



Request for Proposal

Insurance Agency/Brokerage Services

Issue Date: November 22, 2021

Issued By: City of Pittsburg, Kansas
201 West 4th Street
P.O. Box 688
Pittsburg, KS 66762

Inquiries: Jared Peterson
Purchasing Agent
620.230.5584
jared.peterson@pittks.org

Proposals Due: 2 PM (Central) December 21, 2021



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1. Introduction

The City of Pittsburg, Kansas (the “City”) is requesting proposals to provide insurance agency/brokerage services to the City. The City’s insurance broker works closely with the City’s Clerk and staff. The City’s current insurance program includes property and casualty and associated lines, crime, fiduciary, and cyber-liability. Workers Compensation insurance is handled separately by the Human Resources Department. The major insurance policies are on an April 1 to March 31 annual renewal schedule (an “insurance program year”).

The City was incorporated in 1880 and has operated under the Commission-Manager form of government since 1949. Policy-making and legislative authority are vested in the City’s governing body, consisting of the Mayor and 4 commission members, all elected at large and on a non-partisan basis. The City Commission appoints the City Manager, which in turn appoints the heads of the various departments. The Mayor is selected annually by the commissioners themselves and serves a one-year term. The City has a budget of approximately \$56 million for 2021 and over 200 full time employees offering a wide range of City services and facilities.

2. General Information

This Request for Proposal (“RFP”) provides guidelines for the submission of proposals to provide independent, responsible, and qualified insurance agency/brokerage services to the City. The City intends to select one respondent to act as the City’s insurance agent and broker but reserves the right to select multiple respondents as semifinalists to participate in a competitive market selection process as described in Section 3-D. The City intends to issue a contract for one year, with an option for the City to extend the contract for up to two (2) additional one-year periods, however, the term of the Agreement is not guaranteed and is subject to annual renewal and termination as provided in the contract document. The City’s agreement with its current insurance broker expires March 31, 2022. Broker will comply with applicable regulatory requirements, federal, state, and local laws, rules, regulations, orders, codes, criteria and standards, including but not limited to K.S.A. 44-1030.

3. Guidelines

A. Contact with City of Pittsburg Employees

To ensure a fair and objective evaluation of all proposals, questions or inquiries about this RFP **must be submitted by email** to Jared Peterson, Purchasing Agent at jared.peterson@pittks.org.

Contact with other City employees regarding this RFP or the services requested may be grounds for disqualification.

B. Costs of RFP Preparation and Submission

Each respondent shall be responsible for all costs incurred to prepare and submit a response to this RFP (a “proposal”). Each respondent is solely responsible for all costs associated with respondent’s participation in the selection process, including but not limited to, preparing a proposal, interviews with the City, and conducting due diligence. This includes any costs of travel and accommodation for respondent’s personnel.

Respondents may withdraw their proposals by notifying Jared Peterson via email at any time prior to the



deadline for submission and the proposal may either be destroyed or returned to the respondent. After the deadline for submission, proposals become a record of the City and will not be returned. Upon opening, proposals are subject to public disclosure in accordance with Kansas law.

All proposals and supplementary materials will, upon opening, become the property of the City. Even though a respondent's proposal may be rejected, the City reserves the right to utilize any concept or idea contained therein, without incurring any liability. The City reserves the right to share any proposals and supplementary materials submitted with City staff, other respondents, consultants, and members of the public in order to secure an informed opinion.

C. Interviews

During the evaluation and selection process, the City may, at its discretion, may require any one or more respondents to make oral presentations and participate in interviews with City staff. Such interviews will provide respondents with an opportunity to answer any questions the City may have about a respondent's proposal. Not all respondents may be asked to participate in interviews.

Respondents asked to participate in interviews must be prepared to answer detailed questions about their proposal, trends in the insurance market, and risk management issues associated with Kansas public entities. Respondents shall bring necessary personnel to present on all aspects of their proposal. Respondents may also be required to provide written clarifications of their proposals, presentations, and interview responses at the request of the City.

D. Negotiation and Contract

The City reserves the right to: (1) accept or reject any and all proposals and waive any technicalities or irregularities therein; (2) cancel the RFP process at any time prior to entering into a formal, written contract for services; (3) reject the response of a respondent that does not submit a proposal to the City's satisfaction; all respondents agree that rejection shall create no liability on the part of the City because of such rejection. (4) select one or more respondents which, in the City's opinion, are the most advantageous to the City; and (5) negotiate any and all terms of the proposal.

By submitting a proposal in response to this RFP, the respondent certifies that it has not divulged to, discussed, or compared its competitive proposal with other respondents and has not colluded with any other respondents or parties. Any prices and/or cost data submitted has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.

The City anticipates entering into a contract with the respondent it deems submits the most advantageous proposal. However, the City may engage more than one respondent in separate, parallel contract negotiations to complete each respondent's respective offering. The City anticipates issuing a contract for a one (1) year term with an option for the City to extend for up to two (2) additional one (1) year periods. This anticipated term is not guaranteed and is subject to annual renewal and may be terminated as provided in the contract. The anticipated term is from April 1, 2022 to March 31, 2023.

This RFP is not an offer to contract or otherwise enter into any type of agreement (express, implied, or otherwise). No contract or agreement is binding until proposals are reviewed and accepted by the City, the contract terms are negotiated, and the final agreement is approved by the City's governing body and executed



by both parties. The City reserves the right to further negotiate any and all terms of the proposal.

4. Eligibility

To be eligible for consideration as the City's insurance broker, respondents must meet the following minimum requirements:

1. The respondent must be an established legal entity, licensed and authorized to do business in the State of Kansas.
2. The respondent must identify an individual who, if selected, will be designated as the primary broker ("Primary Broker") on the City's account. The Primary Broker must maintain a Kansas property and casualty agency license.
3. The Primary Broker shall have a minimum of five (5) years' experience in providing the same or similar services as contained in this RFP.
4. The respondent must have direct access to the following first dollar, public entity insurance carriers:
 - A. Berkshire Hathaway
 - B. EMC Insurance
 - C. OneBeacon Governmental Risk
 - D. Travelers

5. Response

A. Response Instructions and Deadline

The submitted proposal must follow the rules and format established within this RFP. Adherence to these rules will ensure a fair and objective analysis of all proposals. Failure to complete any portion of this request may result in rejection of the proposal.

Sealed proposals, one (1) original (un-bound), six (6) copies and one (1) copy in acrobat/pdf format, shall be submitted by 2:00 p.m. on December 21st, 2021, to:

Jared Peterson, Purchasing Agent

City of Pittsburg
201 West 4th
P.O. Box 688
Pittsburg, KS 66762

Faxed and/or emailed proposals will not be accepted.



B. Proposal Outline

The outline of the proposal shall correspond to the following:

Section A: Executive Summary

Provide a concise overview of your proposal.

Section B: Background and Qualifications

1. Describe your statewide and local service capabilities, and, with more specificity, your experience with Kansas municipalities. Provide a description of your general capabilities including information relating to company size, revenues, and staffing.
2. Describe any similar services provided to other municipalities in Kansas and Missouri and provide the name, years of service, and a reference for each.
3. Provide a concise description of qualifications, names, relevant experience, and office location of the individuals who will provide services to the City.
4. Identify the Primary Broker and any other staff who will participate in the daily administration of the City's account.
5. Indicate whether or not you meet each of the eligibility criteria listed in Section 4.
6. In the last five (5) years, have you had a contract for services with a public entity in Kansas or Missouri terminated for cause? If so, state the date of termination, the name of the public entity, and describe the circumstances surrounding the termination.
7. In the last three (3) years, have you had a contract for services with a public entity in Kansas or Missouri not renewed? If so, state the date of termination, the name of the public entity, and, if known, describe the circumstances surrounding the non-renewal.
8. If you intend to use the services of any other insurance agencies or brokers, then you must submit this information for each and every such entity and clearly identify their role.

Section C: Insurance Marketplace

1. List all insurance companies you would anticipate approaching to seek first dollar alternatives to the City's current insurance program, with your top three (3) listed first. For each insurance company listed, include the following:



- A. Will the company be accessed directly or via a broker or wholesaler?
 - B. Do you currently have any governmental accounts with the carrier? If so, identify the number of accounts and average size of the governmental entity.
 - C. Does the carrier offer a multi-line “package” program? If so, note the applicable lines of coverage.
2. For property and casualty coverage, list all insurance companies you would anticipate approaching to seek alternatives to the City’s current insurance program, with your top three (3) listed first. For each insurance company listed, include the following:
- A. Will the company be accessed directly or via a broker or wholesaler?
 - B. Do you currently have any governmental accounts with the carrier? If so, identify the number of accounts and average size of the governmental entity.
 - C. Does the carrier offer a multi-line “package” program? If so, note the applicable lines of coverage.
3. Identify the percentage of private vs. public sector lines of coverage you have written. Also provide the total property and casualty premiums placed annually for each of the last five (5) years.
4. For each of the last five (5) years, list the top five (5) insurers, both by number of policies and by total premiums, with whom your firm places its business.
5. For each of the last five (5) years, list the top five (5) insurers, both by number of policies and by total premiums, with whom your firm places its public entity business.
6. How would you approach a key market or proprietary program if you do not have a contract with that market and they typically do not utilize a broker?
7. How would you handle requests from the City to negotiate endorsements, riders, limits, and policy amendments? Specifically, within the last five (5) years have you negotiated and secured for a public entity any of the following? If yes, indicate the name of the client or clients and carrier or carriers:
- A. Kansas Tort Claims Act Endorsement.
 - B. Right to select counsel.
 - C. Consent to settle.
 - D. Aggregate deductible limit.



Section D: Insurance Program

1. What changes, if any, in carriers, lines, coverage, limits, and/or deductibles, would you recommend the City make to its current insurance program?
2. If the City elected to explore switching to a self-insured retention program, describe how you would approach constructing such a program and describe the program's structure (coverage lines, limits, etc.) and anticipated retention levels.
3. Does your firm offer any actuarial or other services that can be used to evaluate the feasibility of a self-insured retention program?
4. What do you perceive will be the greatest risk management challenge the City faces over the next 12 to 24 months? In the next five (5) years?
5. How would you address a request to join or consideration of an associational program or risk pool? Do you have any conflicts of interest with any associational program or risk pool?

Section E: Services

The intent of this RFP is to solicit proposals from qualified respondents to provide insurance agency/brokerage services. Describe how you would provide the following services:

- A. Give the City access to the insurance marketplace
- B. Provide administrative support
- C. Work with the City to manage risk and control costs
- D. Claims Management and Inquiry Response Time

Section F: Pricing

1. List all costs associated with your proposed services. No additional charges (such as sales tax, transportation, travel, out-of-pocket expenses, etc.) will be allowed unless specified on the proposal. All brokerage commissions or ancillary fees collected by the respondent shall be fully disclosed and credited to the City against the annual broker fee.
2. Include costs for individual years two (2) and three (3).
3. Indicate whether recurring costs are flat-rate or hourly.
4. Indicate whether you will agree to flat annual renewal. If not, indicate the limit of rate increase (e.g. not more than 10% per year.)
5. Include a proposed billing cycle/schedule.



Section G: References

Provide the name, addresses, and contact person of ten (10) public and/or private groups or companies, including three (3) governmental entities, in which respondent has provided the same or similar services in the last two (2) years. Respondent should try and provide the names of governmental entities in which the Primary Broker served as the Primary Broker for that entity.

6. Evaluation and Timeline

A. Evaluation

Proposals received will be reviewed by a Review Committee. Among other criteria, the City will evaluate the following to determine the most qualified proposal:

- Experience – The City will consider respondent’s experience and overall understanding of the City’s needs; the experience, background, and availability of the Primary Broker and his or her prior experience, including with the City, if any; and the experience and availability of support staff for such the Primary Broker.
- Investment – The City wishes to be good stewards of taxpayer money, so, although not the only factor, high importance will be placed on the value received for the costs associated with respondent’s proposal, including the projected costs of the City’s insurance program with respondent.
- Capabilities – The City will consider the capabilities of the respondent in addressing the City’s needs and the Scope of Services.
- Proposed Plan – The City will consider the respondent’s proposed plan for addressing the City’s insurance and risk management needs.
- References – The City will consider the respondent’s reputation and the quality of references and similar work provided to public and private entities, particularly Kansas municipalities.
- Selection Process – The City will consider the overall responsiveness and quality of the proposal, including any supplemental materials, oral presentations, and interviews.

B. Preliminary Timeline

- **November 22nd, 2021:** RFP released by the City of Pittsburgh.
- **2 PM (Central) December 21st, 2021:** Deadline to submit RFP responses (proposals).
- **January 10th – 14th, 2022:** Meeting with finalists and select broker.



- **January 25th, 2022:** Governing body approval of a broker services agreement.
- **April 1st, 2022:** Execution of new insurance coverage policy.

Proposals received after the specified deadline will not be accepted. The City reserves the right to request follow-up information or clarification from any and all respondents under consideration.



Appendix A

BINDERS OF CURRENT INSURANCE PROGRAM



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Ryan Insurance 2308 S. Broadway P.O. Box 106 Pittsburg KS 66762	CONTACT NAME: Pam Mendicki PHONE (A/C, No., Ext): (620) 231-3500 FAX (A/C, No): (620) 231-3763 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: 00013015														
INSURED City Of Pittsburg 4th And Pine Street P.o. Box 688 Pittsburg KS 66762	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A : Emc Insurance Company</td><td></td></tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Emc Insurance Company		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** CP21111901625 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Various locations

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
	<input checked="" type="checkbox"/> PROPERTY	6X02365	04/01/2021	04/01/2022	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$	
	WIND				BLANKET PERS PROP	\$	
	FLOOD				<input checked="" type="checkbox"/> BLANKET BLDG & PP	\$ 88,410,363	
		\$					
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> Contractors equip	\$ 4,109,278	
	CAUSES OF LOSS	various			<input checked="" type="checkbox"/> EDP	\$ 1,083,965	
	NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Fine Arts	\$ 465,775	
		6X02365	<input checked="" type="checkbox"/> Prop floater & tower	\$ 1,554,430			
A	<input checked="" type="checkbox"/> CRIME	6X02365	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> Employee Theft	\$ 250,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Faithful performanc	\$ 250,000	
					<input checked="" type="checkbox"/> Misc	\$ included	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
A	Business Auto Fleet Coverage	6X02365	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> Comp ded	\$ 1,000	
					<input checked="" type="checkbox"/> Coll ded	\$ 1,000	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Pittsburg 201 W 4th Street Pittsburg KS 66762	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ryan Insurance 2308 S. Broadway P.O. Box 106 Pittsburg KS 66762	CONTACT NAME: Pam Mendicki PHONE (A/C, No, Ext): (620) 231-3500 FAX (A/C, No): (620) 231-3763 E-MAIL ADDRESS:																				
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INSURED City Of Pittsburg 4th And Pine Street P.o. Box 688 Pittsburg KS 66762																					

COVERAGES **CERTIFICATE NUMBER:** CL21111916031 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Law Enf - police dog			6X02365	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Deductible per occ \$ \$10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Airport Liability/Hangarkeepers			N02200375	04/01/2021	04/01/2022	Each Occurrence 5,000,000 Damage to rented prem 100,000 Med Exp 3,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Pittsburg
 201 W 4th Street

Pittsburg

KS 66762

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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COVERAGES **CERTIFICATE NUMBER:** CL21111916029 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Linebacker			6X02365	04/01/2021	04/01/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Employee Benefits	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6X02365	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6X02365	04/01/2021	04/01/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
B	Liability (Kiddieland)			PHPK2283520	06/10/2021	06/10/2021	Aggregate	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Pittsburg 201 W 4th Street Pittsburg KS 66762	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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