Lm 8/28/13 kim

# RESOLUTION #19-2013

BE IT RESOLVED, by	authorit a	y of the _	
			(Name of governing body)
Commissioners		of XXX	,
			(Name of Municipality)
Dauphin	County,	and it is	hereby resolved by authority
			-
of the same, that the	Chairman of	the Board	of said Municipality,
		official	
			ign the attached grant on its
Manage De daenorizee	and arro	0000 00 0	ign die desacion grane en lee
behalf.			
Deliait.			
a more con			Dauphin County
ATTEST			
			(Name of Municipality)
		<b>.</b>	(
	<del>-</del>	Ву	
(Signature and designat	:10n		(Signature and designation
of official title)			of official title)
Laura E. Evans, Esq., Chic	ef Clerk		Jeff Haste, Chairman
Print or type above nam			Print or type above name and
title			title
/CEAT )			
(SEAL)			
T T P P 1	<b>n</b>		cr + 0 cr - 1
I, <u>Laura E. Evans, I</u>	₽ed.	_ <b>_</b>	Chief Clerk
(Name)			(Official title)
of MAX Dauphin	<u>County</u>		, do hereby certify that
(Name of governing	ig body or	· municipa.	Lity)
	_		
the foregoing is a true	and corr	ect copy of	of the Resolution adopted at
	÷ .	A	
a regular meeting of the	le Dauphin		
		(Name of	governing body)
99			
held the $28$ day of	August	, 2013.	
DATE: August 28 , 20	)13		
	•		Chief Clerk
		2)	Signature and designation
			of official title)
			Laura E. Evans, Esq., Chief Clerk
			rint or type above name/title

### PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER:	IDP-2014-Dauphin-00031
GRANTEE:	Dauphin County
COUNTY:	Dauphin
TITLE OF GRANT:	Dauphin County Sobriety Checkpoint Project
*PROJECT DIRECTOR:	
NAME:	Jerome P. Wood
TITLE:	Detective
ADDRESS:	2 South Second Street, 3rd Floor
	Harrisburg, PA 17108
	Office of the District Aftorney - CriminalInvestigation Division
TELEPHONE:	717-780-6200
FAX:	717–255–1375
EMAIL ADDRESS:	jwood@dauphinc.org
	r designated must be a <u>governmental employee</u> actively gement and administration of the project.
DATE:	SIGNATURE:
	Authorizing Official
	Print or type name:
call (717) 787-6853	ct Director or Authorizing Official occurs, please or send written notification to:

Commonwealth Keystone Building - 6th Floor, 400 North Street

Safety Management Division

Harrisburg, PA 17105-2047

P.O. Box 2047

Cllent#: 39982

#### COUNTDAUP2

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (NINVOD/YYYY) 8/22/2013

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(les) must 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). CONTACT Gayle Morse PRODUCER (A/C, No): Murray Securus PHONE (AC, No, Exi): 717 620-2473 E-MAIL ADDRESS: gmorse@murrayins.com Murray / Capital Region 4999 Louise Drive, Suite 201 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: Midwest Employers Casualty Co. Mechanicsburg, PA 17055 INSURED INSURER B: County of Dauphin INSURER C: 2 South Second Street INSURER D : P.O. Box 1295 INSURER E: Harrisburg, PA 17108-1295 INSURER F : **REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES** 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.

 Limbia	(μιχιούντην)	(MMDD/YTYY)	i Policy Number	ADDLSUBF INSR IWVD	ISR TYPE OF INSURANCE	뻆
 EACH OCCURRENCE					GENERAL LIABILITY	<u> </u>
 PREMISES (Ea occurrence)	•		İ	1 1	COMMERCIAL GENERAL LIABILITY	İ
 MED EXP (Any one person)					CLAIMS-MADE OCCUR	İ
PERSONAL & ADV INJURY	1		†	1		
 GENERAL AGGREGATE						
 PRODUCTS - COMP/OP AGG					GEN L AGGREGATE LIMIT APPLIES PER:	
					POLICY PRO LOC	
COMBINED SINGLE LIMIT (Es accident)	ĺ				AUTOMOBILE LIABILITY	
BODILY INJURY (Per person)	ŀ		<u> </u>		ANY AUTO	
BOD(LY INJURY (Per accident)					ALL OWNED SCHEDULED	]
 PROPERTY DAMAGE (Per accident)	•		İ		NON-OY/NED	
					H. H. A. B. C. S.	
EACH OCCURRENCE					UMBRELLA LIAB OCCUB	
 AGGREGATE				,	EXCESS MAB CLASMS-MADE	ł
			1	;	DED RETENTIONS	
 WC STATU- OTH-				,     -	WORKERS COMPENSATION	_
E.L. EACH ACCIDENT					ANY PROPRIETOR/PARTNER/EXECUTIVE: 1	
 E.L. DISEASE - EA EMPLOYEE			İ	R/A		
 E.L. DIŞEASE - POLICY LIMIT			1	.	If yes, describe under DESCRIPTION OF OPERATIONS below	İ
 1,000,000 each acc	01/01/2014	01/01/2013	EWC005702			Α
1,000,000 each emp			[		•	
 1,000,000 poi limit					i	
PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE AGGREGATE  WC STATU- TORY LIMITS EL. EACH ACCIDENT EL. DISEASE - EA EMPLOYEE EL. DISEASE - POLICY LIMIT 1,000,000 each acc 1,000,000 each emp	01/01/2014	01/01/2013	EWC005702	N/A	AUTOS HIREO AUTOS AUTOS NON-OYMED AUTOS AUTOS AUTOS AUTOS AUTOS  UMBRELLA LIAB OCCUR EXCESS MAB CLASMS-MADE DEO RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTMER/EXECUTIVE (Mandatory in Nit) If yes, describe under DESCRIPTION OF OPERATIONS below	A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atlach ACORD 101, Additional Remarks Schedule, If more epace is required)
PennDot is included as as additional insured under the Excess Workers Compensation covering only Dauphin
County employees with respect to the Impaired Driving Grant.
Per the cancellation clause contained in the policies noted on this certificate, the policy provisions

Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include 30 days notice of cancellation except for non payment of premium.

CERTIFICATE HOLDER	CANCELLATION			
PA Dept of Transportation Bureau of Maintenance & Ops. 400 North Street, 6th Floor	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Harrisburg, PA 17120	AUTHORIZED REPRESENTATIVE			

© 1988-20to ACORD CORPORATION. All rights reserved.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2013

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 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	NAME: Kathy Schaeffer		
Rutherfoord	PHONE (A/C, No, Ext):484 588-2110	FAX (A/C, No):610 688-3924	
1000 Continental Drive Suuite 450	E-MAIL ADDRESS:kathy.schaeffer@rutherfoord.com		
King of Prussia PA 19406	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A :State Self-Insurers Risk Retention		
INSURED	INSURER B:		
Dauphin County	INSURER C:		
2 South Second Street	INSURER D :		
P. O. Box 1295 Harrisburg PA 17101-2047	INSURER E :		
	INSURER F :		

INSURED	INSUR	ERB:					
Dauphin County	INSUR	INSURER C:					
2 South Second Street	INSUR	INSURER D:					
P. O. Box 1295  Harrisburg PA 17101-2047	INSUR	INSURER E:					
	INSUR	ERF:					
COVERAGES CERTIFICATE NUMBER: 1	712070271			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW	BELOW HAVE BEE CONDITION OF AN CE AFFORDED BY	Y CONTRACT THE POLICIE	OR OTHER E S DESCRIBE	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS		
INSR ADDLISUBRI	YNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S		
TTR TYPE OF INSURANCE INSR WVD POLICE A GENERAL LIABILITY SEL3017008	NOMBER	1	6/1/2014	EACH OCCURRENCE	\$7,000,000		
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED	\$		
CLAIMS-MADE OCCUR				PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
CLAIMS-MADE OCCOR				PERSONAL & ADV INJURY	\$		
					\$7,000,000,		
				GENERAL AGGREGATE			
GENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$		
POLICY PRO- LOC  A AUTOMOBILE LIABILITY SEL 3017008		6/1/2013	6/1/2014	COMBINED SINGLE LIMIT (Ea accident)	····		
GEL3017000		0/1/2013	0/1/2014		şincluded \$		
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person)			
ALL OWNED SCHEDULED AUTOS NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS				(Per accident)	\$		
					\$		
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
DED RETENTION \$					s		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETORIPARTMER/EXECUTIVE N/A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
					i		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Property of the Control of the C	onal Remarks Schedul	e, if more space is	required)				
PDOT is included as Additional Insured as respects Imparied	Driving Grant.						
Per the cancellation clause contained in the policies noted on	this certificate, t	ne policy pro	visions inclu	ide at least 30 days no	tice of		
cancellation except for non-payment of premium.							
					ļ		
CERTIFICATE HOLDER CANCELLATION							
CANCELLATION CANCELLATION							
Pennsylvania Department of Transportation Bureau of Maintenance and Operations	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
400 North Street, 6th Floor Harrisburg PA 17120	AUTHO	RIZED REPREȘE	NTATIVE				
Hamsburg PA 17 120	1/	West . C. P. A. Hat s					

© 1988-2010 ACORD CORPORATION. All rights reserved.