium is indicated. This premium may be subject to audit.																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Property Coverage Part</td> <td style="width:20%;">See Declarations Page</td> <td style="width:30%; text-align: right;">\$1,161</td> </tr> <tr> <td>Inland Marine Coverage Part</td> <td>See Declarations Page</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td>Crime Coverage Part</td> <td>See Declarations Page</td> <td style="text-align: right;">\$95</td> </tr> <tr> <td>Comprehensive Liability Coverage Part</td> <td>See Declarations Page</td> <td style="text-align: right;">\$1,800</td> </tr> <tr> <td>Automobile Coverage Part</td> <td>See Declarations Page</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Clerk and Treasurer Faithful Performance Bond Coverage Part</td> <td>See Declarations Page</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>Volunteer Firefighters Coverage</td> <td>See Coverage Form</td> <td style="text-align: right;">Not Covered</td> </tr> <tr> <td>Total Premium</td> <td></td> <td style="text-align: right;">\$3,081</td> </tr> </table>		Property Coverage Part	See Declarations Page	\$1,161	Inland Marine Coverage Part	See Declarations Page	\$25	Crime Coverage Part	See Declarations Page	\$95	Comprehensive Liability Coverage Part	See Declarations Page	\$1,800	Automobile Coverage Part	See Declarations Page	\$0	Clerk and Treasurer Faithful Performance Bond Coverage Part	See Declarations Page	Included	Volunteer Firefighters Coverage	See Coverage Form	Not Covered	Total Premium		\$3,081
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Total Premium		\$3,081																							
4. NOTICE TO MEMBER The organization designated below is the authorized representative of the Member shown in this Member Agreement Certificate Name and Address of Authorized Representative: <u>Minnesota Association of Townships Insurance and Bond Trust (MATIT)</u> <u>PO Box 415</u> <u>St. Michael, MN 55376</u>																									
5. CLAIMS NOTIFICATION Notice of a claim or an occurrence which may result in a claim should be given to: Minnesota Association of Townships Agency 805 Central Avenue East, PO Box 415 St. Michael, MN 55376 Phone: 763-497-2330 / Fax: 763-497-3233 or 1-800-262-2864																									
6. PREMIUM In return for the payment of premium, and subject to all the terms of Master Agreement # J0536CLC15, we agree to provide coverage as stated in the Master Agreement.																									
INTERLINE FORMS APPLICABLE TO THIS MEMBER AGREEMENT CERTIFICATE: See TPR130 TIM140 TCR170 CLC150 TAU160 TPB190																									

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), FORMS AND ENDORSEMENTS, IF ANY, AND APPLICATION, COMPLETE THE ABOVE-NUMBERED CERTIFICATE

Minnesota Association of Townships Insurance Trust

805 Central Avenue East
Saint Michael, MN 55376

POLICY SCHEDULE FOR PROPERTY

POLICY NUMBER: J0536CLC15

NAMED INSURED

POLICY PERIOD: 7/1/2015 to 7/1/2016

Clear Lake Township
9897 80th Ave SE
Clear Lake, MN 55319

EFFECTIVE DATE OF CHANGE: 7/1/2015 at 12:01 a.m.

	LIMITS	DEDUCTIBLE	VALUATION
Location #1: 8580 MAIN AVE, CLEAR LAKE, MN 55319			
Building 1- TOWN HALL			
Building	\$400,000	\$1,000	Agreed Value
Personal Property	\$25,000	\$1,000	Replacement Cost
Building Blanket Total:	\$400,000		
Personal Property Blanket Total:	\$25,000		

The Total Replacement Cost Values for Blanket Property Coverage is the total of all limits, other than the limits for Historical Property, Agreed Value Property or Builders Risk, noted above. Historical Property is covered on a Functional Replacement Cost basis. Historical Property, Agreed Value Property or Builders Risk Property is not part of the Blanket Coverage.

For the Agreed Value Property listed in the Schedule, the most we will pay for all direct physical loss of or damage to that property is the agreed value or the applicable limit of insurance, whichever is less.

All other Terms and Conditions remain the same.

**MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE
AND BOND TRUST GROUP SELF-INSURED PLAN**

**INLAND MARINE COVERAGE PART
DECLARATIONS PAGE**

POLICY NUMBER: J0536CLC15

EFFECTIVE DATE: 7/1/2015

DESCRIPTION OF COVERAGES

COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT
Valuable Papers and Records – Blanket Coverage	\$2,000	\$0
Mini Computer Equipment – Blanket Coverage Media Extra Expense Mini Computer Valuation: Actual Cash Value Mechanical Breakdown	\$0	\$0
Contractors Equipment	\$20,000	\$100
Miscellaneous Property	\$0	\$0
FORMS APPLICABLE TO THIS COVERAGE PART: See Forms Schedule – Inland Marine		

Minnesota Association of Townships Insurance Trust

805 Central Avenue East
Saint Michael, MN 55376

POLICY SCHEDULE FOR INLAND MARINE

POLICY NUMBER: J0536CLC15 **NAMED INSURED**
POLICY PERIOD: 7/1/2015 to 7/1/2016 Clear Lake Township
EFFECTIVE DATE OF CHANGE: 7/1/2015 at 12:01 a.m. C/O Barb Hartkopf
9897 80th Ave SE
Clear Lake, MN 55319

ITEM	DESCRIPTION	LIMITS	DEDUCTIBLE
Contractors Equipment	LEASED, LOANED, OR BORROWED CONTRACTORS EQUIPMENT	\$ 20,000	\$ 100
Valuable Papers	VALUABLE PAPERS	\$ 2,000	\$ 100

All other Terms and Conditions remain the same.

**MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE
AND BOND TRUST GROUP SELF-INSURED PLAN**

**CRIME COVERAGE PART
DECLARATIONS PAGE**

POLICY NUMBER: J0536CLC15

EFFECTIVE DATE: 7/1/2015

COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES

COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT Per Occurrence
Employee Dishonesty	\$5,000	\$100
Forgery or Alteration	\$5,000	\$100
Outside the Premises – Theft, Disappearance and Destruction – Blanket	\$5,000	\$100
FORMS APPLICABLE TO THIS COVERAGE PART: See Crime Forms List		

**MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE
AND BOND TRUST GROUP SELF-INSURED PLAN
COMPREHENSIVE LIABILITY CLAIMS MADE COVERAGE PART
DECLARATIONS PAGE**

POLICY NUMBER: J0536CLC15

EFFECTIVE DATE: 7/1/2015

DESCRIPTION OF COVERAGE AND LIMITS OF INSURANCE

DESCRIPTION OF COVERAGE	LIMITS OF INSURANCE
Aggregate Limit	\$3,000,000
Each Wrongful Act	
Limit - Per Occurrence	\$1,500,000
Limit - Per Person/Claimant	\$500,000
Contract Claim Annual Aggregate Limit	\$100,000
Area Wide Waste Management and Treatment Hearing Limit	\$10,000
Road Claim Annual Aggregate Limit	\$200,000
Statutory Awards of Attorney Fees	\$100,000
Limited Pollution Liability Claim Annual Aggregate Limit:	\$50,000
Legal Expense for Criminal Proceedings:	
Limit - Per Certificate Period	\$100,000
Limit - Per Covered Person	\$25,000
Damage to Premises Rented to You	\$100,000
Medical and Related Expense Limit	\$7,500

RETROACTIVE DATES

Claims for "bodily injury", "property damage" or "personal and advertising injury": Retroactive date: 1/1/2001	
All other claims: Retroactive date: 9/1/1995	

CLASSIFICATION DESCRIPTION

PREMIUM BASIS

Comprehensive Liability Coverage Population	Population (as on file with MATIT)
---------------------------------------------	------------------------------------

Planning & Zoning Coverage Reimbursement as Shown Under Section VI, 2.

FORMS APPLICABLE TO THIS COVERAGE PART:

See Form Schedule – General Liability

**MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE
AND BOND TRUST GROUP SELF-INSURED PLAN**

**AUTOMOBILE COVERAGE PART
DECLARATIONS PAGE**

POLICY NUMBER: J0536CLC15

EFFECTIVE DATE: 7/1/2015

ITEM ONE

MEMBER NAME; Clear Lake Township

ITEM TWO

This agreement provides coverage for covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.		
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which "autos" are covered "autos")	LIMIT OF INSURANCE (The most we will pay for any one accident or loss)
Liability	8,9	\$1,500,000 per "accident" or loss \$500,000 per person/claimant
Personal Injury Protection (PIP) (or equivalent No-Fault coverage)		\$0
Uninsured Motorist Coverage (UM)		\$0 per "accident" or loss \$0 per person/claimant
Underinsured Motorist Coverage (UIM)		\$0 per "accident" or loss \$0 per person/claimant
Physical Damage Comprehensive Coverage (Comp)		Actual cash value or cost of repairs, whichever is less minus \$(SEE SCHEDULE OF COVERED "AUTOS" YOU OWN) deductible for each covered auto for all loss except fire or lightning. See ITEM FOUR for Hired or Borrowed Autos.
Physical Damage Collision Coverage (Coll)		Actual cash value or cost of repairs, whichever is less minus \$(SEE SCHEDULE OF COVERED "AUTOS" YOU OWN) deductible for each covered auto. See ITEM FOUR for Hired or Borrowed Autos.

ITEM FOUR – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE

LIABILITY COVERAGE			
STATE	ESTIMATED COST OF HIRE FOR EACH STATE		
MN	If Any		
PHYSICAL DAMAGE COVERAGE			
COVERAGE	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	
Comprehensive	Actual cash value or cost of repairs, whichever is less, minus deductible for each covered auto for all loss except fire or lightning.		
Collision	Actual cash value or cost of repairs, whichever is less, minus deductible for each covered auto.		
<p>Cost of hire means the total amount you incur for the hire of autos you do not own (not including autos you borrow or rent from you employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p> <p>\$250 for towing and labor costs incurred each time a covered "auto," with Physical Damage Coverage, is disabled. However, the labor must be performed at the place of disablement.</p>			

ITEM FIVE – SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER OF EMPLOYEES
Township	Number of Employees	0-25

FORMS APPLICABLE TO THIS COVERAGE PART:
 See Form Schedule – Business Automobile Attached to this Policy.

**MINNESOTA ASSOCIATION OF TOWNSHIPS INSURANCE
AND BOND TRUST GROUP SELF-INSURED PLAN**

**CLERK AND TREASURER FAITHFUL PERFORMANCE BOND COVERAGE PART
DECLARATIONS PAGE**

POLICY NUMBER: J0536CLC15

EFFECTIVE DATE: 7/1/2015

DESCRIPTION OF COVERAGE AND LIMITS OF INSURANCE

DESCRIPTION OF COVERAGE	LIMITS OF INSURANCE
Per Covered Position Annual Aggregate	\$ 100,000 \$ 100,000
COVERED POSITIONS	
Position Bond providing coverage to the positions of Town Clerk, Town Treasurer, Town Clerk/Treasurer, Town Deputy Clerk, Town Deputy Treasurer, Town Deputy Clerk/Treasurer.	
COVERAGE PERIOD	
We agree to provide bond coverage conditioned on the faithful discharge of the duties of the covered positions for the period 7/1/2015 to 7/1/2016, subject to all the terms and conditions of the Trust and any applicable rules and requirements.	
FORMS APPLICABLE TO THIS COVERAGE PART:	
See Form Schedule - Bond	