

**ORDER: APPROVE RENEWAL OF LAFAYETTE COUNTY FIRE LIABILITY
INSURANCE BINDER WITH WELLINGTON ASSOCIATES, INC**

Motion was made by Mike Pickens, duly seconded by Robert Blackmon, to approve renewal of Lafayette County Fire liability insurance binder with Wellington Associates, Inc.

The vote on the motion was as follows:

Supervisor Mike Pickens, voted yes
Supervisor Jeff Busby, voted yes
Supervisor Robert Blackmon, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Busby declared the motion carried this the 17th day of August, 2015.


Jeff Busby, President


Sherry Wall, Chancery Clerk

Wellington Associates, Inc.
7 River Bend Pl
Flowood, MS 39232
Phone: 601-420-0174 Fax: 601-420-1890

Lafayette County Fire District
Accounts Payable
PO Box 1240
Oxford, MS 38655

MEMO

Page 1

LAFAY-1

MJ

08/06/2015

VFISTR206651403

PCKG

09/12/2015 09/12/2016

Lafayette County

Re: Fire District Policy Renewal

Enclosed is a binder for the renewal of your 15/16 Commercial Package Policy which includes your Liability and Excess Liability coverage until you policy is received.

Also enclosed is an invoice for the premium due at this time. If you have any questions, please give me a call.

Sandy Shows mj

2570

RECEIVED

AUG 10 2015

LAFAYETTE COUNTY

Wellington Associates, Inc.
7 River Bend Pl
Flowood, MS 39232
Phone: 601-420-0174

INVOICE NO .129691		Page 1
ACCOUNT NO	CSR	DATE
LAFAY-1	SS	08/06/2015
BALANCE DUE ON		
09/12/2015		
AMOUNT PAID	AMOUNT DUE	
	\$2,882.00	

Lafayette County Fire District
Accounts Payable
PO Box 1240
Oxford, MS 38655

*** PLEASE RETURN TOP PORTION WITH REMITTANCE ***

Item #	Due Date	Trn	Description	Amount
99FKGS	09/12/15	REN	15/16 Package Policy	\$2,882.00

Invoice Balance: \$2,882.00

2580



INSURANCE BINDER

OP ID: MJ

DATE (MM/DD/YYYY)

8/6/2015

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Wellington Associates, Inc. 7 River Bend Pl Flowood, MS 39232 Billy Horne		COMPANY American Alternative Ins		BINDER # 7083	
PHONE (A/C, No, Ext): 601-420-0174		FAX (A/C, No): 601-420-1890		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #VFISTR206651403	
CODE:		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Fire Department	
AGENCY CUSTOMER ID: LAFAY-1		INSURED Lafayette County Fire & Accounts Payable PO Box 1240 Oxford MS 38655			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Line of Duty Acc -\$10,000	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 1000000 \$ 1000000 \$ 5000 \$ 1000000 \$ 3000000 \$ 3000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION		\$ 1000000 \$ 2000000 \$ 0
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$ \$
SPECIAL CONDITIONS/OTHER COVERAGES Management Liability \$1,000,000 Each Offense or Wrongful Act, \$3,000,000 Annual Aggregate; \$1,000,000 Cyber Liability Retro 9/12/13; Privacy Crisis Mgmt Expense \$50,000 Each Privacy Event/ \$50,000 Aggregate 9/12/12 Retro Date		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

NAME & ADDRESS

MORTGAGEE		ADDITIONAL INSURED	
LOSS PAYEE			
LOAN #			
AUTHORIZED REPRESENTATIVE 			