# Town of Linn Request for Proposals

Project Name: Insurance (Buildings, Personal Property, Inland Marine, Auto, General &

Excess Liability, Public Officials and Management Liability, Workers' Compensation, Accident & Sickness) for the Town of Linn from

December 31, 2021 - December 31, 2022)

Date of Issuance: September 27, 2021

Bids Due: Must be received by November 3, 2021 at 4:00 p.m.

Town Contact: Jim Hurley, Administrator-Treasurer

Town of Linn P.O. Box 130

W3728 Franklin Walsh St. admin@townoflinn.com 262-275-6300 ext. 12

# II. Proposal REQUIREMENTS

## A. General Requirements

On-site inspections—Upon request, Town staff will be available to discuss their operations and conduct on-site inspections for interested vendors.

Vendor questions—Inquiries concerning the request for proposals and the subject of the request for proposals must be made to:

Jim Hurley, Administrator-Treasurer Town of Linn P.O. Box 130 W3728 Franklin Walsh St. admin@townoflinn.com 262-275-6300 ext. 12

Insurance Company Ratings: All coverage must be placed in a company with A. M. Best rating of "A" or better.

<u>Deviations from Specifications:</u> All deviations from the specifications must be noted in detail by the bidder in writing at the time of submission of the formal bid. The absence of a written list of specification deviations at the time of submission of the bid will cause the bidders to be strictly accountable for furnishing coverages and services in full accordance with the specifications as written, and will be grounds for rejection upon delivery of any item(s) not fully meeting the specifications.

<u>Specimen Policies:</u> Every bid that is submitted <u>must be accompanied</u> by a complete set of current specimen policies and endorsements for every coverage form that is being proposed.

<u>Award:</u> Bids will be considered on the basis of all coverages combined. The insured prefers to deal with only one agent on their program. The insured reserves the right to accept or reject any bid, and to accept the bid deemed most advantageous as to coverage, services and premium.

<u>Premium Summary Page:</u> The premium summary page must be completed and submitted. Other information in support of the bid may be attached.

#### B. Submission of Proposals

The following material is required to be **received by November 3, 2021 at 4:00 p.m.** for a proposing vendor to be considered:

A copy of the proposal, clearly marked "Insurance Coverage 2022" on the outside of a sealed envelope, shall be addressed, mailed and delivered to the Administrator-Treasurer, Town of Linn, P.O. Box 130, W3728 Franklin Walsh St., Zenda, WI 53195.

The proposal must also be e-mailed complete with all attachments as PDF documents by the same deadline to: admin@townoflinn.com.

## C. Proposal Preparation

If more than one vendor is used in preparing this proposal, each underwriting company must be listed, and the proposal specification information requested must be completed for each underwriting company.

### D. Proposal Content

- Proposals shall include five (5) references with at least two Wisconsin municipal references including names and contact information.
- Vendors may submit additional information and data that they believe will be helpful to the municipality in evaluating their qualifications or those of their vendor.
- The premium shall be all-inclusive and detail each of the following categories:
  - Buildings
  - Personal Property
  - · Inland Marine
  - Auto
  - Public Officials and Management Liability: includes cyber liability and privacy crisis management
  - General & Excess Liability
  - Workers' Compensation: vendor shall maintain Workers Compensation insurance at Wisconsin statutory limits.
  - · Accident & Sickness

Additional information is available in Attachment C, 2022 Statement of Values.

Proposals shall separate general liability and workers' compensation for the Town of Linn Sanitary District. The District has one part-time treasurer / secretary position. The 2021 total annual budget is \$44,450.

#### E. Terms of Engagement

A one-year premium from December 31, 2021 to December 31, 2022. If you have a multiple-year premium lock, please offer that as an alternative.

#### F. Proposal Calendar

The following is a list of key RFP dates up to and including the date of the anticipated execution of the contract:

- Request for Proposals issued: September 27, 2021
- Questions from vendors regarding the RFP must be emailed to admin@townoflinn.com by: October 12, 2021
- Responses to vendors' questions will be posted on the Town website by October 19, 2021
- RFP deadline is November 3, 2021
- Anticipated selection of Vendor: November 8, 2021
- Contract execution date: December 13, 2021

### III. RFP EVALUATION PROCESS

# A. Review of Proposals

The Town Administrator-Treasurer will coordinate with the Town Board to review each proposal to ensure proper coverage and make a determination based on the premium. The total score will be determined by the following criteria:

- Price of Proposal
- Vendor Background and Experience
- Dedicated Team/Qualified Resources
- Value-Added Products
- Work with Municipalities of Similar Size to the Town of Linn

During the evaluation process, the Town reserves the right, where it may serve their best interest, to request additional information or clarifications from vendor, or to allow corrections of error or omissions.

The Town reserves the right to retain all proposals submitted and to use any ideas in a proposal regardless of whether or not that proposal is selected. Submission of a proposal indicates acceptance by the Selected Vendor of the conditions contained in this request for proposals, unless clearly and specifically noted in the proposal submitted and confirmed in the contract with the Town.

It is anticipated the selection of a vendor will be completed by November 8, 2021.

Following the notification of the vendor selected, it is expected a contract will be executed between the parties by December 13, 2021.

Questions concerning the RFP Document should be directed to Jim Hurley, Town Administrator-Treasurer at (262)275-6300 (ext. 12) or <a href="mailto:admin@townoflinn.com">admin@townoflinn.com</a>.

The Town of Linn will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date posted on the town's website under the bid information. Vendors should not rely on any representations, statements or explanations other than those made in this RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail. Vendors are advised to check the website for addenda before submitting their bids.

# IV. TOWN'S RIGHTS, TERMS AND CONDITIONS

# A. Right of the Town to reject proposals

The Town of Linn reserves the right to reject any or all proposals, to waive irregularities, to solicit new proposals on the same RFP, and to accept a proposal considered to be in the best interest of the Town. Any such decision shall be considered final and not subject to review. Accepted proposals are subject to execution of a written contract between the proposer and the Town of Linn. All such contracts are contingent upon approval by the Town of Linn Town Board.

# B. Applicable Law

Any lawsuits related to or arising out of disputes arising under or pertaining to this RFP or the contract shall be commenced and tried in the Circuit Court of Walworth County, Wisconsin, and the Town and successful Vendor shall submit to the jurisdiction of the Circuit Court for such lawsuits.

#### C. Equal Opportunity Employment/Affirmative Action

The Town of Linn is an Equal Opportunity/Affirmative Action Employer. In the event the Selected Vendor is in noncompliance with any provision of this Equal Employment Opportunity Clause, the Wisconsin Fair Employment Practice Act, or the Fair Employment Practices Commission's Rules and Regulations for Public contracts, the Selected Vendor may be declared not responsible and therefore ineligible for future contracts or subcontracts with the Town, and the contract may be canceled or avoided in whole, or in part, and such other sanctions or penalties may be imposed or remedies invoked as provided by statute or regulation.

#### D. Nondiscrimination

In connection with the performance of work under the contract, the Selected Vendor agrees not to discriminate against any employee or application for employment because of age, race, religion, color, marital status, sexual orientation, sex, disability, national origin or ancestry. This provision must be included in all subcontracts.

#### E. Indemnification and Defense of Suits

The Selected Vendor and any responder to this RFP agree to indemnify, hold harmless, and defend the Town, its officers, agents and employees from any and all liability including claims, demands, damages, actions or causes of action, together with any losses, costs, or expense, including attorney fees, where such liability is founded upon or grows out of the acts, errors, or omissions of the Selected Vendor or responder to this RFP, its employees, agents or subcontractors.

#### F. Termination of Contract for Cause

If through any cause, the Selected Vendor shall fail to fulfill in a timely and proper manner the obligations under the contract, or if the Selected Vendor shall violate any of the covenants, agreements or stipulations of this contract, the Town shall thereupon have the right to terminate the contract by giving written notice to the Selected Vendor specifying the effective date thereof, at least five days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, reports or other materials related to the services prepared by the Vendor under this contract shall, at the option of the Town, become the property of the Town of Linn.

Notwithstanding the above, the Selected Vendor shall not be relieved of liability to the Town for damages sustained by the Town by virtue of any breach of the contract by the Selected Vendor, and the Town may withhold any payments to the Vendor until such time as the exact amount of damages due to the Town from the Vendor is determined.

# V. ATTACHMENT A –Insurance & Liability

iereby certify that i am entitled to represent
he Vendor), empowered to submit this proposal, and authorized to sign a contract with the Town of
nn.
ate:
11.5
ame:
tle:

For a full tier description please include attachments with your proposal

Туре	Tier Description (if applicable)	2022 Rate
Property		
Crime		
Inland Marine		
Auto		
General Liability		
Public Officials &		
Management Liability		
Excess Liability		
Workers Compensation		
Accident & Sickness		
Linn Sanitary District		
<b>Total Annual Premium</b>		

# VI. ATTACHMENT B - REFERENCES

Provide at least five customer references for similar policies, at least two must be from municipalities. Provide performance results.

1. Customer:
Address:
City, State, Zip:
Contact Person:
Telephone:
Email:
How Long:
2. Customer:
Address:
City, State, Zip:
Contact Person:
Telephone:
Email:
How Long:
3. Customer:
Address:
City, State, Zip:
Contact Person:
Telephone:
Email:
How Long:

4. Customer:
Address:
City, State, Zip:
Contact Person:
Telephone:
Email:
How Long:
5. Customer:
Address:
City, State, Zip:
Contact Person:
Telephone:
Email:
How Long:

# VII. ATTACHMENT C – 2022 Statement of Values

#### **2022 STATEMENT OF VALUES**

**Property Coverage Extensions Limits** 

Total	
\$	500,000.00
\$	500,000.00
\$	500,000.00
Total	
Total	11
	5
	5
	27
	5
	2,405
	3
	78,910
	548,371
	143,000
	225,194
	\$

Schedule of Property Limits (\$5,000 deductible)	Highwa	ng Name ay Complex	Real Property Limit		Real Property Limit		Real Property Limit		Real Property Limit		Persona	al Property Limit
N611 ZENDA RD, ZENDA, WI, 53195	(masonry, non- combustible) Highway Building 1 (masonry, non-		,		Highway Building 1		\$	1,047,303.00	\$	82,613.00		
N611 ZENDA RD, ZENDA, WI, 53195	combustible)		, ,		,		\$	380,293.00	\$	37,998.00		
N611 ZENDA RD, ZENDA, WI, 53195	(Wood Frame)		(Wood Frame)		\$	350,109.00	\$	26,274.00				
N1457 HILLSIDE RD, Lake Geneva, WI 53147	Fire Station (steel)		Fire Station (steel)		\$	1,442,832.00	\$	701,494.00				
N1457 HILLSIDE RD, Lake Geneva, WI 53147	Storage Shed (steel) Town Hall (masonry,		\$	88,418.00	\$	61,767.00						
W 3728 FRANKLIN WALSH ST, ZENDA, WI, 53195	non-combustible)		\$	3,253,844.00	\$	382,633.00						
	Amou	nt										
Schedule of Property Blanket Limits Schedule of Limits	\$	7,855,578.00										
Loss of Income / Loss Sustained up to (per occurrence)	\$	250,000.00										
Extra Expense / Loss Sustained up to (per occurrence)	\$	250,000.00										

Amount

Accounts Receivable	\$ 50,000.0	)
Fine Arts (no certified appraisal, subject to \$1,500 per item)	\$ 25,000.0	)
Fine Arts (with certified appraisal)	\$ 50,000.0	
In Transit or Off Premises	\$ 100,000.0	
Valuable Papers & Records	\$ 50,000.0	
Outdoor Property	\$ 150,000.0	
Trees, Shrubs, Plants, Lawns	\$ 150,000.00 \$ 25,000.00	
Software	\$ 500,000.0	
Flood (includes N611 Zenda Rd, N1457 Hillside Rd, and		
W3728 Franklin Walsh St)	Amount	
Limit of Insurance - Each Occurrence	\$ 4,400,000.0	)
Limit of Insurance - Annual Aggregate	\$ 4,400,000.0	)
Deductible - Each Occurrence	\$ 5,000.0	)
Earthquake Schedule of Included Premises (includes N611 Zenda Rd, N1457 Hillside Rd, and W3728 Franklin Walsh St)		
•	\$ 4,400,000.0	1
Limit of Insurance - Each Occurrence Limit of Insurance - Annual Aggregate	\$ 4,400,000.0	
Deductible - Each Occurrence	\$ 4,400,000.0	
Deductible - Lacii Occurrence	\$ 3,000.0	,
Crime	Limits of Insurance	Deductible Amount
Employee Theft (includes faithful performance)	\$10,000 per loss	\$500 per Loss
	\$10,000 per	•
Forgery or Alteration	Occurrence	\$500 per Occurrence
<i>.</i>	\$10,000 per	•
Inside the Premises - Theft of Money & Securities	Occurrence	\$500 per Occurrence
Inside the Premises - Robbery/Safe Burglary	\$5,000 per Occurrence	s \$500 per Occurrence
	\$10,000 per	
Outside the Premises	Occurrence	\$500 per Occurrence
	\$20,000 per	
Computer and Funds Transfer Fraud	Occurrence	\$500 per Occurrence
	\$10,000 per	
Money Orders	Occurrence	\$500 per Occurrence
	\$10,000 per	
Fraudulent Impersonation	Occurrence	\$500 per Occurrence
Inland Marine		
Coverage	Limits	Deductibles
	\$25,566 (all iten	ns
	valued under \$10,00	0,
	replacement co	st
Blanket Tools and Equipment	coverag	e) \$ 1,000.00

Physical

Physical

		Guaranteed			
	replace	ment coverage,			
Blanket Emergency Services Equipment		no limit	\$	1,000.00	
	Re	placement Cost			
Scheduled Equipment		Coverage	Deductible		Valuation
2001 BAUER COMPRESSOR	\$	42,279.00	\$	1,000.00	Replacement Cost
2000 ZODIAC DIVE BOAT W/135 HP	\$	37,520.00	\$	1,000.00	Replacement Cost
14 LAKE ASSAULT 32FT FIREBOAT	\$	305,276.00	\$	1,000.00	Replacement Cost
2013 MERC 250HP MTR FOR FIREBT	\$	14,294.00	\$	1,000.00	Replacement Cost
2014 MERC 250HP MTR FOR FIREBT	\$	14,294.00	\$	1,000.00	Replacement Cost
2001 UNIMAC WASHER/EXTRACTOR	\$	11,591.00	\$	1,000.00	Replacement Cost
1993 SWEEPSTER BROOM	\$	11,649.00	\$	1,000.00	Replacement Cost
2006 BANDIT BRUSH CHIPPER	\$	40,813.00	\$	1,000.00	Replacement Cost
2009 CAT BUCKET FOR LOADER	\$	18,275.00	\$	1,000.00	Replacement Cost
2000 CASE ENDLOADER/TRACTOR/MO	\$	42,151.00	\$	1,000.00	Replacement Cost
1998 CATERPILLAR LOADER	\$	124,702.00	\$	1,000.00	Replacement Cost
2009 WAUSAU PLOW BLADE WING	\$	71,603.00	\$	1,000.00	Replacement Cost
2005 JOHN DEERE TRACTOR MOWER	\$	92,934.00	\$	1,000.00	Replacement Cost
2020 AUTEL ROBOTICS EVO II DUAL DRONE	\$	25,000.00	\$	500.00	Replacement Cost
Rented or Borrowed Equipment Extension Limit	\$	100,000.00			
Watercraft Extension Limit	\$	25,000.00			
Auto					
Coverage	Limits				
Combined Single Limit for Bodily Injury & Property Damage					
(each accident)	\$	1,000,000.00			
Auto Medical Payments	\$	10,000.00			
Uninsured Motorists	\$	1,000,000.00			
Underinsured Motorists	\$	1,000,000.00			

						Dan	nage	Dar	nage
				Actual Cash		Com	prehensiv	Col	lision
Make	Model	Year	VIN	Value	Agreed Value	e De	ductibe	Dec	ductible
Ford	F150		2018 1FTEW1EG2JKF07214	X		\$	5,000.00	\$	5,000.00
Ford	Explorer		2019 1FM5K8AR0KGA31475	X		\$	5,000.00	\$	5,000.00
Ford	Explorer		2021 1FM5K8AB3MGB21581	X		\$	5,000.00	\$	5,000.00
Ford	Explorer		2021 1FM5K8AB2MGA43665	X		\$	5,000.00	\$	5,000.00
Ford	Brush Vehicle		2004 1FDXX47594EC69448		\$ 45,000.00	\$	5,000.00	\$	5,000.00
Karavan	Trailer		2000 5KTBS21121F000385			Liab	ility Only	Lia	bility Only
Oshkosh	Dump Truck		1996 10T2C0BA0V1053848	Χ		\$	5,000.00	\$	5,000.00
International	Bucket Truck		1997 1HT5DAAN7VH461804	Χ		\$	5,000.00	\$	5,000.00
International	Int 7400 5-yard		2003 1HTWDADR24J082037	Χ		\$	5,000.00	\$	5,000.00
	Durastar plow with								
International	dump truck		2009 1HTMNAAM79H107008	X		\$	5,000.00	\$	5,000.00

Liability Only Liability Only

GMC IHC Ford Spartan Peterbilt Peterbilt Spartan Pierce Ford Ford Spartan Peterbilt	/ Chippe Chassis F550 3360 Tanker Tanker Gladiate Tanker	/ 5 Yd or Pumper Ambulance
Ford	Explore	r
Chevrolet	Equinox	
Shore Lander	Trailer	•
General Liability	Limits o	f Insurance
Each Occurrence	\$	1,000,000.00
Damage to Premises Rented to You	\$	1,000,000.00
Medical Expense	\$	10,000.00
Personal and Advertising Injury	\$	1,000,000.00
General Aggregate	\$	3,000,000.00
Products - Completed Operations Aggregate	\$	3,000,000.00
Deductible	\$	-
Aircraft Liability & Professional Health Care Liability		al malpractice
All clarify a Professional Fleating Care Elabling	ivicuico	ii iiiaipi actice
Law Enforcement Activity Liability (6 full-time, 3 part-time		
officers)	Limits	
Each Law Enforcement Wrongful Act	\$	1,000,000.00
Aggregate	\$	3,000,000.00
Deductible	\$	-
Public Officials and Management Liability	Limits	
Coverage A (Each Wrongful Act or Offense)	\$	1,000,000.00
Coverage B (Each Action)	\$	50,000.00
Aggregate Limit (Coverage A & B combined)	\$	3,000,000.00
Coverage A Deductible	\$	-
Retroactive Date (Additional retroactive dates may apply.	Ψ	
Refer to policy for details)		None
Cyber Liability	Limits	
Each Event Limit	\$	1,000,000.00
Retroactive Date	Ŧ	None
		TTOTIC
Privacy Crisis Management Expense		
Each Event Limit	\$	50,000.00
	T	,

2009 1GTHK79609E158979	Χ		\$ 5,000.00	\$ 5,000.00
2010 1HTWDAAR6AJ287666	Χ		\$ 5,000.00	\$ 5,000.00
2017 1FDUF5HT6HDA07157	Χ		\$ 5,000.00	\$ 5,000.00
1991 4S7ET9D06NC004344		\$ 400,000.00	\$ 5,000.00	\$ 5,000.00
2000 1NP-AHB8X-8-1D536191		\$ 200,000.00	\$ 5,000.00	\$ 5,000.00
2001 1NP-ALBEX-1-2D568517		\$ 225,000.00	\$ 5,000.00	\$ 5,000.00
2006 4S7AV2C916C053727		\$ 500,000.00	\$ 5,000.00	\$ 5,000.00
1986 1P9CA01D6GA040380		\$ 200,000.00	\$ 5,000.00	\$ 5,000.00
2010 1FDXE4FP7ADA16634		\$ 170,000.00	\$ 5,000.00	\$ 5,000.00
2011 1FT7W2BT2BEB33137	Χ		\$ 5,000.00	\$ 5,000.00
2015 457AV2E91FC079693		\$ 278,575.00	\$ 5,000.00	\$ 5,000.00
2020 2NP3HJ8X7LM652840		\$ 180,000.00	\$ 5,000.00	\$ 5,000.00
2016 1FM5K8ARXGGC93575	Χ		\$ 5,000.00	\$ 5,000.00
2021 3GNAXUEV9MS156975	Χ		\$ 5,000.00	\$ 5,000.00

2015 1MDBAA835FA568115

Retroactive Date		None
Deductible	\$	-
O by F to the F to the		
Cyber Extortion Expense	ć	20,000,00
Each Event Limit (Each Threat)	\$ \$	20,000.00
Retroactive Date	\$	-
Privacy Crisis Management Expense and Cyber Extortion		
Expense		
Aggregate Limit	\$	50,000.00
Excess Liability (with exception of aircraft exposure)	Limits	
Each Occurrence	\$	5,000,000.00
General Aggregate	\$	10,000,000.00
Assistant O Cistores Courses *No see limite seems suisti		
Accident & Sickness Coverage *No age limits or pre-existi  Accidental Death	-	
Illness Loss of Life	\$	75,000.00
	\$ \$	75,000.00
Dependent Benefit	\$ \$	30,000.00
Spousal Support Benefit	\$	15,000.00
Lump Sum Living	<b>.</b>	75 000 00
Injury Permanent Impairment	\$	75,000.00
Heart Permanent Impairment	\$ \$	75,000.00
Illness Permanent Impairment	•	75,000.00
Weekly Income Benefits * No Age Limitations or Pre-existi	ng	
conditions apply	<b>.</b>	1 000 00
Total Disability Weekly Income (first 28 days)	\$	1,000.00
Total Disability Weekly Maximum (after 28 days)	÷ ¢	1,000.00
Occupational Retraining Benefit	۶ د	20,000.00
Medical Expense Benefit Post-Traumatic Stress Disorder	۶ د	50,000.00
	\$ \$ \$ \$ \$ \$	25,000.00
Family Expense Benefit per day of hospitalization	۶ د	100.00
Extra Expense Coverage	<b>&gt;</b>	12,000.00
Schedule of Exposure		
Streets and Roads		67 miles
Boat Docks or Marina	\$	70,000.00
Boat Launches / Beach Areas		2
Meetings, Convention, or Rental Halls (per month)		10
Total Fire/rescue calls (non-medical)		144
Emergency medical		160



Customer Number: 620294

**List of Claims for:** 

**Evaluation Date:** 2021-09-27

Policy Term		Policy Number	Ir	nsured Name				
2015-12-31 to 2016-12-	31	WC 3630706	TOWN OF LINN					
Claim Number	Accident Date	Claimant	Actual Paid	Unpaid Reserve	Net Loss	Salvage/ Subrogation	Deductible	Gross Loss
19-4-A-14052-01- / 625565		2016-11-25	\$0.00	\$0.00	\$0.00	\$461.81	\$0.00	\$461.81
	ATTEMPTING TO	IGER. CLAIMANT WAS D HANDCUFF A SUBJECT IT'S FINGER WAS						
19-4-A-13859-01- / 615854	2016-04-16		\$2,108.16	\$0.00	\$2,108.16	\$0.00	\$0.00	\$2,108.16
	HEAT EXHAUST	ION.						
		Totals:	\$2,108.16	\$0.00	\$2,108.16	\$461.81	\$0.00	\$2,569.97



<sup>\*</sup> Deductible applied to loss payment



\* BITCO INSURANCE COMPANIES

Customer Number:

620294

**Evaluation Date:** 

2021-09-27

Policy Term		<b>Policy Number</b>	Ir	nsured Name				
2016-12-31 to 2017-12-	31	WC 3646939		OWN OF LINN				
Claim Number	Accident Date	Claimant	Actual Paid	Unpaid Reserve	Net Loss	Salvage/ Subrogation	Deductible	Gross Loss
19-4-A-14780-01- / 657299		2017-08-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		NS. CLAIMANT WAS I ROASTERS WHEN A H BURNED HIM						
19-4-A-14244-01- / 634923	2017-07-04		\$626.05	\$0.00	\$626.05	\$0.00	\$0.00	\$626.05
	UP TRAFFIC CO	CLAIMANT WAS PICKING NES WHEN HE TRIPPED SING PAIN IN HIS WRIST		·		·	·	·
		Totals:	\$626.05	\$0.00	\$626.05	\$0.00	\$0.00	\$626.05



<sup>\*</sup> Deductible applied to loss payment



**Customer Number:** 620294

**List of Claims for:** 

**Evaluation Date:** 2021-09-27

Policy Term		Policy Number		<b>Insured Name</b>				
2017-12-31 to 2018-12-3	1	WC 3661627		TOWN OF LINN				
Claim Number	Accident Date	Claimant	Actual Paid	Unpaid Reserve	Net Loss	Salvage/ Subrogation	Deductible	Gross Loss
19-4-A-14525-01- / 648803	2018-12-12		\$1,042.00	\$0.00	\$1,042.00	\$0.00	\$0.00	\$1,042.00
		AIMANT ALLEGES LEFT ER GETTING OUT OF A						
19-4-A-14448-01- / 645185 19-4-A-14392-01- / 642993	2018-08-11		<b>#0.00</b>	<b>#0.00</b>	<b>\$0.00</b>	<b>#0.00</b>	<b>#0.00</b>	<b>#0.00</b>
	-	GES HERNIA AFTER NG, AND CARRYINGPIGS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.4.4.4000.04. / 0.40000	2018-06-14		00.040.00	<b>#7.054.00</b>		<b>^</b>		<b>#05.040.04</b>
19-4-A-14392-01- / 642993		C. CLAIMANT WAS DA CALL WHEN HE WAS MOTOR VEHICLE	\$2,346.00	\$7,854.00	\$10,200.00	\$75,718.24	\$0.00	\$85,918.24
		Totals:	\$3,388.00	\$7,854.00	\$11,242.00	\$75,718.24	\$0.00	\$86,960.24



<sup>\*</sup> Deductible applied to loss payment



\*\*\*\*\*
\*BITCO INSURANCE COMPANIES

\*\*\*\*\*

**Customer Number:** 

**List of Claims for:** 

620294

**Evaluation Date:** 2021-09-27

Policy Term		Policy Number	1	nsured Name				
2018-12-31 to 2019-12-	31	WC 3675777	T	OWN OF LINN				
Claim Number	Accident Date	Claimant	Actual Paid	Unpaid Reserve	Net Loss	Salvage/ Subrogation	Deductible	Gross Loss
19-4-A-14815-01- / 658767	2019-11-15		\$34,942.87	\$63,657.13	\$98,600.00	\$0.00	\$0.00	\$98,600.00
		AIMANT WAS GETTING JCK WHEN HE FELT A E						
19-4-A-14618-01- / 651689	INTO AN AIRBO	LAIMANT WAS GETTING AT AFTER RESCUING AN WHEN HE HYPER- KNEE	\$770.53	\$0.00	\$770.53	\$0.00	\$0.00	\$770.53
		Totals:	\$35,713.40	\$63,657.13	\$99,370.53	\$0.00	\$0.00	\$99,370.53



<sup>\*</sup> Deductible applied to loss payment



List of Claims for: TOWN OF LINN

**Customer Number:** 620294

**Evaluation Date:** 2021-09-27

Policy Term	Policy Number	Insured Name	
2019-12-31 to 2020-12-31	WC 3688801	TOWN OF LINN	
		NO CLAIMS REPO	RTFD



19

<sup>\*</sup> Deductible applied to loss payment



List of Claims for: TOWN OF LINN

**Customer Number:** 620294

**Evaluation Date:** 2021-09-27

Policy Term		Policy Number		Insured Name				
2020-12-31 to 2021-12-	31	WC 3701273	TOWN OF LINN					
Claim Number	Accident Date	Claimant	Actual Paid	Unpaid Reserve	Net Loss	Salvage/ Subrogation	Deductible	Gross Loss
19-4-A-15179-01- / 675836		2021-08-07 CLAIMANT WALKED E TRUCK AND SLIPPED LOOR	\$0.00	\$1,200.00	\$1,200.00	\$0.00	\$0.00	\$1,200.00
		Totals:	\$0.00	\$1,200.00	\$1,200.00	\$0.00	\$0.00	\$1,200.00



20

<sup>\*</sup> Deductible applied to loss payment

	Customer Detail So	orted By Policy & C	overage Type							PC-LE09-E	
	Claims Valued as o	of Wednesday, Sept	ember 22, 2021								
Policy Number Effective Date Expiration Date Carrier	Coverage Loss Date Description of Accident/Loss	Loss Reported Date	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Loses	Paid Expenses	Recoveries To	otal Incurred	
GPNUPF0027230-00	AUTO PHYSICAL DA	MAGE									
12/31/2020 12/31/2021	08/31/2021	09/10/2021	WIPF21090525	Open	1,295	0	0	0	0	1,295	
NUFIC	Glass damage	to insured vehicle									
	ACCIDENT LO	CATION: ZENDA, W	/I								
	AUTO: 2015 SPARTAN PUMPER TANKER (Class: 7909) VIN: 457AV2E91FC079693										
	MANAGEMENT LIAB	SILITY									
	05/19/2020	04/13/2021	WIPF21040586	Open	25,000	0	0	0	0	25,000	
	The Plaintiff filed suit against the Insured requesting the court commence condemnation proceedings and pay the Plaintiff for the property after the Insured completed work on part of the Plaintiff's property without their permission and consent.										
	ACCIDENT LO	CATION: ZENDA, W	/I								
	01/04/2021	03/04/2021	WIPF21030296	Open	4,166	0	5,835	0	0	10,000	
	Claimant filed a Notice of Circumstance against the insured for insufficient notice for annual town meeting and disputing that the town administrator and treasurer positions could be combined.										
	ACCIDENT LO	CATION: ZENDA, W	/I								
	GPNUPF0027230-0	0 Totals:			30,461	0	5,835	0	0	36,295	
GPPAPF6053513-05	AUTO LIABILITY										
12/31/2015 12/31/2016	01/31/2016	02/04/2016	WIPF216020544	02/26/2016	0	0	2,621	211	0	2,832	
AAIC	INSD VEH BAG	CKED INTO CLMNT	VEH								
	ACCIDENT LO	CATION: ZENDA, W	/I								
	AUTO: 2013 C	HEVY TAHOE LAW	ENFORCEMENT (Class:	7911)	V	IN: 1GNSK2E0	5DR286985				
	AUTO PHYSICAL DA	MAGE									
	01/31/2016	02/04/2016	WIPF216020544	02/05/2016	0	0	0	0	0	(	
	INSD VEH BACKED INTO CLMNT VEH										
	ACCIDENT LO	CATION: ZENDA, W	/I								

22

#### Glatfelter Underwriting Services Customer Summary Loss Experience Including 5 Years of History from claim registration and policy inception

	Customer Detail So	rted By Policy & C	overage Type							PC-LE09-E		
	Claims Valued as of	f Wednesday, Sep	tember 22, 2021									
Policy Number Effective Date Expiration Date Carrier	Coverage Loss Date Description of Accident/Loss	Loss Reported Date	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Loses	Paid Expenses	Recoveries To	otal Incurred		
GPPAPF6053513-05	AUTO: 2013 CH	HEVY TAHOE LAW	ENFORCEMENT (Class: 7	7911)	VI	N: 1GNSK2E06	6DR286985	-				
12/31/2015 12/31/2016	PROPERTY											
AAIC	02/19/2016	02/19/2016	WIPF216021267	02/26/2016	0	0	11,500	0	0	11,500		
	WIND CAUSED	DAMAGE TO INSI	JRED BUILDING									
	ACCIDENT LOG	CATION: ZENDA, V	VI									
	PROPERTY BUILDING DESCRIPTION: N611 ZENDA RD - HIGHWAY SHOP											
	GPPAPF6053513-05	i Totals:			0	0	14,121	211	0	14,332		
GPPAPF6053513-06	AUTO LIABILITY											
12/31/2016 12/31/2017	11/03/2017	11/15/2017	WIPF217110807	12/22/2017	0	0	0	0	0	0		
AAIC		PONDING THRU II CK BY CLMT VEH	NTERSECTION WITH LIGI	HTS AND SIRENS								
	ACCIDENT LOG	CATION: ZENDA, V	VI									
	AUTO: 2011 FO	RD F250 SERVICE	PICKUP (Class: 01499)		VI	N: 1FT7W2BT2	2BEB33137					
	AUTO PHYSICAL DAN	ИAGE										
	11/03/2017	11/15/2017	WIPF217110807	11/15/2017	0	0	0	0	0	0		
		PONDING THRU II CK BY CLMT VEH	NTERSECTION WITH LIGI	HTS AND SIRENS								
	ACCIDENT LOC	CATION: ZENDA, V	VI .									
	AUTO: 2011 FO	ORD F250 SERVICE	PICKUP (Class: 01499)		VI	N: 1FT7W2BT2	2BEB33137					
	GPPAPF6053513-06	Totals:			0	0	0	0	0	0		
GPPAPF6053513-07 12/31/2017	AUTO PHYSICAL DAN	ИAGE										
12/31/2018	04/05/2018	04/09/2018	WIPF218040706	04/10/2018	0	0	3,308	0	0	3,308		
AAIC	INSURED VEHI	CLE STRUCK A D	EER									
	ACCIDENT LOC	CATION: ZENDA, V	VI .									
	AUTO: 2016 CF	HEVY TAHOE LAW	ENFORCEMENT (Class: 7	7911)	VI	N: 1GNSKFEC	6GR114123 IN	ISURED DRIVER	R: JON ALBRECHT	-		
	GENERAL LIABILITY											
	01/23/2018	06/19/2018	WIPF218061029	07/02/2018	0	0	0	0	0	0		
	CLAIMANT PRO	OPERTY DAMAGE	D WHEN INSURED DRAIN	I PIPE BROKE								
	ACCIDENT LOC	CATION: LAKE GEI	NEVA, WI									
	02/20/2018	05/16/2018	WIPF218050861	10/24/2018	0	0	25,091	4,784	0	29,875		

	Customer Detail So	rted By Policy & Co	verage Type							PC-LE09-E		
	Claims Valued as of	Wednesday, Septe	ember 22, 2021									
Policy Number Effective Date Expiration Date Carrier	Coverage Loss Date Description of Accident/Loss	Loss Reported Date	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Loses	Paid Expenses	Recoveries 1	Fotal Incurred		
GPPAPF6053513-07	CLAIMANT PRO	DPERTY DAMAGED	WHEN INSURED DRAIN	PIPE BROKE					1			
12/31/2017 12/31/2018	ACCIDENT LO	CATION: LAKE GEN	EVA, WI									
AAIC	05/30/2018	06/19/2018	WIPF218061034	08/30/2018	0	0	0	0	0	0		
	CLAIMANT PRO	PERTY DAMAGED	WHEN INSURED DRAIN	I PIPE BROKE								
	ACCIDENT LOC	CATION: LAKE GEN	EVA, WI									
	06/11/2018	06/27/2018	WIPF218070090	07/12/2018	0	0	20,870	625	0	21,495		
	WATER DAMAG	GE TO CLAIMANT P	ROPERTY									
	ACCIDENT LOC	CATION: ZENDA, W										
	PORTABLE EQUIPMEN	NT/INLAND MARINE										
	07/09/2018	0	0	0								
	Portable equipment damaged during training											
	ACCIDENT LOCATION: ZENDA, WI											
	GPPAPF6053513-07	Totals:			0	0	49,269	5,409	0	54,679		
GPPAPF6053513-08 12/31/2018	GENERAL LIABILITY											
12/31/2019	07/31/2019	11/12/2019	WIPF19110472	10/12/2020	0	0	0	0	0	0		
AAIC	1		ed excavation and dredgir	ng								
	ACCIDENT LOC	CATION: ZENDA, W										
	PROPERTY											
	04/30/2019	05/22/2019	WIPF19050912	05/29/2019	0	0	779	0	0	779		
	Insd property sto											
		CATION: ZENDA, WI										
			ON: PROPERTY COVER	AGES								
	GPPAPF6053513-08	Totals:			0	0	779	0	0	779		
GPPAPF6053513-09 12/31/2019	AUTO LIABILITY				_	_	_	_		_		
12/31/2020 AAIC	12/31/2019	01/17/2020	WIPF20011514	02/19/2020	0	0	0	0	0	0		
AAIC			claimant property at scene									
		CATION: ZENDA, WI										
	AUTO: 2006 SP	ARTAN GL PUMPE	K (Class: 7909)		VI	N: 4S7AV2C91	16C053727 IN	SURED DRIVER	: Jim Morris			

	Grand Totals:				32,461	46,722	91,652	8,898	(16,765)	162,967		
	GPPAPF6053513-09	9 Totals:			2,000	46,722	21,649	3,278	(16,765)	56,884		
			TION: W 3728 FRANKLIN	WALSH ST - TOWN	HALL							
		CATION: Lake Gene	eva, WI									
	Fire damage			32, 23, 2323	v	ŭ	. 5,550	ŭ	(.0,.00)	.,020		
	01/06/2020	02/17/2020	WIPF20020550	02/25/2020	0	0	18,390	0	(16,765)	1,625		
	PROPERTY		·									
	_	CATION: Lake Gene	eva, WI									
	Fire damage					-						
	01/06/2020	02/17/2020	WIPF20020550	02/26/2020	0	0	371	0	0	371		
	PORTABLE EQUIPME	,										
	ACCIDENT LOCATION: ZENDA, WI											
	This is an action (Writ of Mandamus) to enforce the provision of 30.37 and 30.38 Wisconsin statutes which provide for the creation of a Harbor Commission and provides that such Harbor Commission have "exclusive control of the commercial aspects of the day to day operation of the harbor and public harbor faculties".											
	06/29/2020	02/10/2021	WIPF21020681	Open	2,000	46,722	0	3,278	0	52,000		
	MANAGEMENT LIABILITY											
	AUTO: 2018 FC	ORD F150 (Class: 0	1499)		VI	N: 1FTEW1EG	2JKF07214 INS	SURED DRIVER	: James Bushey			
	ACCIDENT LO	CATION: ZENDA, V	VI									
	Insured vehicle	struck a deer										
	12/17/2020	01/04/2021	WIPF21010086	01/19/2021	0	0	0	0	0	(		
	AUTO: 2006 SF	PARTAN GL PUMPI	ER (Class: 7909)		VI	N: 4S7AV2C91	16C053727 IN	SURED DRIVER	: Jim Morris			
	ACCIDENT LO	CATION: ZENDA, V	VI									
AAIC	Insured vehicle	responding slid into	claimant property at scen	ie								
12/31/2019 12/31/2020	12/31/2019	01/30/2020	WIPF20011514	02/17/2020	0	0	2,888	0	0	2,888		
GPPAPF6053513-09	AUTO PHYSICAL DAN	MAGE										
Policy Number Effective Date Expiration Date Carrier	Coverage Loss Date Description of Accident/Loss	Loss Reported Date	Claim Number	Closed Date	Loss Reserve	Expense Reserve	Paid Loses	Paid Expenses	Recoveries To	otal Incurre		
	Claims Valued as o	of Wednesday, Sept	tember 22, 2021									
	Customer Detail So	-	•							PC-LE09-		

AAIC American Alternative Insurance Corporation

NUFIC National Union Fire Insurance Company of Pittsburgh, Pa.

	Sorted By Policy Type											AS-LE03-E
	Claims Valued as of Mo	onday, September 27	', <b>202</b> 1									
Policy Type	Policy Number Loss Date Description of Accident/Loss	Effective Date Claim Number	Expiration Date	Benefit Class		Disability	Medical	Permanent Impairment	Principal/ Death	Expense/ Other	Recoveries	Total
Volunteer	VFP 4250-3987E-01	11/15/2016	11/15/2017									
	08/12/2017	0817AH0133		VOLUNTEER	Paid:	714	0	0	0	0	0	714
	Nature of Injury: Bu	irns			Reserve:	0	0	0	0	0	0	0
	Lighting corn roaste	ers- superficial burns to	o both arms, fa	ace and ears	Total Incurred:	714	0	0	0	0	0	714
						714	0	0	0	0	0	714
						0	0	0	0	0	0	0
	VFP 4250-3987E-01 Tot	tals:				714	0	0	0	0	0	714
	VFP 4250-3987E-02	11/15/2017	11/15/2018			,						
	08/11/2018	0918AH0008		VOLUNTEER	Paid:	4,523	0	0	0	0	0	4,523
	Nature of Injury: Str	rain, Sprain, Torn Liga	ment		Reserve:	0	0	0	0	0	0	0
	loading hogs for the	e hog roast fundraiser	- Hernia to the	groin	Total Incurred:	4,523	0	0	0	0	0	4,523
						4,523	0	0	0	0	0	4,523
						0	0	0	0	0	0	0
	VFP 4250-3987E-02 Tot	tals:				4,523	0	0	0	0	0	4,523
						5,238	0	0	0	0	0	5,238
						0	0	0	0	0	0	0
	Grand Totals:					5,238	0	0	0	0	0	5,238



262-796-4540 Fax 262-796-4400 www.wcrb.org P.O. Box 3080 Milwaukee, WI 53201-3080 Located at 20700 Swenson Drive - Suite 100, Waukesha, WI 53186

#### Wisconsin Compensation Rating Bureau

September 23, 2021

LINN TOWN OF P O BOX 130 ZENDA, WI 53195

Combinable ID No Coverage ID No: Employer Name: LINN TOWN OF

Carrier 10138 BITCO GENERAL INSURANCE CORP(2)

Rating Date: 12/31/21 to 12/31/22



Your experience modification factor of 1.38 to be applied to your Worker's Compensation premiums effective 12/31/21 to 12/31/22 is now available to view/print from the URL provided below. You will also have access to an explanation of experience rating and how it affects your Worker's Compensation premium.

To access your experience modification worksheet and explanation of experience rating:

- 1. Go to wcrb.org
- 2. Select the FIND MY MOD link located in the orange EMPLOYER box.
- 3. Enter the following access code to view your Employer Rating Worksheet:

Access Code: Coverage ID:

Your Worker's Compensation experience modification is based on the payroll and loss information supplied to us by your insurance carrier(s). We suggest that you review it carefully, and if you have any questions regarding your payroll or claim information please contact your insurance carrier or agent as soon as possible. If you have any questions regarding the calculation of the modification factor, you may also contact our office at (262) 796-4594.

This modification has been provided to the insurance carrier named below. Your carrier will apply the modification to your Worker's Compensation policy in accordance with the terms and conditions of your policy.

You are urged to print your modification worksheet from the URL provided as part of your Worker's Compensation insurance records. You may reproduce the Worksheet and provide it to whomever you choose. We will not give your worksheet to any unauthorized party without consent from you.

INSURANCE CARRIER

BITCO GENERAL INSURANCE CORP 3700 MARKET SQUARE CIRCLE DAVENPORT, IA 52807