

July 13, 2011

COASTAL PLAINS COMMUNITY MHMR CENTER

PUBLIC NOTICE

REQUEST FOR PROPOSAL (RFP)

PROPERTY & CASUALTY INSURANCE PRODUCT LINES

Coastal Plains Community MHMR Center (CPMHMR) is seeking quotations for real and personal property, general and professional liability, auto liability and physical damage, errors and omissions, employee dishonesty and employee forgery/alteration coverage protection. CPMHMR may consider other proposals that deviate from options listed if it offers overall cost benefits. The insurance is to take effect on September 1, 2011.

- The Center is willing to accept proposals from agents who are brokering carriers, carriers, or intergovernmental risk pools organized under that Texas Inter-local Cooperation Act.
- All respondents must obtain an RFP packet from CPMHMR Contracts Management Director.
- All proposals must be submitted utilizing the Center provided RFP packet in accordance with the timelines provided in the packet timetable. **Each proposal must be delivered to CPMHMR Administrative Headquarters no later than 4:00 p.m. on July 28, 2011 in a sealed envelope. Any bids received after the deadline will be considered non-responsive.** Each envelope should be clearly labeled Coastal Plains MHMR Property and Casualty Insurance Proposal.
- All parties submitting proposals must be duly licensed to do business in the state of Texas and must be authorized to contractually obligate the parties for whom they represent.
- CPMHMR will only consider complete proposals which provide all requested coverage at the specified limits.

Parties interested in responding to this RFP may obtain an RFP packet by written request via US Mail, E-Mail or FAX from:

Ron Dollins, Contracts Management Director
Coastal Plains Community MHMR Center
200 Marriott Drive
Portland, Texas 78374
Phone 361- 777-3991
Fax: 361-777-0571
E-Mail: rdollins@cpmhmr.org

COASTAL PLAINS COMMUNITY MHMR CENTER

PROPERTY AND CASUALTY INSURANCE RFP PACKET

Request for Proposal for Property and Casualty Insurance commencing October 1, 2011 to September 30, 2012.

Coastal Plains Community MHMR Center (CPMHMR) is seeking quotations for real and personal property, general and professional liability, auto liability and physical damage, errors and omissions, employee dishonesty and employee forgery/alteration coverage protection.

I. BACKGROUND INFORMATION

Coastal Plains Community MHMR Center was created on September 1, 1999 by the nine county Commissioners' Court, which represents the Center's catchment area. The Center is in its seventh year of operation as a Mental Health Authority. The Center provides Mental Health and Mental Retardation services to the following south Texas counties: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak and San Patricio. The Center received a Department of Treasury Determination in January 2001 which recognized the organization as a public entity described in Sections 509 (a) (1) and 170 (b)(1)(A)(vi) of the Internal Revenue Code. During the last 12 years, the Center has maintained property and liability coverage through inter-local agreement with the Texas Municipal League. The present RFP process has been initiated by the Center to ensure best value in procurement of business and property protection coverage.

II. GENERAL INFORMATION

- The information contained in this packet includes attachments which may contain confidential utilization data. Therefore, the information is to be used only in connection with the preparation of this RFP packet. Proposers are requested to destroy or properly dispose of all confidential data.
- Each proposer is asked to submit their proposals on the basis of the specification and coverage requested by the Center. Alternative proposals may be accepted provided they meet or exceed the Center's coverage requirements.
- Coastal Plains MHMR Center reserves the right to reject any proposal which, in its judgment, does not meet the best interest of the Center.
- The underwriting information is believed to be accurate, but is not intended to be an expressed or implied warranty. Requests for additional information should be directed to Mr. Ron Dollins at (361) 777-3991.

III. TIMELINE

| ACTIVITY | TIMELINE | PERSON RESPONSIBLE |
|--|--------------------------------------|---|
| 1. Announcement made | July 13, 2011 | Contract Management Director, Ron Dollins |
| 2. RFP packets available | July 13, 2011 | Contract Management Director, Ron Dollins |
| 3. Public Notice ends | July 26, 2011 | Contract Management Director, Ron Dollins |
| 4. Proposals due | 4:00 p.m. July 28, 2011 | Offeror |
| 5. Proposal evaluation | August 2011 | Additional information may be requested by: Mark Durand and Ron Dollins. |
| 6. Recommendation to Board of Trustees | 12:00 p.m. (Noon) August 16, 2011 | Mark Durand, Deputy Executive Director |
| 7. Letters of non-selection to be mailed | August 23, 2011 | |
| 8. Negotiate and execute signed binder | August 17, 2011 | Charles Sportsman, Executive |
| 9. Policies to be delivered | August 29, 2011 | Ron Dollins, Contracts Management Director |

IV. ADDITIONAL INFORMATION/CLARIFICATION

Requests for clarification or interpretation of the specifications should be directed in writing, to:

Ron Dollins, Risk Manager
Coastal Plains Community MHMR Center
200 Marriott Drive, Portland, Texas 78374
PHONE: 361-777-3991 FAX: 361-777-0571
E-mail: rdollins@cpmhmr.org

V. RFP PROPOSALS

The Center is requesting proposals which provide for all requested coverage from a single offeror. Agents/brokers may package proposals and quotes from different carriers to obtain a more competitive bid. Each product line must contain a proposal sheet, which at minimum contains the information requested for each product line requested. (SEE SECTION III) Offerors may utilize their own product

description as long as it contains the same elements as the proposal sheet. At the very least, each proposal must contain the following details:

- Description of coverage provided
- Complete listing of all exclusions
- Coverage limits
- Coverage deductibles
- Premium cost
- Carrier/provider
- Carrier/provider rating
- All other requested RFP information (**SEE ATTACHMENT #1, #2, and #3**)

VI. QUALIFICATIONS

1. Agents/brokers responding to the RFP will be evaluated based upon experience and qualifications to determine best value. All agents responding with proposals must complete the agent questionnaire AND vendor attachment form. (**SEE ATTACHMENTS #1 and #3**) This determination will be established independent of the product represented and the premium cost quoted.

Combined, these factors will be used to develop the recommendation given to the Center's Board of Trustees. The final decision will be made by majority of Board vote.

Preferred Qualifications:

- Local point of support
 - Previous experience with governmental or non-profit entities
 - Designated account representative (please identify and attach vita/resume)
 - Licensed in the State of Texas for a minimum of three (3) years (please provide agency description)
2. Carrier Qualifications – Carriers may respond directly or provide quotes through agents/brokers. Complete descriptions of the carrier should be provided irrespective of the agent's qualifications. All proposals must contain a completed insurer questionnaire for each provider of coverage AND vendor attachment form. (**SEE ATTACHMENTS #2 and #3**) Quotations will be accepted from governmental risk pools. The RFP should include descriptions of the carrier which include the following:

Preferred Qualifications:

- Number of years in business
- Carrier's ratings (A.M. Best, Standard & Poor's, Moody's, Duff & Phelps, Etc.)
- Point of service for claims, underwriting
- Experience, provided coverage to governmental/non-profit entities
- Ability to provide quarterly and annual loss data for utilization management

VII. EVALUATION CRITERIA

The selection of a proposal for insurance will be made after a careful evaluation of the proposals received. Each proposal will be evaluated for acceptability, with emphasis on the various factors enumerated in the table outlined below.

CPMHMR will evaluate qualifications and select the most responsible, responsive proposal, subject to a fair and reasonable compensation. The Center's Board of Trustees will make the final determination regarding the proposal which represents best value.

| EVALUATION CRITERIA | WEGHT |
|---|--------------|
| Coverage provided/limits must meet specifications | Required |
| Agent experience/qualifications | Preferred |
| Insurer qualification/service capability best ratings | Considered |
| Service capability of Agent and Insured | Considered |
| Cost | Significant |
| History of return on equity | Considered |
| Designation of treating physician | Considered |

VIII. DISQUALIFICATION AND REJECTION OF PROPOSALS

Coastal Plains Community MHMR Center reserves the right to reject/disqualify proposals which are incomplete, fail to meet the specified coverage levels, or do not meet the specifications of the RFP packet.

IX. LEGAL REQUIREMENTS

All submissions shall comply with federal, state, and local insurance law related to the submission of insurance proposals. All proposals that are submitted must be signed by a representative who has the legal authority to bind the insurer to the coverage proposed.

ATTACHMENT #1 (AGENT QUESTIONNAIRE)

1. List the agency name.
2. Does the agency meet all qualifications specified?
 - a. Licensed in the State of Texas
 - b. Agency insured for errors and omissions with \$1,000,000 per occurrence
 - c. Agency in business for five (5) years
 - d. Agency to assign qualified account representative
 - e. Please name the account representative
3. Does the agency currently provide business product coverage (workers compensation, liability, auto, property, windstorm, etc.) to other non-profit/governmental agencies?
4. Please list three (3) other non-profit governmental agencies serviced by this agency.
5. Does the agent/agency agree to facilitate contact with the entities listed in #4 to allow the Center to determine the level of satisfaction with the agent's service and support?
6. Is the agent (Offeror) registered as a Historically Underutilized Business (HUB)?
7. Is the agent (offeror) HUB eligible?
8. Does the agent (Offeror) affirm that the Offeror will comply with all provisions stated on the attachment for vendor criteria? (See Attachment)

ATTACHEMENT #2 (INSURER QUESTIONNAIRE)

1. Please provide complete information on the proposed insurer for each product line of request coverage. Include the insurer's legal name, address of business, contact party, ratings and service location. If re-insurers are utilized, please provide the same identifying information.

EXAMPLE

| Product Line | Carrier | Address | Contact | Service | Contact | Rating |
|-----------------------|------------------------------|--|----------|---|----------|-----------------------|
| Worker's Compensation | Texas Worker's Comp Ins Fund | 221 W. 6 th St. Austin TX 78701 | Mo Brown | Joe's Best Ins. Co. P.O. Box 1234 Anywhere, USA | John Doe | AM Best B+ Moody's AA |

2. What experience (if any) has the insurer had in providing coverage to governmental, not-for-profit agencies?
3. What aspects of the proposed coverage are uniquely beneficial to the Center as a not-for-profit organization?
4. Does the insurer/re-insurer certify that the proposal/offer will comply with all provisions of the RFP packet?
5. Is the insurer/carrier dully licensed to conduct business in the State of Texas?
6. Does your insurer have annual return on equity?
7. Does your organization have any control of treating physicians? Describe.

ATTACHMENT #3 (ATTACHMENT VENDOR CRITERIA AFFIDAVIT)

1. Offeror will comply with the requirements of the Immigration Reform and Control Act of 1986 and Immigration Act of 1990 regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1086, described in this proposal, who will perform any labor or services.
2. Offeror will comply with all federal statutes relating to nondiscrimination. These include, but are not limited to, Title VI of the Civil Rights Act of 1964 (Public Law 88-352) which prohibits discrimination on the basis of race, color or national origin; Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1686), which prohibits discrimination on the basis of sex, the basis of handicaps; the American with Disabilities Act of 1990 (Public Law 101-336); and all amendments to each, and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CRF, Part 80 (relating to race, color and national origin), 45 CFR, Part 84 (relating to handicap), 45 CFR, Part86 (relating to sex), and 45 CFT, Part 91 (relating to age).
3. Offeror certifies that neither it nor its officers or employees are involved in other activities or relationships with other persons that cause Offeror to be potentially unable to render impartial assistance or advice to CPMHMR, or that impair or might impair the Offeror's objectivity in performing work under the contract or that cause Offeror to have an unfair competitive advantage.
4. Offeror accepts the terms, conditions, criteria and requirements set forth in the RFP.
5. Offeror accepts CPMHMR's sole right to cancel the RFP at anytime CPMHMR so desires.
6. Offeror accepts CPMHMR's sole right to alter the timetables for procurement as set forth in the RFP.
7. Offeror agrees that no claim will be made for payment to cover costs incurred in the preparation of the submission of the proposal or any other associated costs.
8. Offeror owes no funds to CPMHMR or other State of Texas agency for unresolved audit exceptions. An unresolved audit exception is an exception for which the Offeror has exhausted all administrative and/or judicial remedies and has failed to comply with any resulting demand for payment.
9. Offeror agrees that all processes and products resulting from this contract award will be the property of the CPMHMR.
10. Offeror certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal or state agency.
11. Offeror, if it is a corporation, is either not delinquent in its franchise tax payments to the State of Texas, or is not otherwise subject to payment of franchise taxes to the State of Texas.
12. Neither Offeror not any member of Offeror's staff or governing authority has participated in the development of specific evaluation criteria for award of this contract, nor will participate in the selection of the successful Offeror award of this contract.
13. No principal of Offeror has worked as an employee for CPMHMR in the past year.

14. Offeror has not retained or promised to retain any entity or used or promised to use a consultant that has participated in the development of the specific criteria for the award of this contract or that will participate in the selection of the successful Offeror awarded this contract.
15. Offeror agrees to provide CPMHMR with information necessary to validate any statements made in this proposal, as requested by CPMHMR, including but not limited to allowing access for on-site observation, granting permission for CPMHMR to verify information with third parties, and allowing inspection of Offeror's records. Offeror understands that failure to substantiate any statements made in the proposal as requested by CPMHMR any result in disqualification of the offer.
16. As provided by Texas Family Code, Section 231.006, a child support obligor who is more than 30-days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services or receive a state-funded grant or loan. Offeror certifies that it is not ineligible to receive the payments under this contract and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.
17. Neither Offeror nor its officers and employees have given, offered to give, or intend to give any economic opportunity, future employment, gift, loan, gratuity, special discount, tip favor, or service to a public employee in connection with the submitted offer.
18. Offeror certifies that none of the funds paid by CPMHMR pursuant to any contract resulting from this RFP will be used to pay any person for influencing or attempting to influence any officer or employee of any agency, a member, officer or employee of Congress or the State Legislature, or for obtaining any federal or state contract.
19. Offeror certifies that it has not filed for protection under any state or federal bankruptcy law.
20. Offeror certifies that none of Offeror's property, plant or equipment has been subject to foreclosure or repossession within the preceding ten (10) year period.
21. Offeror certifies that it has not had any debt declared in default and accelerated to maturity within the preceding ten (10) year period.

Signature of Applicant

Date

SECTION II

General underwriting requirements applicable to all lines of insurance.

1. Named Insured.
The named insured for all lines of coverage shall be:

Coastal Plains Community Mental Health Mental Retardation Center
2. Covered Parties
Covered parties for all lines of coverage shall be:
 - a. The Member
 - b. Any employee of the Member acting within the scope of duty
 - c. Any officer, director, or member of Board of Trustees acting within the scope of duties, employment, or assigned responsibilities of their appointment
 - d. Volunteers acting within the scope of duties assigned by the Member
3. Exclusions
 - a. Workers Compensation coverage only extends to persons identified in the member's payroll audit. Volunteers and Board Members are not included in this line of coverage.
 - b. Auto physical damage and liability shall extend to Center owned vehicles or vehicles leased on behalf of the Center for employees or contractors. Operating a non-Center owned vehicle on behalf of the Center shall be eligible for a reimbursement for cost which includes personal coverage. Personal coverage shall be designated primary.
4. Cancellation and Renewal
 - a. The effective date of coverage is September 1, 2011, expiring on August 31, 2012.
 - b. The Center reserves the right to renew coverage without re-RFP for up to three consecutive coverage years. Nothing in this RFP binds the Center to renewal.
 - c. The Center requires ninety (90) days written notice of the intent not to renew, to permit a RFP process to identify a "new" provider.
5. General Provision
 - a. The knowledge of claims provisions
 - b. All policies should be endorsed
 - c. Automatic coverage for newly acquired property, fleet or formed organizations is requested subject to proper reporting and payment of additional premium if applicable.
 - d. The Offeror shall provide utilization reporting on a minimum of ninety (90) days (quarterly) from the insurer's IS system. The reports shall include itemized as well as aggregate data.
6. Consolidation
The Center is intending to select a single Offeror or proposal to facilitate service and payment. Agents may offer proposals which consolidate multiple insurers across product lines to minimize cost or enhance coverage.
7. The Center requires all respondents to this RFP to include specimen policies and all applicable endorsements for each line of coverage quoted.
8. The Center will accept proposals for coverage lines utilizing conventional commercial coverage as well as other programs which offer inter local self-insured risk pools.

SECTION III

Product lines, coverage specifications, proposal quote sheets and underwriting information.

I. GENERAL LIABILITY

- A. Description
The Center is requesting General Liability coverage which includes premises, operations, contractual coverage and products coverage. This coverage should provide protection from: bodily injury, property damage, personal injury, and product and operation hazard.
- B. Limits of Liability
Single occurrence - \$2,000,000 each occurrence
Annual Aggregate - \$4,000,000 annual aggregate
- C. Deductibles
Please quote \$0, \$1,000, \$5,000 and \$10,000
- D. Provide quote sheet for each insurer
- E. Provide sample policy for each proposed insurer
- F. Provide description of coverage
- G. Provide list of all exclusions
- H. Historical loss data is provided as attached

II. PROFESSIONAL LIABILITY

- A. Description
The Center is requesting quotes from Professional Liability coverage, unless already provided for under the General Liability coverage. Offeror needs to clearly indicate how this coverage is afforded in the quote package.
- B. Limits of Liability
\$2,000,000 per claim
\$4,000,000 annual aggregate
- C. Deductibles
Please quote \$1,000, \$5,000 and \$10,000 per occurrence
- D. Coverage is to include a sexual misconduct endorsement.
- E. Coverage is to include volunteers and Board of Trustee membership
- F. Coverage is to include nursing services, both RN and LVN staff. Activities include administration of medication through injection, customary nursing assessments (blood pressure, weight, etc.). Physician's services are delivered by contracted doctors who are required to maintain their own coverage and therefore should not be quoted.

III. ERRORS AND OMISSIONS

- A. The Center is seeking quotes for Errors and Omissions coverage. Coverage should extend to all employees.
- B. Limits of Liability should be at
\$1,000,000 each occurrence or wrongful act
\$2,000,000 annual aggregate
- C. Please quote deductibles at \$1,000, \$5,000 and \$10,000.
- D. Volunteers and Board of Trustees should be included as covered parties for the purposes of Errors and Omissions

IV. COVERAGE REQUIREMENTS

Coverage should be extended to include, but not be limited to:

1. Liability arising from actual or alleged negligence, errors or omissions, breach of duty, malfeasance, misfeasance, or nonfeasance of any insured.
2. Damages for violation of civil rights
3. Claims against medical personnel, finance or accounting personnel acting within the scope of professional duties.
4. Claims seeking relief in forms other than monetary damages
5. Faulty preparation of RFP specifications
6. Claims for intentional acts.
7. Defense in the case of questionable or possibly excluded claims.
8. Failure to maintain insurance
9. Sexual harassment.

V. AUTOMOBILE LIABILITY

- A. Description
The Center is requesting quotes for Auto Liability coverage which includes members or covered paramedics, persons or organizations who sustain personal injury or property damage and claims or suits made against the member due to covered events. Coverage should include vehicles used to transport more than six persons.
- B. Limits of Liability
Auto Liability - \$1,000,000 each occurrence
Medical Payment Limit - \$25,000 per person
- C. Deductible
Please quote \$0, \$1,000 and \$5,000

- D. Provide separate quote for each insurer
- E. Provide sample policy for each insurer
- F. Provide description of coverage for each proposal
- G. Provide list of all exclusions for each proposal
- H. Historical loss data and fleet schedule provided as attachments

VI. AUTO PHYSICAL DAMAGE

- A. Description
The Center is requesting quotes for Auto Physical Damage coverage for the Center's fleet. Cover vehicles for actual cash value.
- B. Limits of Liability
Each occurrence - \$10,000
- C. Deductible
Please quote \$0, \$1,000 and \$5,000
- D. Offer or will provide separate quote for each insurer
- E. Offer or will provide sample policy for each insurer
- F. Provide description of coverage for each proposal
- G. Provides list of any and all exclusions
- H. Historical loss data and fleet schedule provided as attachment.

VII. REAL AND PERSONAL PROPERTY

- A. Property
The Center is seeking quotes for Property coverage. Coverage should extend to all property owned by the insured.
- B. Blanket replacement – cost limits are applicable to all real and personal property.
- C. Current limits are established at \$8,298,751.00. Coverage for all perils excepting windstorm, which is covered on separate endorsement. Boiler and machinery at \$100,000 per accident.
- D. Deductibles are currently \$1,000 for both property and boiler and machinery.
- E. The Center currently carries additional endorsements under the property line of coverage which includes:

| | |
|----------------------------|--|
| Flood Endorsement | \$1,500,000 each occurrence |
| Flood Endorsement | \$1,500,000 annual aggregate |
| Public Employee Dishonesty | \$200,000 each employee for CEO, Deputy CEO, and CFO |
| Forgery and Alteration | \$200,000 with \$10,000 deductible |

- F. Schedules of property and replacement valuation are attached.

VIII. WORKER'S COMPENSATION COVERAGE

- A. Description
The Center is requesting quotes for Worker's Compensation coverage for statutory required limits.
- B. Limits of Liability
Statutory
- C. Deductibles
Please quote zero (0) deductible
- D. Volunteers and Board of Trustees are not included in the definition of a covered employee.
- E. Payroll analysis for September 1, 2010 (estimated payroll)

| | |
|---|-------------|
| 8742 Messengers, social workers | \$2,734,839 |
| 8810 Clerical – office | 2,693,818 |
| 8833 Hospital Professional excluding clerical | 684,772 |
| Volunteers and elected officials | Rejected |

- F. Historical Data – Previous Years Losses (See Attachment)

IX. WINDSTORM

- A. Description
The Center is requesting quotes for supplemental Windstorm coverage at limits sufficient to provide replacement coverage for potential loss at each of the following Center sites

| Center Location | Address | Type of Property | Amount |
|-----------------|----------------------|----------------------------|--------------------------|
| Taft | 200 Roots | Building Contents | \$939,400 \$505,012 |
| Kingsville | 914 & 924 E. Fordyce | Combined Business Property | \$565,533 |
| Rockport | 620 E. Concho | Business Property | \$156,712 |
| Portland | 200 Marriott Drive | Building Contents | \$2,171,000 \$816,440 |

- B. Pollutant Cleanup and removal is included in the coverage
- C. Terrorism coverage is waived
- D. Mold coverage is waived
- E. Tennant improvements are waived

REAL PROPERTY AND CONTENTS

| ID | Address or Site Secondary ID | Year Built | Occupancy Department | Bldg Value Valuation Basis | Contents Value Valuation Basis |
|------------------------------------|---------------------------------|---------------|---------------------------------|-------------------------------|-----------------------------------|
| 3 | 200 Marriott Dr | 1999 | Administrative Office | 2,171,100 | 816,440 |
| | | | Administration | RC | RC |
| 9 | Rachel Rd & Hwy 285 | 0 | Contents - Falfurrias MH Clinic | 0 | 231,309 |
| | | | Social Services | | RC |
| 11 | 914 E Fordyce Ave | 2002 | Contents - Kingsville MH Clinic | 0 | 402,498 |
| | | | Social Services | | RC |
| 12 | 914 E Fordyce Ave | 2002 | Contents - Kingsville MR Ctr | 0 | 163,035 |
| | | | Social Services | | RC |
| 13 | 620 E Concho St | 0 | Contents - Rockport MH Clinic | 0 | 156,712 |
| | | | Social Services | | RC |
| 17 | 201 Roots Ave | 2000 | Taft MR Center | 939,400 | 505,212 |
| | | | Social Services | RC | RC |
| 18 | 2808 Industrial Park Loop | 2002 | Beeville MHMR Center | 800,400 | 320,400 |
| | | | Social Services | RC | RC |
| 19 | 200 Marriott Dr | 1999 | Picnic Shelter | 2,200 | 0 |
| | | | Administration | RC | |
| 20 | 201 Roots Ave | 2000 | Gazebo | 5,500 | 0 |
| | | | Social Services | RC | |
| 21 | 610 W Front St | 2008 | Alice MHMR Center | 1,260,700 | 310,145 |
| | | | Social Services | RC | RC |
| 22 | 103 Collins | 2006 | 4-Person Group Home | 189,100 | 20,000 |
| | | | Social Services | RC | RC |
| 23 | 2808 Industrial Loop | | Pavilion | 4,600 | 0 |
| | | | Social Services | RC | |
| Coverage: Real & Personal Property | | Total Items: | 12 | 5,373,000 | 2,925,751 |

FLEET



Entity ID 8736
 Entity Name : Coastal Plains Community MHMR Center
 Contract type / ID : LIAB / 19 9-01-11 to 9-01-12

Contributions shown on the Declarations of Coverage for Your Automobile Coverages are based on the following schedule of vehicles, classifications, deductibles, limits and reported physical damage values. The values indicated are for rating purposes only. Valuations for claims purposes will be in accordance with provisions of the Coverage Document. There is no physical damage coverage for any vehicle where the APD Code shows No APD. Any changes or corrections may require adjustment to the contribution. Auto Catastrophe and Uninsured/Underinsured coverages apply only to vehicles for which "Yes" is shown under Auto Cat and UM/UIM columns.

APD Code : ACV = Actual Cash Value, AV = Agreed Value, OCN = Original Cost New, No APD = No Auto Physical Damage
 Ded. Code : A = Combined APD (Collision and Comprehensive), B = Comprehensive only Deductible, C = Collision only Deductible
 D = Specified Causes of Loss Deductible

Emergency Use: Indicates vehicle is equipped with emergency lighting

| Year | Model | VIN | Department | APD Code | Ded. Code | Auto | Med Pay | Emer. | Leased | Ter. |
|------|-------|--------------------------------------|--------------------------------|------------|-----------|------|------------|-------|--------|------|
| ID | Make | Class | Secondary ID | Value | | Cat. | UM/UIM | Use | | |
| 34 | 1999 | Econoline E100 Van | Administration 5357 | ACV 9,013 | 250 -A | -A | 25,000 Yes | | | 56 |
| 95 | 1995 | Chevrolet 1500 Pickup | Administration 5342 | ACV 7,007 | 250 -A | -A | 25,000 Yes | | | 07 |
| 104 | 2000 | Chevrolet 2500 Van | Administration 5354 | ACV 10,497 | 250 -A | -A | 25,000 Yes | | | 55 |
| 107 | 2000 | Chevrolet 2500 Van | Administration 5375 | ACV 10,280 | 250 -A | -A | 25,000 Yes | | | 55 |
| 110 | 2001 | Ford E350 Van | Administration 5408 | ACV 8,700 | 250 -A | -A | 25,000 Yes | | | 55 |
| 113 | 2001 | Nissan Sentra Private Passenger | Administration 5399 | ACV 5,368 | 250 -A | -A | 25,000 Yes | | | 55 |
| 116 | 2001 | Chevrolet Malibu Private Passenger | Administration 5402 | ACV 5,807 | 250 -A | -A | 25,000 Yes | | | 55 |
| 123 | 2001 | Ford E350 Van | Administration 5407 | ACV 8,700 | 250 -A | -A | 25,000 Yes | | | 55 |
| 127 | 2001 | Ford E350 Van | Administration Inventory #5411 | ACV 8,700 | 250 -A | -A | 25,000 Yes | | | 55 |
| 131 | 2001 | Ford Taurus Private Passenger | Administration 5416 | ACV 6,638 | 250 -A | -A | 25,000 Yes | | | 55 |
| 136 | 2002 | Chevrolet Cavalier Private Passenger | Administration 5421 | ACV 4,910 | 250 -A | -A | 25,000 Yes | | | 55 |
| 138 | 2002 | Chevrolet Cavalier Private Passenger | Administration 5423 | ACV 5,090 | 250 -A | -A | 25,000 Yes | | | 56 |

AS of 9-01-11

Entity ID 8736
 Entity Name Coastal Plains Community MEMR Center
 Contract type / ID . . . LIAB / 19 9-01-11 to 9-01-12

| Year | Model Type | VIN Class | Department Secondary ID | APD Code | Ded. Code | Auto Cat. | Med Pay UM/UM | Emer. Use | Leased | Ter. |
|------|---|-----------|-------------------------|-----------|-----------|-----------|---------------|-----------|--------|------|
| 139 | 2002 Ford Taurus Private Passenger | 3204 3A | Administration 5424 | ACV 6,160 | 250 -A | | 25,000 Yes | | | 55 |
| 141 | 2002 Ford Taurus Private Passenger | 3203 3A | Administration 5426 | ACV 6,160 | 250 -A | | 25,000 Yes | | | 55 |
| 144 | 2002 Mercury Villager Van | 1707 6581 | Administration 5429 | ACV 7,620 | 250 -A | | 25,000 Yes | | | 55 |
| 145 | 2002 Mercury Villager Van | 7311 6581 | Administration 5430 | ACV 7,620 | 250 -A | | 25,000 Yes | | | 55 |
| 146 | 2002 Mercury Villager Van | 5317 6581 | Administration 5431 | ACV 7,620 | 250 -A | | 25,000 Yes | | | 55 |
| 147 | 2002 Mercury Villager Van | 1296 6581 | Administration 5432 | ACV 7,620 | 250 -A | | 25,000 Yes | | | 64 |
| 148 | 2002 Ford E350 Van | 5133 6581 | Administration 5433 | ACV 8,421 | 250 -A | | 25,000 Yes | | | 55 |
| 149 | 2002 Ford E350 Van | 5135 6581 | Administration 5434 | ACV 8,421 | 250 -A | | 25,000 Yes | | | 64 |
| 150 | 2002 Ford E350 Van | 5134 6581 | Administration 5435 | ACV 8,421 | 250 -A | | 25,000 Yes | | | 55 |
| 151 | 2002 Ford Taurus Private Passenger | 9138 3A | Administration 5436 | ACV 6,593 | 250 -A | | 25,000 Yes | | | 55 |
| 152 | 2003 Chevrolet Astro Van | 9318 6581 | Administration 5441 | ACV 8,809 | 250 -A | | 25,000 Yes | | | 55 |
| 153 | 2003 Chevrolet Astro Van | 5989 6581 | Administration 5442 | ACV 9,050 | 250 -A | | 25,000 Yes | | | 55 |
| 154 | 2003 Chevrolet Astro Van | 3582 6581 | Administration 5443 | ACV 8,779 | 250 -A | | 25,000 Yes | | | 55 |
| 155 | 2003 Chevrolet Astro Van | 1254 6581 | Administration 5444 | ACV 8,879 | 250 -A | | 25,000 Yes | | | 55 |
| 156 | 2003 Chevrolet Cavalier Private Passenger | 4869 3A | Administration 5438 | ACV 4,737 | 250 -A | | 25,000 Yes | | | 55 |
| 157 | 2003 Chevrolet Cavalier Private Passenger | 1985 3A | Administration 5439 | ACV 4,737 | 250 -A | | 25,000 Yes | | | 55 |
| 158 | 2003 Chevrolet Cavalier Private Passenger | 3946 3A | Administration 5440 | ACV 4,737 | 250 -A | | 25,000 Yes | | | 64 |

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As of 9-01-11

Entity ID 8736
 Entity Name Coastal Plains Community MHMR Center
 Contract type / ID LIAB / 19 9-01-11 to 9-01-12

| Year | Model Type | VIN Class | Department Secondary ID | APD Code APD Value | Ded. Code | Auto Cat. | Med Pay UM/UIM | Emer. Use | Leased Ter. |
|------|---|------------|-------------------------|--------------------|-----------|-----------|----------------|-----------|-------------|
| 159 | 2003 Ford Taurus Private Passenger | 5669 3A | Administration 5445 | ACV 6,611 | 250 -A | | 25,000 Yes | | 56 |
| 160 | 2003 Ford Taurus Private Passenger | 0620 3A | Administration 5446 | ACV 6,523 | 250 -A | | 25,000 Yes | | 55 |
| 162 | 2004 Ford Taurus Private Passenger | 1627 3A | Administration 5447 | ACV 5,360 | 250 -A | | 25,000 Yes | | 55 |
| 163 | 2004 Ford Taurus Private Passenger | 7849 3A | Administration 5448 | ACV 5,600 | 250 -A | | 25,000 Yes | | 55 |
| 164 | 2004 Chevrolet Malibu Private Passenger | 4218 3A | Administration 6000 | ACV 4,882 | 250 -A | | 25,000 Yes | | 55 |
| 165 | 2004 Chevrolet Malibu Private Passenger | 9673 3A | Administration 6001 | ACV 4,882 | 250 -A | | 25,000 Yes | | 55 |
| 166 | 2005 Chevrolet Malibu Private Passenger | 2020 3A | Administration 6002 | ACV 5,151 | 250 -A | | 25,000 Yes | | 55 |
| 167 | 2005 Chevrolet Malibu Private Passenger | 2161 3A | Administration 6003 | ACV 5,151 | 250 -A | | 25,000 Yes | | 55 |
| 168 | 2005 Ford Taurus Private Passenger | 0049 3A | Administration 6004 | ACV 5,481 | 250 -A | | 25,000 Yes | | 55 |
| 169 | 2005 Ford Taurus Private Passenger | 0050 3A | Administration 6005 | ACV 5,481 | 250 -A | | 25,000 Yes | | 55 |
| 170 | 2005 Ford Taurus Private Passenger | 0051 3A | Administration 6006 | ACV 5,481 | 250 -A | | 25,000 Yes | | 55 |
| 171 | 2005 Ford Taurus Private Passenger | 0052 3A | Administration 6007 | ACV 5,481 | 250 -A | | 25,000 Yes | | 55 |
| 172 | 2005 Chevrolet Malibu Private Passenger | 2247 3A | Administration 6008 | ACV 5,138 | 250 -A | | 25,000 Yes | | 55 |
| 173 | 2005 Chevrolet Malibu Private Passenger | 2152 3A | Administration 6009 | ACV 5,138 | 250 -A | | 25,000 Yes | | 55 |
| 174 | 2006 Ford E350 Van | 6067 01499 | Administration 6012 | ACV 7,584 | 250 -A | | 25,000 Yes | | 55 |
| 175 | 2006 Ford Taurus Private Passenger | 6963 3A | Administration 6015 | ACV 5,554 | 250 -A | | 25,000 Yes | | 55 |
| 176 | 2005 Ford Taurus Private Passenger | 6961 3A | Administration 6016 | ACV 5,554 | 250 -A | | 25,000 Yes | | 55 |



As of 9-01-11

Entity ID 8736
 Entity Name Coastal Plains Community MHRM Center
 Contract type / ID . . . LIAB / 19 9-01-11 to 9-01-12

| ID | Year | Make | Model Type | VIN Class | Department Secondary ID | APD Code APD Value | Ded. Code | Auto Cat. | Med Pay UM/UIM | Emer. Use | Leased Ter. |
|-----|------|------|--------------------------|-----------|-------------------------|--------------------|-----------|-----------|----------------|-----------|-------------|
| 177 | 2006 | Ford | Taurus Private Passenger | 6960 3A | Administration 6017 | ACV 5,554 | 250 -A | | 25,000 Yes | | 55 |
| 178 | 2005 | Ford | Taurus Private Passenger | 0281 3A | Administration 6018 | ACV 6,030 | 250 -A | | 25,000 Yes | | 55 |
| 179 | 2006 | Ford | Taurus Private Passenger | 6958 3A | Administration 6019 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 180 | 2006 | Ford | Taurus Private Passenger | 6965 3A | Administration 6020 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 181 | 2006 | Ford | Taurus Private Passenger | 6959 3A | Administration 6021 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 182 | 2006 | Ford | Taurus Private Passenger | 6957 3A | Administration 6022 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 183 | 2006 | Ford | Taurus Private Passenger | 6962 3A | Administration 6023 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 184 | 2006 | Ford | Taurus Private Passenger | 6964 3A | Administration 6024 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 185 | 2006 | Ford | Taurus Private Passenger | 6966 3A | Administration 6025 | ACV 5,546 | 250 -A | | 25,000 Yes | | 55 |
| 186 | 2005 | Ford | Taurus Private Passenger | 7290 3A | Administration 6026 | ACV 5,952 | 250 -A | | 25,000 Yes | | 55 |
| 187 | 2005 | Ford | Taurus Private Passenger | 4223 3A | Administration 6013 | ACV 5,920 | 250 -A | | 25,000 Yes | | 55 |
| 188 | 2005 | Ford | Taurus Private Passenger | 1158 3A | Administration 6014 | ACV 5,961 | 250 -A | | 25,000 Yes | | 55 |
| 189 | 2005 | Ford | Taurus Private Passenger | 5777 3A | Administration 6027 | ACV 6,031 | 250 -A | | 25,000 Yes | | 55 |
| 190 | 2005 | Ford | Taurus Private Passenger | 7986 3A | Administration 6010 | ACV 6,031 | 250 -A | | 25,000 Yes | | 55 |
| 191 | 2005 | Ford | Taurus Private Passenger | 4535 3A | Inventory 6011 | ACV 6,031 | 250 -A | | 25,000 Yes | | 55 |
| 192 | 2007 | Ford | Taurus Private Passenger | 0449 3A | Inventory 6028 | ACV 6,031 | 250 -A | | 25,000 Yes | | 55 |
| 193 | 2006 | Ford | E350 Van | 1943 6582 | Inventory 6029 | ACV 6,970 | 250 -A | | 25,000 Yes | | 55 |



AS OF 9-01-11

Entity ID 8736
 Entity Name Coastal Plains Community MHRM Center
 Contract type / ID LIAB / 19 9-01-11 to 9-01-12

| ID | Year | Make | Model Type | VIN Class | Department Secondary ID | APD Code APD Value | Ded. Code | Auto Cat. | Med Pay UM/UIM | Emer. Use | Leased | Ter. |
|-----|------|-----------|--------------------------|-----------|-------------------------|--------------------|-----------|-----------|----------------|-----------|--------|------|
| 194 | 2006 | Ford | E350 Van | 1941 6582 | Inventory 6031 | ACV 6,970 | 250 -A | | 25,000 Yes | | | 55 |
| 195 | 2006 | Ford | E150 Van | 1945 6581 | Inventory 6032 | ACV 6,130 | 250 -A | | 25,000 Yes | | | 55 |
| 196 | 2006 | Ford | E150 Van | 1944 6581 | Inventory 6033 | ACV 6,130 | 250 -A | | 25,000 Yes | | | 55 |
| 197 | 2006 | Toyota | Prius Private Passenger | 3188 3A | Administration 6034 | ACV 8,215 | 250 -A | | 25,000 Yes | | | 55 |
| 198 | 2007 | Chevrolet | Impala Private Passenger | 5016 3A | Administration 6045 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 199 | 2007 | Chevrolet | Impala Private Passenger | 5246 3A | Administration 6046 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 200 | 2007 | Chevrolet | Impala Private Passenger | 5984 3A | Administration 6047 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 201 | 2007 | Chevrolet | Impala Private Passenger | 6528 3A | Administration 6048 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 202 | 2007 | Chevrolet | Impala Private Passenger | 7240 3A | Administration 6049 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 203 | 2007 | Chevrolet | Impala Private Passenger | 1477 3A | Administration 6050 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 204 | 2007 | Chevrolet | Impala Private Passenger | 0940 3A | Administration 6051 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 205 | 2007 | Chevrolet | Impala Private Passenger | 0337 3A | Administration 6052 | ACV 5,935 | 250 -A | | 25,000 Yes | | | 55 |
| 206 | 2007 | Ford | Fusion Private Passenger | 6788 3A | Administration 6044 | ACV 6,325 | 250 -A | | 25,000 Yes | | | 55 |
| 207 | 2007 | Ford | Fusion Private Passenger | 6789 3A | Administration 6043 | ACV 6,325 | 250 -A | | 25,000 Yes | | | 55 |
| 208 | 2007 | Ford | Fusion Private Passenger | 6790 3A | Administration 6042 | ACV 6,325 | 250 -A | | 25,000 Yes | | | 55 |
| 209 | 2007 | Ford | Fusion Private Passenger | 6791 3A | Administration 6040 | ACV 6,325 | 250 -A | | 25,000 Yes | | | 55 |
| 210 | 2007 | Ford | Fusion Private Passenger | 7471 3A | Administration 6041 | ACV 6,325 | 250 -A | | 25,000 Yes | | | 55 |



As of 9-01-11

| Entity ID | Year | Model | VIN | Department | APD Code | Ded. Code | Auto | Med Pay | Emer. | Leased | Ter. |
|--------------------------------------|------|--------------------|--------------|-------------------------|---------------|-----------|------|---------------|-------|--------|------|
| Entity Name | ID | Type | Class | Secondary ID | APD Value | | Cat. | UM/UIM | Use | | |
| Coastal Plains Community MHMR Center | | | | | | | | | | | |
| Contract type / ID | 19 | 9-01-11 to 9-01-12 | | | | | | | | | |
| | 211 | 2006 Ford | 1942 6582 | Administration 6030 | ACV 6,970 | 250 -A | | 25,000 Yes | | | 55 |
| | 212 | 2007 Ford | 5127 6581 | Administration 6054 | ACV 7,616 | 250 -A | | 25,000 Yes | | | 55 |
| | 213 | 2007 Ford | 5126 6581 | Administration 6053 | ACV 7,616 | 250 -A | | 25,000 Yes | | | 55 |
| | 214 | 2007 Toyota | 8881 3A | Administration 6061 | ACV 8,735 | 250 -A | | 25,000 Yes | | | 55 |
| | 215 | 2008 Chevrolet | 5564 3A | Administration 6055 | ACV 8,782 | 250 -A | | 25,000 Yes | | | 55 |
| | 216 | 2008 Chevrolet | 3241 3A | Administration 6056 | ACV 8,782 | 250 -A | | 25,000 Yes | | | 55 |
| | 217 | 2008 Chevrolet | 8775 6582 | Administration 6060 | ACV 11,770 | 250 -A | | 25,000 Yes | | | 55 |
| | 218 | 2008 Chevrolet | 5158 3A | Administration 6057 | ACV 8,769 | 250 -A | | 25,000 Yes | | | 55 |
| | 219 | 2008 Chevrolet | 6891 3A | Administration 6058 | ACV 8,769 | 250 -A | | 25,000 Yes | | | 55 |
| | 220 | 2008 Chevrolet | 6683 3A | Administration 6059 | ACV 8,769 | 250 -A | | 25,000 Yes | | | 55 |
| | 221 | 2008 Chevrolet | 6524 3A | Administration 6062 | ACV 8,800 | 250 -A | | 25,000 Yes | | | 55 |
| | 222 | 2009 Chevrolet | 3153 3A | Administration 6063 | ACV 11,975 | 250 -A | | 25,000 Yes | | | 55 |
| | 223 | 2009 Ford | 6355 6582 | Social Services 6064 | ACV 15,261 | 250 -A | | 25,000 Yes | | | 55 |
| | 224 | 2009 Ford | 6356 6582 | Social Services 6065 | ACV 15,261 | 250 -A | | 25,000 Yes | | | 55 |
| | 225 | 2010 Chevrolet | 4211 6582 | Social Services | ACV 41,235 | 250 -A | | 25,000 Yes | | | 55 |

Grand Totals: 95 Items 695,139
 Grand Totals for Coverages

Auto Liability : 95 Items
 Auto Medical Payments : 95 Items