

**City of Pacific Special Council Meeting Agenda for December 31, 2012**  
**4:00 p.m., at 100 3<sup>rd</sup> Ave SE, Pacific ~ City Hall ~ Council Chambers**

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- 1. CALL TO ORDER/PLEDGE OF ALLEGIANCE**
- 2. ROLL CALL**
- 3. BUSINESS ITEM**
  - A. Adoption of Resolution No. 12-1227, Authorizing Payment in Full for Insurance Coverage as Approved by Council on December 26, 2012, by Resolution No. 12-1223
- 4. EXECUTIVE SESSION** *Pursuant to RCW 42.30.110, the City Council may hold an executive session. The topic(s) and the session duration will be announced prior to the executive session.*
- 5. ADJOURN**

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Please turn off cell phones during meeting and hold your questions for staff until the meeting has been adjourned.

The Council may consider other ordinances and matters not listed on the Agenda, unless specific notification period is required. Meeting materials are available on the City's website at: [www.cityofpacific.com](http://www.cityofpacific.com) or by contacting the City Clerk's office at (253) 929-1105.

**ROLL CALL SHEET**

Meeting Date: 12/31/12 *special mtg*

Call to Order 4:00 Adjourned 4:13pm

Agenda Item No. Roll Call

	Y	N	EX
GUIER, Leanne	Y		
HULSEY, Gary			A
JONES, John	Y		
McMAHAN, James	Y		
PUTNAM, Josh	Y		
STEIGER, Clint	Y		
WALKER, Tren	Y		

Motion: Quorum

Agenda Item No. Excuse Hulsey

	Y	N	EX
<del>HULSEY, Gary</del>			
JONES, John			
McMAHAN, James			
PUTNAM, Josh			
STEIGER, Clint			
WALKER, Tren	2		
GUIER, Leanne	m		

Motion: UVK

Agenda Item No. Res 12-1227

authorize payment of Ins-Coverage

	Y	N	EX
JONES, John			Y
McMAHAN, James			Y
PUTNAM, Josh	2		Y
STEIGER, Clint			X
WALKER, Tren			Y
GUIER, Leanne	m		Y
<del>HULSEY, Gary</del>			

Motion: Carries

Agenda Item No. Adjourn

	Y	N	EX
McMAHAN, James			
PUTNAM, Josh	2		
STEIGER, Clint			
WALKER, Tren	m		
GUIER, Leanne			
<del>HULSEY, Gary</del>			
JONES, John			

Motion: UVK

Agenda Item No. \_\_\_\_\_

	Y	N	EX
PUTNAM, Josh			
STEIGER, Clint			
WALKER, Tren			
GUIER, Leanne			
<del>HULSEY, Gary</del>			
JONES, John			
McMAHAN, James			

Motion: \_\_\_\_\_

Agenda Item No. \_\_\_\_\_

	Y	N	EX
STEIGER, Clint			
WALKER, Tren			
GUIER, Leanne			
HULSEY, Gary			
JONES, John			
McMAHAN, James			
PUTNAM, Josh			

Motion: \_\_\_\_\_

# CITY OF PACIFIC

## AMENDED

### Agenda Staff Report

Agenda Item No. Business Item 3A Meeting Date: December 31, 2012

Adoption of Resolution No. 12-1227, Authorizing Payment in Full for Insurance Coverage

Subject:

Prepared by: Patti Kirkpatrick, MMC  
City Clerk

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**Summary:** At the December 26, 2012, meeting, the Council approved insurance coverage with Landmark Insurance Company for Property Insurance and Lexington Insurance Company for General Liability. Option 1 was the preferred choice and the Mayor signed the Insurance Binder on Friday, December 28, 2012. The Broker advised that payment in full was required upon receipt of the invoice, which they would provide to Staff by December 31, 2012.

On December 30, 2012, while working to finalize the invoices, it was discovered that the Broker and myself failed to include the Auto Physical Damage portion of the policy as part of the proposal submitted to Council on December 26, 2012. This issue was brought to the City Attorney's attention who advised that it was the Council's intent to bind insurance coverage for the City in the most robust manner possible and to move forward with binding the coverage. The cost for the auto physical damage for the City's existing fleet is \$16,582. Invoices are attached for insurance coverage and payment is due upon receipt.

**Recommendation:** Staff recommends the Council adopt Resolution No. 12-1227, thereby finalizing the insurance payment process for the City.

**Motion for consideration:** I move to adopt Resolution No. 12-1227, authorizing payment for insurance coverage as outlined in the attached invoices, incorporated herein as Exhibits A, B, and C; and direct the Finance Director to issue a voucher for the full payment of the invoices no later than January 2, 2013; and to provide the voucher to the City Clerk for delivery to the Insurance Broker.

**Budget:** The proposed insurance is above the 2013 budgeted amount of \$197,000, and the Council will need to determine where the additional funds will come from. In addition there are anticipated costs for "Tail" coverage through CIAW of \$42,000 per year to be considered as well.

**Attachments:** Resolution No. 12-1227  
Arthur J. Gallagher – Invoice for Insurance

**CITY OF PACIFIC, WASHINGTON**

**RESOLUTION NO. 12-1227**

**AMENDED**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PACIFIC, WASHINGTON, AUTHORIZING PAYMENT IN FULL FOR INSURANCE COVERAGE AS APPROVED BY COUNCIL ON DECEMBER 26, 2012, BY RESOLUTION NO. 12-1223**

**WHEREAS**, on December 26, 2012, the Council approved insurance coverage through its Broker, with Landmark Insurance Company for Property Insurance and Lexington Insurance Company for General Liability Coverages; and

**WHEREAS**, at the December 26, 2012, meeting the Council did not take action to approve payment in full upon receipt of the signed binder and invoice from the respective insurance companies,

**NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF PACIFIC, WASHINGTON:**

**Section 1.** That the Council hereby authorizes payment for insurance coverage as outlined in the attached invoices, incorporated herein at Exhibits A, B, and C; and directs the Finance Director to issue a voucher for the full payment of the invoices no later than January 2, 2013.

**Section 2.** As time is of the essence, upon receipt of the payment voucher, the City Clerk is directed to deliver said voucher to Arthur J. Gallagher in the most expeditious manner.

**Section 3.** This Resolution shall take effect and be in force immediately upon its passage.

**PASSED BY THE CITY COUNCIL AT ITS REGULAR MEETING THEREOF ON THE 31ST DAY OF DECEMBER 2012.**

CITY OF PACIFIC

\_\_\_\_\_  
Cy Sun, Mayor

ATTEST:

\_\_\_\_\_  
Patricia J. Kirkpatrick, MMC, City Clerk

Approved as to Form

\_\_\_\_\_  
City Attorney

FILED WITH THE CITY CLERK: 12.26.12  
PASSED BY THE CITY COUNCIL: 12.31.12  
EFFECTIVE DATE: 12.31.12  
RESOLUTION NO. 12-1227



# Arthur J. Gallagher Risk Management Services, Inc.

P.O. Box 2925  
Tacoma, WA 98402

LEWLO1

Phone: (253)627-7183

Fax: (253)572-1430

<b>Invoice #</b> 365297	Page 1 of 1
Account Number	Date
CITYOFP-02	12/31/2012
BALANCE DUE ON	
1/1/2013	
AMOUNT PAID	Amount Due
	\$159,291.32

City of Pacific  
City Clerk's Office  
100 3rd Avenue SE  
Pacific, WA 98047

General Liability

PolicyNumber: 035406618

Company:

Effective: 1/1/2013 to 1/1/2014

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
1657203	1/1/2013	1/1/2013	NEWB	Liability Policy Premium	\$148,515.00
1657237	1/1/2013	1/1/2013	CFEE	Broker Fee	\$7,500.00
1657242	1/1/2013	1/1/2013	SLTX	WA Surplus Lines Taxes	\$3,120.30
1657258	1/1/2013	1/1/2013	STFX	WA Stamping Fees	\$156.02
<b>Total Invoice Balance:</b>					<b>\$159,291.32</b>

Please send your remittance to:

Arthur J. Gallagher Risk Management Services, Inc.  
PO Box 742205  
Los Angeles, CA 90074-2205

Risk Specialists Companies  
Insurance Agency, Inc.  
d/b/a RSCIA in NH, UT & VT  
777 SOUTH FIGUEROA STREET  
LOS ANGELES, CA 90017

www.chartisinsurance.com  
www.riskspecialistscompanies.com  
CA License #: 0G29322



**CONFIRMATION OF BINDING**

**Revision Date:** 01/02/2013

**To:**  
RISK PLACEMENT SERVICES INC  
5670 WILSHIRE BLVD  
STE 1200  
LOS ANGELES, CA 90036-5621

**From:** SCOTT TOLAND

**Insured Name:** CITY OF PACIFIC  
100 3RD AVE SE  
PACIFIC, WA 98047-1399

**Policy No:** 035406618      **Effective Date:** 01/01/2013      **Expiration Date:** 01/01/2014  
At 12:01 A.M. standard time at the address of the Insured stated above.

**NEW:** X

**We have received confirmation of binding for the following coverage from:**  
LEXINGTON INSURANCE COMPANY , 100 Summer Street, Boston MA 02110

**Coverage:**  
PUBLIC ENTITY SELECT RETAINED LIMIT LIABILITY POLICY

**Policy Form Dec:** LX8437      (12/08) PUBLIC ENTITY RET LIMIT DEC  
**Text:** LX8438      (12/08) PUBLIC ENTITY RET LIMIT TXT

**Professional Services:**

<b>Limits:</b> BI, PD and Advertising Injury Aggr	\$5,000,000
Automobile Each Occurrence	\$5,000,000
Each Occurrence	\$5,000,000
Error and Omissions Aggregate Limit	\$5,000,000
Each Wrongful Act	\$5,000,000

CB 481839-2  
LX9817 (06/05)

Employment Practices Aggregate Limit	\$5,000,000
Each Employment Practices Wrongful Act Limit	\$5,000,000
Employment Benefit Aggregate Limit:	\$5,000,000
Each Employment Benefit Wrongful Act Limit:	\$5,000,000

**Defense Expenses:** Inside Policy Limit

**Self Insured Retention:** \$250,000 Per Occurrence

**Defense Expenses:** Inside

<b>Premium:</b>	<b>Total Advance Premium:</b>	\$148,515
	<b>Minimum Annual Premium:</b>	\$148,515
	<b>Minimum Earned Percent:</b>	50%

Premium figures do not include surplus lines taxes or fees (if applicable) or any other surcharges or taxes required by law (if any).

The premium is due within 30 days of inception or 15 days from the date of billing whichever is later.

<b>Exposure Basis:</b>	<b>Amount:</b>	<b>Rate:</b>
NONE		

**Applicable Forms & Exclusions:**

LX8589	(06/10) CRISIS RESPONSE COVERAGE EXT
LX0404	SCHEDULE OF RETAINED LIMITS
LX0404	APPLICATION OF RETAINED
96554	(04/08) TERRORISM EXCL CERT & NON-CERT
LEXOCC229	(04/90) STOP GAP LIABILITY

**Notices Attached:**

109089	(08/11) BROKER RESPONSIBILITY AGREEMENT
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**Terms and Conditions:**

- You are the surplus lines broker of record. It is your responsibility to follow applicable state surplus lines laws and, in particular, to see that the appropriate surplus lines taxes and stamping fee (if applicable) are collected, reported and paid.
- The premium must be remitted within thirty (30) days of effective date of the policy or fifteen (15) days from the date of the bill, whichever is later.
- All options are quoted as follows:  
SIR (all other) = \$250K  
SIR (EPL) = \$500K
- Please provide the name and surplus lines license number of the person/entity paying the surplus lines taxes and fees.
- Binder is subject to reconsideration if there are any significant changes in operations, exposure or experience prior policy issuance.
- Binder is invalid if any higher layer placed attracts an equal or higher premium per million than this policy.

**Subject To:**

- We require that you send us a completed and signed "Broker Responsible for Surplus Lines Filings Agreement". If this agreement is not received within 10 days, we reserve the right to cancel this quote or binder and any policy issued in connection with it.

**Additional Comments and Information:**

- OFAC Disclosure Notice: This proposal or resulting Binder, the continuation of any bound insurance, and any payments to you, to a claimant or to another third party, may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC), if we determine that any such party is on the "Specially Designated Nationals or Blocked Persons" list maintained by OFAC.
- Please note that this binder may not address all of the coverages/extensions requested in your submission. Coverage is quoted per the form and extensions/exclusions outlined in this binder.
- This binder is being provided on behalf of a non-admitted carrier.

**This binder includes certain information regarding the terms and conditions of the policy. If there is any conflict between the terms and conditions stated in this binder and the terms and conditions of the policy when issued, the terms and conditions of the policy shall govern.**

**Important:** This Insurance cannot be cancelled flat. Earned Premium must be paid for the time insurance has been in force. This Confirmation of Binding is a statement concerning the above insurance as of the date of the issuance of this Confirmation of Binding. This Confirmation of Binding is subject to policy conditions of any policy (ies) which may be issued by LEXINGTON INSURANCE COMPANY and shall be automatically cancelled and superseded by such policy (ies) upon issuance.

**Cancellation:** This Confirmation of Binding may be cancelled either by the insured or the insurer by written notice to the other. In the event of cancellation, the earned premium will be computed short rate if cancelled by the insured unless subject to minimum earned premium stated herein and pro rata if cancelled by the insurer.

**Please notify us if the Insured Name and Address shown above are incorrect.**

**Thank you for the opportunity to bind this account.**

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**Authorized Representative**



# Arthur J. Gallagher Risk Management Services, Inc.

LEWLO1

P.O. Box 2925  
Tacoma, WA 98402

Phone: (253)627-7183

Fax: (253)572-1430

<b>Invoice #</b> 365359	Page 1 of 1
Account Number	Date
CITYOFP-02	12/31/2012
BALANCE DUE ON	
12/31/2012	
AMOUNT PAID	Amount Due
	\$49,360.25

City of Pacific  
City Clerk's Office  
100 3rd Avenue SE  
Pacific, WA 98047

Property

PolicyNumber: LHT418800

Company: Landmark American Insurance Company

Effective: 12/31/2012 to 12/31/2013

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
1658137	12/31/2012	12/31/2012	NEWB	Property Policy Premium	\$46,595.00
1658142	12/31/2012	12/31/2012	CFEE	Broker Fee	\$1,750.00
1658143	12/31/2012	12/31/2012	SLTX	WA Surplus Lines Taxes	\$966.90
1658148	12/31/2012	12/31/2012	STFX	WA Stamping Fees	\$48.35

Invoice due upon receipt.

**Total Invoice Balance: \$49,360.25**

Please send your remittance to:

Arthur J. Gallagher Risk Management Services, Inc.  
PO Box 742205  
Los Angeles, CA 90074-2205



**RSUI Group, Inc.**  
15303 Ventura Boulevard  
Suite 500  
Sherman Oaks, CA 91403  
(818) 922-6700

December 28, 2012

Risk Placement Services  
5670 Wilshire Blvd.  
Suite 1200  
Los Angeles, CA 90036

**RE: Property Binder**

**Policy Number:** LHT418800  
**Company:** Landmark American Insurance Company - (Best rating: A XIII)  
**Coverage:** Property

**Insured:** City of Pacific  
Pacific, WA

**Policy Dates:** December 31, 2012 - December 31, 2013

**Property Limits:** \$7,081,513 Per Occurrence, subject to conditions of the Scheduled Limit of Liability form

**Sublimits:** \$2,500,000 per occurrence and annual aggregate Earthquake  
\$2,500,000 per occurrence and annual aggregate Flood  
\$10,000 per occurrence Unnamed Locations  
\$25,000 per occurrence Electronic Data Processing (Included in Contents)  
\$200,000 per occurrence Ordinance or Law - Coverage B & C (Combined)  
\$50,000 per occurrence Debris Removal (or 25% of loss)  
\$50,000 per occurrence Paved Surfaces (Other)  
\$10,000 per occurrence Transit (on Insured's vehicles only)  
\$50,000 per occurrence Accounts receivable / Valuable papers  
\$25,000 per occurrence Fine Art

Sublimits are part of, not in addition to, the Property Limit(s) shown above.

**Valuation:** Replacement Cost, BI Actual Loss, ACV on machinery and equipment 10 yrs or older

**Total Insured Value:** \$7,081,513

**Coverages:**

- Building
- Personal Property
- Unnamed Locations

- Electronic Data Processing (Included in Personal Property)
- Machinery & Equipment
- Ordinance or Law - Coverage A (Included in Building Limit)
- Ordinance or Law - Coverage B & C (Combined)
- Debris Removal
- Paved Surfaces (Other)
- Transit (on Insured's vehicles only)
- Accounts receivable / Valuable papers
- Fine Art

**Perils:** All Risk Including Flood & Earthquake

- Including Earthquake Sprinkler Leakage (Included in Earthquake Limit)
- Excluding California Earthquake Sprinkler Leakage
- Excluding Terrorism
- Excluding Flood in all Zones beginning with the Letter A or V
- Excluding Flood Zones B, Shaded X, X500

**Form:** ISO Forms – Current to 2007 versions & RSUI Forms

**Deductible:** **All Covered Perils** - \$5,000 Per Occurrence (Property Damage), *except*

**Flood** - \$50,000 Per Occurrence (Property Damage), subject to 14 Day (or 336 hour) waiting period for Time Element

**Earthquake** - 5.00% Per Unit of Insurance, subject to a minimum of \$25,000 per occurrence (Property Damage) Including Earthquake Sprinkler Leakage

**Remarks:** THE PREMIUM AMOUNT DOES NOT INCLUDE SURPLUS LINES TAX. YOUR OFFICE IS RESPONSIBLE FOR THE COLLECTION AND FILINGS.

Based on the insured mailing address we have tentatively identified the Home State as WA. If there are no exposures in WA we will identify the state with the largest exposure as the Home State.

**Policy Attachments**

- Asbestos Exclusion RSG 96013 1003
- Exclusion And Limited Additional Coverage For Fungus RSG 96004 0210
- Scheduled Limit Of Liability RSG 94060 1004
- Washington - Exclusion of Terrorism RSG 92019 0108



**Premium Amount**

**Premium:** \$46,595.00

**Minimum Earned Premium:** 50.00%

**Comments:**

***Coverage has been "rejected" by the insured for all acts of terrorism including but not limited to those that are certified by the Secretary of the Treasury under the Terrorism Risk Insurance Act.***

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission.

Coverage bound herewith shall be subject to all terms and conditions of the policy to be issued which, when delivered, replaces this binder.

Please consider this your invoice for accounting purposes. Payment is due 45 days from the end of the month in which the policy is effective. Remit payment to RSUI Group Inc., P.O. Box 932995, Atlanta, GA 31193-2995.

This Binder is valid for 90 days from the effective date.

We greatly appreciate your business.





# Arthur J. Gallagher Risk Management Services, Inc.

LEWLO1

P.O. Box 2925  
Tacoma, WA 98402

Phone: (253)627-7183

Fax: (253)572-1430

<b>Invoice #</b> 365433	Page 1 of 1
Account Number	Date
CITYOFP-02	12/31/2012
BALANCE DUE ON	
1/1/2013	
AMOUNT PAID	Amount Due
	\$18,630.00

City of Pacific  
c/o City Clerk's Office  
100 3rd Avenue SE  
Pacific, WA 98047

Automobile Physical Damag PolicyNumber: BAO55397437

Company: Ohio Casualty Insurance Company

Effective: 1/1/2013 to 1/1/2014

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
1659071	1/1/2013	1/1/2013	NEWB	Auto Physical Damage Premium	\$18,630.00
Invoice due upon receipt.					

**Total Invoice Balance: \$18,630.00**

Please send your remittance to:

Arthur J. Gallagher Risk Management Services, Inc.  
PO Box 742205  
Los Angeles, CA 90074-2205



## COMMERCIAL INSURANCE PROPOSAL

PREPARED FOR:

Account Number: 55397437

**CITY OF PACIFIC CITY CLERKS OFFICE**

PRESENTED BY:

**ARTHUR J GALLAGHER RISK MGMT SERVICES INC**

DATE OF PROPOSAL:

**12/31/2012**

POLICY PERIOD:

EFFECTIVE DATE: **01/01/2013** EXPIRATION DATE: **01/01/2014**

QUOTE NUMBERS INCLUDED

Business Auto	55397437BAO1Q2
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\*This Quote Proposal has been developed solely as an estimate of premium for the listed coverages shown, based on the information provided to the Company, and all amounts shown herein are subject to change. This Quote Proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy issued by the Company to a named insured and for which a premium has been paid.

**Named Insured :** CITY OF PACIFIC CITY CLERKS OFFICE  
**Agency Code :** 466117  
**Processing Date :** 12/31/2012  
**Rate as of Date :** 12/28/2012

**Policy/Quote Number :** BAO(14)55397437  
**Effective Date :** 01/01/2013  
**Expiration Date :** 01/01/2014

### Auto Premium Recap

Coverage	Limits*	Symbols	Premium
Comprehensive (Comp) Deductible	See Unit Details	7	\$4,579.00
Collision (Coll) Deductible	See Unit Details	7	\$14,051.00
<b>Total Premium</b>			<b>\$18,630.00</b>

*\*See policy limits for details*

**Named Insured :** CITY OF PACIFIC CITY CLERKS OFFICE  
**Agency Code :** 466117  
**Processing Date :** 12/31/2012  
**Rate as of Date :** 12/28/2012

**Policy/Quote Number :** BAO(14)55397437  
**Effective Date :** 01/01/2013  
**Expiration Date :** 01/01/2014

**Units**

<b>Number</b>	<b>001</b>	<b>002</b>	<b>003</b>	<b>004</b>	<b>005</b>	<b>006</b>
Year	2011	2009	2009	2009	2008	2005
Make	FORESTER	DODGE	DODGE	DODGE	DODGE	CHEVROLET
Model	UTILITY TRAILER	CHARGER	CHARGER	CHARGER	CHARGER	EXPRESS CARGO
VIN	5NHUBL210 BT433142	2B3KA43T9 9H506567	2B3KA43T0 9H506566	2B3KA43T7 9H506566	2B3KA43H2 8H280155	1GCHG35U0 51174745
Cost New	3,750	44,000	44,000	44,000	42,000	25,900
Class Code	69499	7911	7911	7911	7911	7912
State/Terr	WA/023	WA/023	WA/023	WA/023	WA/023	WA/023
Comp	\$26.00	\$169.00	\$169.00	\$169.00	\$151.00	\$110.00
Comp Deductible	1,000	1,000	1,000	1,000	1,000	1,000
Coll	\$38.00	\$799.00	\$799.00	\$799.00	\$612.00	\$272.00
Coll Deductible	1,000	1,000	1,000	1,000	1,000	1,000
<b>Total</b>	<b>\$64.00</b>	<b>\$968.00</b>	<b>\$968.00</b>	<b>\$968.00</b>	<b>\$763.00</b>	<b>\$382.00</b>

<b>Number</b>	<b>007</b>	<b>008</b>	<b>009</b>	<b>010</b>	<b>011</b>	<b>012</b>
Year	2004	1999	2012	2012	2012	2012
Make	CHEVROLET	CHEVROLET	DODGE	DODGE	DODGE	DODGE
Model	2500	ASTRO	CHARGER	CHARGER	CHARGER	CHARGER
VIN	1GCHK24U6 4E135918	1GNEL19W2 XB114212	2C3CDXAT4 CH190800	2C3CDXAT8 CH190797	2C3CDXAT1 CH190799	2C3CDXATX CH190798
Cost New	28,800	22,153	27,725	27,725	27,725	27,725
Class Code	03499	03499	7912	7912	7912	7912
State/Terr	WA/023	WA/023	WA/023	WA/023	WA/023	WA/023
Comp	\$176.00	\$101.00	\$158.00	\$158.00	\$158.00	\$158.00
Comp Deductible	1,000	1,000	1,000	1,000	1,000	1,000
Coll	\$335.00	\$186.00	\$454.00	\$454.00	\$454.00	\$454.00
Coll Deductible	1,000	1,000	1,000	1,000	1,000	1,000
<b>Total</b>	<b>\$511.00</b>	<b>\$287.00</b>	<b>\$612.00</b>	<b>\$612.00</b>	<b>\$612.00</b>	<b>\$612.00</b>

**Named Insured :** CITY OF PACIFIC CITY CLERKS OFFICE  
**Agency Code :** 466117  
**Processing Date :** 12/31/2012  
**Rate as of Date :** 12/28/2012

**Policy/Quote Number :** BAO(14)55397437  
**Effective Date :** 01/01/2013  
**Expiration Date :** 01/01/2014

Number	013	014	015	016	017	018
Year	2008	2008	2007	2007	2007	2006
Make	U D Trucks	CHEVROLET	GMC	DODGE	GMC/CHEVY	FORD
Model	STREET SWEEPER	SUBURBAN	CANYON	1500	DUMP TRUCK	RANGER
VIN	JNAPC81L8 8AE70186	1GNFK1634 8J231430	1GTDT19E6 78121550	1D7HU1823 75142544	1GDK7C134 7F419017	1FTYR10D1 6PA35096
Cost New	202,720	40,085	22,540	30,435	95,000	16,000
Class Code	33499	7912	03499	03499	33479	03499
State/Terr	WA/023	WA/023	WA/023	WA/023	WA/023	WA/023
Comp	\$214.00	\$127.00	\$162.00	\$201.00	\$189.00	\$141.00
Comp Deductible	1,000	1,000	1,000	1,000	1,000	1,000
Coll	\$1,004.00	\$318.00	\$349.00	\$457.00	\$1,038.00	\$283.00
Coll Deductible	1,000	1,000	1,000	1,000	1,000	1,000
<b>Total</b>	<b>\$1,218.00</b>	<b>\$445.00</b>	<b>\$511.00</b>	<b>\$658.00</b>	<b>\$1,227.00</b>	<b>\$424.00</b>

Number	019	020	021	022	023	024
Year	2006	2006	2005	2005	2005	2005
Make	CAMEL	FORD	FORD	FORD	FORD	FORD
Model	VACUUM VACTOR TRUCK	E-350 VAN	CROWN VICTORIA	CROWN VICTORIA	CROWN VICTORIA	CROWN VICTORIA
VIN	2FZAHTDC5 6AV51XXX	1FDWE3FL7 6DA44038	2FAHP71W5 5X178531	2FAHP71W5 5X178530	2FAHP71W5 5X178529	2FAHP71W5 5X178528
Cost New	241,075	43,000	28,000	28,000	28,000	28,000
Class Code	33499	03499	7912	7912	7912	7912
State/Terr	WA/023	WA/023	WA/023	WA/023	WA/023	WA/023
Comp	\$200.00	\$228.00	\$110.00	\$110.00	\$136.00	\$136.00
Comp Deductible	1,000	1,000	1,000	1,000	1,000	1,000
Coll	\$816.00	\$573.00	\$272.00	\$270.00	\$382.00	\$382.00
Coll Deductible	1,000	1,000	1,000	1,000	1,000	1,000
<b>Total</b>	<b>\$1,016.00</b>	<b>\$801.00</b>	<b>\$382.00</b>	<b>\$380.00</b>	<b>\$518.00</b>	<b>\$518.00</b>

**Named Insured :** CITY OF PACIFIC CITY CLERKS OFFICE  
**Agency Code :** 466117  
**Processing Date :** 12/31/2012  
**Rate as of Date :** 12/28/2012

**Policy/Quote Number :** BAO(14)55397437  
**Effective Date :** 01/01/2013  
**Expiration Date :** 01/01/2014

Number	025	026	027	028	029	030
Year	2005	2005	2000	2000	2000	2000
Make	FORD	FORD	CHEVROLET	GMC	FORD	ASPHALT
Model	CROWN VICTORIA	CROWN VICTORIA	2500	2500	RANGER	TRAILER
VIN	2FAHP71W5 5X178527	2FAHP71W3 5X178526	1GCGK29U0 YE263761	1GDGC24J8 YZ240775	1FTZR15V9 YPB11463	2M9HMT8T1 8H102130
Cost New	28,000	45,000	31,000	25,000	17,435	500
Class Code	7912	7912	03499	03499	03499	69499
State/Terr	WA/023	WA/023	WA/023	WA/023	WA/023	WA/023
Comp	\$136.00	\$149.00	\$125.00	\$101.00	\$94.00	\$13.00
Comp Deductible	1,000	1,000	1,000	1,000	1,000	1,000
Coll	\$382.00	\$586.00	\$244.00	\$186.00	\$174.00	\$15.00
Coll Deductible	1,000	1,000	1,000	1,000	1,000	1,000
<b>Total</b>	<b>\$518.00</b>	<b>\$735.00</b>	<b>\$369.00</b>	<b>\$287.00</b>	<b>\$268.00</b>	<b>\$28.00</b>

Number	031	032	033	034
Year	2000	1998	1996	1990
Make	HOMEMADE	CHEVROLET	Freightliner	CHEVY
Model	UTILITY TRAILER	ASTRO	DUMP TRUCK	TRUCK
VIN	WN5601006 058XXXXX	1GNDM19W3 W3VB2280	1FV6HJBA4 TL619822	LE258055X XXXXXXXX
Cost New	2,000	19,340	50,000	17,500
Class Code	69499	03499	33479	03499
State/Terr	WA/023	WA/023	WA/023	WA/023
Comp	\$13.00	\$94.00	\$103.00	\$94.00
Comp Deductible	1,000	1,000	1,000	1,000
Coll	\$15.00	\$174.00	\$301.00	\$174.00
Coll Deductible	1,000	1,000	1,000	1,000
<b>Total</b>	<b>\$28.00</b>	<b>\$268.00</b>	<b>\$404.00</b>	<b>\$268.00</b>