

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/22/2014

 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE

 ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE

 COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE

 ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

 AGENCY
 PHONE (A/C, NO, Ext): (765) 423-5421

 MBAH Insurance
 COMPANY

2663 DUNCAN RD		PO Box 98274				<	
P.O. BOX 5609					0		
	47903	Chicago	IL 606	93-8374	/08/ 11/08/	202	
FAX (A/C, No): (765) 742-7486 E-MAIL ADDRESS:	jwillis@mbah.com				08/20 NDS	CAN	
CODE:	SUB CODE:				015	R)	
AGENCY CUSTOMER ID #: 00007308						COU	
INSURED		LOAN NUMBER		POLICY NUMBER	tana CA	AIN.	
City of West Lafayette				6309D403832	:29	REC	
Attn: Judy Rhodes		EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UN	.00 лщ0	QN0;	
609 W. Navajo		1/1/2015	1/1/2016		CHECKED	DER	
West Lafayette IN	47906	THIS REPLACES PRIOR EVIDE	NCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Bond Coverage for Public Officials	\$500,000	\$1000

REMARKS (Including Special Conditions)

Approved Ordinance No. 03-15, January 5, 2015

01/05/2015 Mayor, John R. Dennis Date

Council President, Peter Bunder 1/5/16 Date

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBE) POLICIES BE CANCELLED	BEFORE THE EXPIRATIO	N DATE THEREOF,	NOTICE WILL BE
DELIVERED IN ACCORDANCE WITH THE POL	CY PROVISIONS.			
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ADDITIONAL INTEREST	
	MORTGAGEE ADDITIONAL INSURED
State of Indiana	LOSS PAYEE
	LOAN #
	AUTHORIZED REPRESENTATIVE
	$\gamma \rightarrow \gamma$
	Carol Ruemler AAI/CMR Carol Michaeler

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Judith Rhodos Prepared by the Clerk-Treasurer

ORDINANCE NO. 03-15

AN ORDINANCE TO APPROVE BLANKET BOND COVERAGE FOR 2015

WHEREAS, certain elected and appointed officials of the City of West Lafayette are required by Indiana code (IC 5-4-1) to file an official bond for the faithful performance of duty within ten days of issuance or, if approval is required, within ten days after their approval by the person required to approve the bonds; and

WHEREAS, the person who approves an official bond shall write the approval on the bond; the Mayor being the person who approves the bonds of all city officers except the Mayor's own bond and that of members of the Common Council; the Common Council being the body who approves bonds of the members of the Board of Public Works and Safety; and

WHEREAS, the West Lafayette Common Council did approve Ordinance No. 7-07, adopting the provisions of Indiana Code Section 5-4-1-128(b) which provides blanket bonds in lieu of individual bonds for those officials and all employees, commission members and persons acting on behalf of the City of West Lafayette and its agencies, including the Clerk-Treasurer, the City Judge and the Redevelopment Commissioners, and

WHEREAS, the City blanket bond policy is renewed annually.

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NOW, THEREFORE BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF WEST LAFAYETTE that:

Section 1.

The renewal of blanket bond coverage for 2015 is approved in lieu of individual bonds for public officials and all employees, commission members and persons acting on behalf of the City of West Lafayette and its agencies. The total amount of insurance is \$500,000, effective January 1, 2015 and expiring on January 1, 2016.

Section 2.

The Common Council approves coverage for the members of the Board of Public Works and Safety. The President of the Common Council is hereby directed to sign the Certificate of Insurance and insurance policy signifying approval.

Section 3.

The Mayor approves coverage of all other city officers, employees, commission members, and persons acting on behalf of the City of West Lafayette and its agencies. The Mayor is hereby directed to sign the Certificate of Insurance signifying approval.

Section 4.

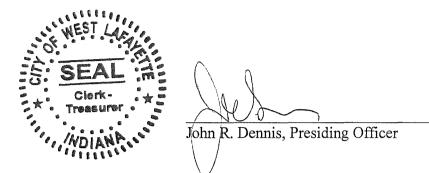
The Clerk-Treasurer is hereby directed to record Ordinance No. 03-15 and the Certificate of Insurance with the County Recorder within ten days of approval; and shall likewise record the policy with signatures when available from the insurance agent.

INTRODUCED ON FIRST READING ON THE2015.	5 DAY OF	January	,
MOTION TO ADOPT MADE BY COUNCILOR _ SECONDED BY COUNCILOR _ Burch	Keen	, AND	

A MOTION TO CONSIDER ON FIRST READING WAS SUSTAINED BY A VOTE OF $\underline{6}$ IN FAVOR AND D OPPOSED, PURSUANT TO IC-36-4-6-13.

DULY ORDAINED, PASSED, AND ADOPTED BY THE COMMON COUNCIL OF THE CITY OF WEST LAFAYETTE, INDIANA, ON THE 5 DAY OF 3anmary, 2015, HAVING BEEN PASSED BY A VOTE OF 6 IN FAVOR AND 0 OPPOSED, THE ROLL CALL VOTE BEING:

	AYE	NAY	ABSENT	ABSTAIN
Bunder	V			
Burch	V			
DeBoer	V			
Dietrich			~	
Hunt	V			
Keen				
Thomas	V			



Attest:

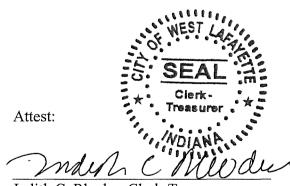
nd ibly CI Judith C. Rhodes, Clerk-Treasurer

PRESENTED BY ME TO THE MAYOR OF THE CITY OF WEST LAFAYETTE, INDIANA ON THE 6 DAY OF <u>January</u>, 2015, AT THE HOUR OF <u>11:00 A.M</u>.

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Judith C. Rhodes, Clerk-Treasurer

THIS ORDINANCE APPROVED AND SIGNED BY ME ON THE 6 DAY OF January, 2015, at the hour of 11:30 am.



Judith C. Rhodes, Clerk-Treasurer

John R. Dennis, Mayor

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Judith C. Rhodes, Clerk-Treasurer