

RESOLUTION #11-2012


BE IT RESOLVED, by authority of the Board of  
(Name of governing body)  
Commissioners of ~~XXXX~~ \_\_\_\_\_,  
(Name of Municipality)  
Dauphin County, and it is hereby resolved by authority  
of the same, that the Chairman of the Board of said Municipality,  
(designate official title)  
~~XXXXXX~~ be authorized and directed to sign the attached grant on its  
behalf.

ATTEST

  
\_\_\_\_\_  
Chief Clerk  
(Signature and designation  
of official title)

Laura E. Evans, Esq., Chief Clerk  
Print or type above name and  
title

(SEAL)

Dauphin County  
(Name of Municipality)  
By:   
\_\_\_\_\_  
Chairman  
(Signature and designation  
of official title)


Jeff Haste, Chairman  
Print or type above name and  
title

I, Laura E. Evans, Esq., \_\_\_\_\_  
(Name) (Official title)  
of ~~the~~ Dauphin County, do hereby certify that  
(Name of governing body or municipality)

the foregoing is a true and correct copy of the Resolution adopted at  
a regular meeting of the Dauphin County Board of Commissioners,  
(Name of governing body)

held the 11 day of July, 2012.

DATE: July 11, 2012

  
\_\_\_\_\_  
Chief Clerk  
(Signature and designation  
of official title)

Laura E. Evans, Esq., Chief Clerk  
Print or type above name/title

PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: IDP-2013-Dauphin-00028
GRANTEE: Dauphin County District Attorney
COUNTY: Dauphin
TITLE OF GRANT: Dauphin County Sobriety Checkpoint Grant

\*PROJECT DIRECTOR:

NAME: Jerome P. Wood
TITLE: Detective
ADDRESS: Dauphin County Criminal Investigation
2 South Second Street, 3rd Floor
Harrisburg, Pennsylvania 17101
TELEPHONE: 717-780-6218
FAX: 717-255-1375
EMAIL ADDRESS: jwood@dauphinc.org

\*The Project Director designated must be a governmental employee actively involved in the management and administration of the project.

APPROVED BY:

DATE: 7/11/12 SIGNATURE: [Signature]
Authorizing Official
Print or type name: Jeff Haste

If a change in Project Director or Authorizing Official occurs, please call (717) 787-6853 or send written notification to:

Bureau of Highway Safety and Traffic Engineering
Safety Management Division
Commonwealth Keystone Building - 6th Floor, 400 North Street
P.O. Box 2047
Harrisburg, PA 17105-2047



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/10/2012

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).

<b>PRODUCER</b> Rutherfordord 1001 Haxall Point, Suite 800 Richmond VA 23219	<b>CONTACT NAME:</b> Robin Johnson	<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b> 804-780-0611	<b>E-MAIL ADDRESS:</b> robin.johnson@rutherfordord.com
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> State Self-Insurers Risk Retention		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 581353728                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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			SEL3017007	6/1/2012	5/1/2013	EACH OCCURRENCE \$7,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$7,000,000 PRODUCTS - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			SEL3017007	6/1/2012	5/1/2013	COMBINED SINGLE LIMIT (Ea accident) <b>Included</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

PDOT is included as Additional Insured as respects Impaired Driving Grant. Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include at least 30 days notice of cancellation except for non-payment of premium.

<b>CERTIFICATE HOLDER</b>  Pennsylvania Department of Transportation Bureau of Maintenance and Operations 400 North Street, 6th Floor Harrisburg PA 17120	<b>CANCELLATION</b>  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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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/11/2012

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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).


<b>PRODUCER</b> Murray Insurance Associates Murray / Capital Region 4999 Louise Drive, Suite 201 Mechanicsburg, PA 17055	<b>CONTACT NAME:</b> Gayle Morse <b>PHONE (A/C, No, Ext):</b> 717 620-2473 <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> gmorse@murrayins.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Midwest Employers Casualty Co.
<b>INSURED</b> County of Dauphin 2 South Second Street P.O. Box 1295 Harrisburg, PA 17108-1295	INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

COVERAGES      CERTIFICATE NUMBER:      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 SUBR INSR	WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPROP AGG \$ _____ \$ _____
	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 (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    RETENTIONS						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EWC005702	01/01/2012	01/01/2013	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space 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 include 30 days notice of cancellation except for non payment of premium.

<b>CERTIFICATE HOLDER</b> PA Dept of Transportation Bureau of Maintenance & Operatio 400 North Street, 6th Floor Harrisburg, PA 17120	<b>CANCELLATION</b> 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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