

TROTWOOD, OHIO 45426

3035 OLIVE ROAD

CITY OF TROTWOOD

RESOLUTION NO. R23-52

A RESOLUTION BY THE TROTWOOD CITY COUNCIL AUTHORIZING THE CITY MANAGER TO ENTER INTO AN AGREEMENT WITH THE PUBLIC ENTITIES POOL OF OHIO FOR THE PURPOSE OF PROVIDING INSURANCE FOR THE CONTRACT YEAR OF 2023-2024.

WHEREAS, the City desires to receive insurance from the Public Entities Pool of Ohio at a cost not to exceed \$271,666.59; and

WHEREAS, the City Manager recommends City Council authorize the City Manager to enter into an Agreement with the Public Entities Pool of Ohio for the purpose of providing insurance for the contract year 2023-2024.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF TROTWOOD, STATE OF OHIO:

SECTION I: Council accepts the recommendation of the City Manager and hereby authorizes the City Manager to enter into an Agreement with the Public Entities Pool of Ohio for the purpose of providing insurance for the contract year of 2023-2024 at a cost not to exceed \$271,666.59.

SECTION II: This Resolution shall take effect and be in full force from and after the date of its passage.

Passed this 2nd day of October, 2023.

ATTEST:

APPROVED:


KARA B. LANDIS
CLERK OF COUNCIL


MARY A. MCDONALD
MAYOR


YVETTE F. PAGE
VICE-MAYOR

CITY OF TROTWOOD
3035 OLIVE ROAD
TROTWOOD, OHIO 45426

CERTIFICATE OF RECORDING OFFICER

I, the undersigned, hereby certify that the foregoing is a true and correct copy of Resolution No. R23-52 adopted by the Trotwood City Council at a regular scheduled meeting held on the 2nd day of October, 2023, and that I am duly authorized to execute this certificate.

Signed this _____ day of _____, _____.

KARA B. LANDIS
CLERK OF COUNCIL



PUBLIC ENTITIES POOL OF OHIO
Service Center
315 S. Kalamazoo Mall
Kalamazoo, MI 49007-4806

August 08, 2023

City of Trotwood
3035 North Olive Road
Trotwood, OH 45426-2650

Dear Member:

I've enclosed your anniversary coverage outline and contribution invoice. To continue your membership and coverage, please return the following items in the enclosed envelope, by or prior to your anniversary date of **10/08/2023**:

- Anniversary payment
- Original signed Anniversary Information Acknowledgement form
- Any schedule changes on a separate sheet of paper (required for endorsement)

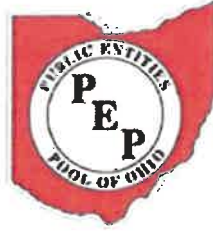
Once all of the above information has been received, your anniversary agreement will be issued and mailed to you. If you have any questions, please contact your local PEP representative, or call me at 1.888.748.7966, ext. 3136.

As always, it is our pleasure serving you. Thank you for your loyalty to PEP. Together, we will continue to lead the way for Ohio Public Entities.

Sincerely,

Wendy French
Customer Service Representative

wf/enclosures



PUBLIC ENTITIES POOL OF OHIO
Service Center
315 S. Kalamazoo Mall
Kalamazoo, MI 49007-4806

INVOICE

August 8, 2023

City of Trotwood
Ms. Stephanie Kellum
3035 North Olive Road
Trotwood, OH 45426-2650

Effective Date	Description	Amount
10/8/2023	2023-2024 Anniversary Contribution	\$283,671.00
	PEP Loyalty Credit	-\$12,004.41
	<i>Annual Contribution Due:</i>	<u>\$271,666.59</u>

If you wish to add any of the optional quotes provided on the coverage summary, please write the additional amount in the space provided to calculate the final balance due:

\$ _____

BALANCE DUE (if any options selected)

\$ _____

Payment due upon receipt



Anniversary Information Acknowledgement

The undersigned representative of the City of Trotwood acknowledges that he/she:

- Reviewed the information provided on all Public Entities Pool Of Ohio applications and all applicable supplemental applications.
- Reviewed all applicable property and vehicle schedules.
- Confirms, to the best of his/her knowledge, that all information provided is complete and accurate.
- Reviewed the optional coverage(s) offered by the Public Entities Pool Of Ohio for increased limits. After consideration of the coverage(s) offered and the contribution for same, City of Trotwood has elected to:
 - Waive any and all coverage(s) and any applicable contribution charges. City of Trotwood understands that to add increased limits coverage in the future, it will be subject to Public Entities Pool Of Ohio's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, City of Trotwood will not hold the Public Entities Pool Of Ohio responsible for this decision to waive optional coverage(s).
 - Accept the increased limits: _____
(Limit of Liability Accepted)

Executed on the _____ day of _____, in the year _____, by the undersigned duly authorized officer of the Governmental Subdivision City of Trotwood indicated below:

By: _____

Title: _____

Member: City of Trotwood

Member Number: 0405

Anniversary Date: 10/08/2023