Penn Lake Park Borough Agenda-November 9th 2023 7:00pm Meeting https://global.gotomeeting.com/join/384401149 Ph.(312) 757-3117 Access Code: 384-401-149

Work Session-7pm

- Dam easement discussions...
- Short Term Rental Discussion
- Plowing
- Budget
- Trenching of drains
- Astra January renewal policy application from DGK insurance

Call to Order

Pledge of Allegiance

Roll Call

Public Comment-Public comment on the current agenda items

Meeting Minutes Approval

Treasurers Report

Receipts and Bills

Petitions and Complaints

Correspondence

Committee Reports:

- Mayor
- Attorney
- Zoning
- Recreation
- Lake Management
- Goose Abatement
- Records
- Roads
- Sewer
- Short Term Rental

Unfinished Business

- Code enforcement(Ongoing)
- ARPA Funds
 - > Drainage 54 William Drive-project status-Complete
 - Hollenback/Horseshoe
- Speed Bumps/Humps (Ongoing)
- Dam
- Activity since the last council meeting

New Business

- Motion to approve money to acquire goose abatement pyrotechnics
- Astra January renewal policy application from DGK insurance
- Advertise to leave tax rates the same (if we need to?)
- Discuss changes to STR ordinance and 2024 STR application
 - Motion to advertise changes to the short term rental ordinance
- Motion to set the short term rental application fee to \$1250
- Budget 2024-1st reading
- Motion to advertise 2024 budget

Final Public Comment

Adjourn

OCTOBER 12, 2023

PENN LAKE PARK BOROUGH COUNCIL MEETING

The Penn Lake Park Borough October Council meeting was held at the Penn Lake Park Community House. Council President Paul Rogan called the meeting to order at approximately 7:13 PM with the Pledge of Allegiance to the Flag followed by a statement that the meeting is streamed through the conferencing app., Gotomeeting, and is being recorded.

ROLL CALL: Mayor Tom Carter, Council President Paul Rogan, Council Members: John Burden, David Longmore, and Dan Eustice were present. Council Vice President Shaun Kuter was remote.

PUBLIC COMMENT: None

MINUTES:

Minutes from the September Council Meeting were distributed to council via email and posted on the Penn Lake Borough website. The copies will be recorded as the official minutes and will be posted on the Borough's website. A **Motion** to accept the September Council Meeting Minutes was made by Longmore, 2nd by Burden.

Roll Call: Longmore, Burden, Eustice, Kuter, and Rogan, all in favor, none opposed. Motion Carried.

TREASURERS REPORT:

The Treasurer's Report was presented. A **Motion** was made by Kuter, 2nd by Eustice to accept the Treasurer's Report.

Roll Call: Kuter, Eustice, Longmore, Burden, and Rogan, all in favor, none opposed. Motion carried.

RECEIPTS/BILLS:

A **Motion** was made by Kuter, 2nd by Longmore to pay the bills of \$92,712.10 and to accept the receipts of \$4,895.49.

Roll Call: Kuter, Longmore, Burden, Eustice, and Rogan (who abstained on line 8), otherwise aye, all in favor, none opposed.

Motion carried.

PETITIONS OR COMPLAINTS: None

CORRESPONDENCE:

The Borough received a notice from the Honorable Ferris Webby that Penn Lake Homes LLC/Patrick Kinsky intends to present a defense at the hearing scheduled concerning Short-Term Rentals on November 2, 2023.

COMMITTEE REPORTS:

MAYOR – **Carter** – Nothing to Report but noted that a complaint was received on the growing number of feral cats.

SOLICITOR – **Kristyn Jeckell** – Reported that the Borough has 2 Civil Action Hearings on November 2nd at 10:30 with Magistrate Webby concerning Short-Term Rentals operating without a permit.

ZONING – A request for a Zoning Appeal hearing was received but the date and time has not been determined.

RECREATION– Kuter – Nothing to Report.

LAKE MANAGEMENT - Eustice – Nothing to Report

GOOSE ABATEMENT – Kuter – Commented that the Borough has a large duck population.

RTK/RECORDS –Burden – Nothing to Report.

ROADS –**Longmore** – Pothole patching, the Stormwater project on Williams Dr., and stormwater drain cleaning have all been completed.

SEWERS – **Rogan** –Rogan asked Attorney Jeckell a question concerning the procedure for addressing delinquent accounts. Rogan will submit a list of delinquent accounts and Jeckell will mail letters.

SHORT TERM RENTALS- Burden – The Hearings for the Borough and Penn Lake Homes LLC/Patrick Kinsky, and Sharon Stoner will be held November 2 at Magistrate Webby's office. Burden cited a passage in the nuisance ordinance where the Borough can charge owners whose garbage is littered on other residents' properties, the cost of the clean-up fee plus a ten percent penalty.

UNFINISHED BUSINESS:

Abandoned Boats on Dam – Council Members Rogan and Longmore removed the abandoned boats from the dam to the lower parking area. Rogan commented the boats were in disrepair.

Code Enforcement – Will continue as Unfinished Business.

ARPA Funds – The Stormwater project at 54 Williams Dr. has been completed. It was noted that there is an additional \$13,000.00 from ARPA funds available for Borough use.

Speed Bumps/Humps – Will continue as Unfinished Business.

Discuss and Award Plowing Contract – A **Motion** was made by Rogan, 2nd by Kuter to award the Plowing Contract to Kislan for a three-year period and a one-time payment of \$2500.00 in year one of the contract.

Roll Call: Rogan, Kuter, Longmore, Eustice, and Burden, all in favor, none opposed. Motion Carried.

Dam – September/October

- 9/15/2023 Grant writer Jim Brozena met with DAG members Carter, George, and Rogan to discuss further grants to help fund dam repairs. Brozena recommends pursuing both a county and statewide gaming/LSA grant. He is starting on the preparation of those grants. The overhead associated with an LSA grant is less than with the FEMA BRIC and FMA grants.
- 9/18/2023 Engineers estimate received for total dam costs of \$3.4m. Given the current financial picture, we are probably in an ok position.
- 9/19/2023 Rogan began soliciting letters of support for LSA grants from State Representatives, fire companies, and others.
- 9/20/2023 Dan George and Paul Rogan met at Attorney Jeckell's office to discuss easement status with the Green Family.
- 9/25/2023 Attorney Jeckell advised the owners of properties needing easements that if signed agreements were not received by 10/16/23, her firm is authorized to file condemnation procedures for the easements.

- 9/26/2023 A virtual meeting was held to review the current status of the dam and spillway design. The meeting was arranged by the ARM group, attended by several ARM personnel, Streamline Engineering, and DAG members: Dan George, Jude Cooney, and Councilman Rogan. At present, the GeoTechnical design includes a sand filter blanket, a new toe drain, and a slip lined draw down pipe. The DAG members in attendance questioned the need for a sizable, extensive, and expensive coffer dam that is part of the design. It seems like it's to protect the draw down pipe work area, and the people downstream in the event of a failure. It was pointed out that 20 years ago when the valve was replaced, no coffer dam was utilized. Significant pushback from the DAG. Cooney and George offered that if the work was staged correctly, the work at the outlet pipe could be done before work on the downstream face of the dam, thereby protecting people downstream with the existing dam. Subsequent discussion between DEP and Streamline indicates that the cofferdam was probably not needed, and if true, represents a significant savings. There was some discussion around the use of a cutoff wall to minimize seepage. If money is available, though not part of design, it may be added after permitting. Discussion around a "borrow site" for material. The borough does not own very much land: beach, ballpark, and behind the tennis courts.
- 9/29/2023 A Luzerne County LSA grant in the amount of \$2,628,326.00 was submitted. We plan to submit an additional grant request of \$1 million for the statewide LSA grant.
- September Numerous Emails with prospective easement holders were exchanged.
- 10/3/2023 An email received from the Phillips confirmed that they will sign a 1-year option for their vacant property needed for spillway improvements.
- 10/2/2023 An Email was received from Carolyn Basler's son indicating he has hired a local eminent domain attorney and as soon as the attorney reviews the agreement favorably, Basler will sign and send it back.
- 10/10/2023-The Greens and Cronauers have agreed (by text) to the easements.

Resolution 9 of 2023 – A **Motion** was made by Rogan, 2nd by Longmore to adopt Resolution 9 of 2023 to apply for an LSA Grant in the amount of \$2,628,326.00.

Roll Call: Rogan, Longmore, Eustice, Kuter, and Burden, all in favor, none opposed. Motion Carried.

Green Reimbursement – A **Motion** was made by Rogan, 2nd by Burden to reimburse the Green Family in the amount of \$450.00 for expenses incurred in understanding the terms of the easement that was offered.

Roll Call: Rogan, Burden, Kuter, Eustice, and Longmore, all in favor, none opposed. Motion Carried.

Phillips Real Estate Option – A **Motion** was made by Rogan, 2nd by Eustice to authorize a payment in the amount of \$500 to the Phillips Family for a Dam-related real estate option for one year.

Roll Call: Rogan, Eustice, Burden, Longmore, and Kuter, all in favor, none opposed. Motion Carried.

NEW BUSINESS:

Motion to Advertise 2024 Council Meetings – A **Motion** was made by Rogan, 2nd by Longmore to advertise the 2024 Council Meetings set for the 2nd Thursday of each month with the exception of December which will be held on the 3rd Thursday of the month.

Roll Call: Rogan, Longmore, Eustice, Kuter, and Burden, all in favor, none opposed. Motion Carried.

Drain Trenching – A **Motion** was made by Rogan, 2nd by Longmore to advertise for trenching out the drains after the drain cleaning performed last week.

Roll Call: Rogan, Longmore, Kuter, Eustice, and Burden, all in favor, none opposed. Motion Carried.

PUBLIC COMMENT:

Pat Flannagan questioned whether one of his lots were on the easement schedule. Rogan confirmed that none of the Flannagan properties will be affected by easements.

Josey Soriano stated that pictures of damage caused by Pipe Services who performed drain cleaning were forwarded to the Borough. Council President Rogan said the damage will be repaired.

A **Motion** was made by Rogan, 2nd by Burden to adjourn.

Roll Call: Rogan, Burden, Longmore, Kuter, and Eustice, all in favor, none opposed.

Motion Carried.

Metting adjourned at 7:58 PM.

The next Council Meeting will be held on November 9, at 7:00 PM.

Respectfully submitted,

Karen Burden, Secretary

OCTOBER 20, 2023 PENN LAKE PARK BOROUGH COUNCIL MEETING

The Penn Lake Park Borough Special October Council meeting was held outside the Penn Lake Park Community House. Council President Paul Rogan called the meeting to order at approximately 5:01 PM with the Pledge of Allegiance to the Flag followed by a statement that the meeting is be recorded.

ROLL CALL: Council President Paul Rogan, Council Members: Shaun Kuter, David Longmore, and John Burden were present. Mayor Tom Carter and Councilman Dan Eustice were absent.

PUBLIC COMMENT: None

NEW BUSINESS:

Discussion and Vote on Payment for the Penn Lake Park Borough dam repair permit application fee – A **Motion** was made by Rogan, 2nd by Burden to issue a check to Luzerne County Conservation District in the amount of \$2,100.00 for review of the erosion and sediment control plan.

Roll Call: Rogan, Burden, Kuter, and Longmore, all in favor, none opposed. Motion carried.

Final Public Comment- None

A **Motion** was made by Rogan, 2nd by Kuter to adjourn. Roll Call: Rogan, Kuter, Burden, and Longmore, all in favor, none opposed. Motion carried.

Meeting adjourned at 5:04 PM.

Respectfully submitted,

Karen Burden, Secretary

RECEIPTS: November 9th, 2023 MEETING

| \$ | 1244.59 | Berkheimer, EIT |
|-----|-----------|---|
| \$ | 12315.65 | Aqua Pa, Sewer Fees Collected-July |
| \$ | 813.40 | Luzerne County Recorder of Deeds, Transfer Taxes |
| \$ | 390.00 | Elite Revenue Solutions, Garbage Fees Collected |
| \$ | 14763.64 | TOTAL RECEIPTS |
| Ą | 14703.04 | TOTAL RECEIF 13 |
| BIL | .LS: | |
| \$_ | 10317.06 | Penn Vest Loan Monthly Payment – November |
| \$_ | 350.00 | Atty. John Dean, October Retainer |
| \$_ | 2334.94 | Elliott Greenleaf & Dean, Dam Matters – September |
| \$ | 140.63 | Elliott Greenleaf & Dean, Borough Matters - September |
| \$_ | 350.00 | Barry Jacob, ZO Salary –October |
| \$_ | 2364.00 | Aqua PA, Repairs, inv #10-2023, (Holy Cross, Tanavage, Perrone) |
| \$_ | 31449.96 | Site Specific Design Inc, 12 Sewer Pumps |
| \$ | 16237.36 | Luzerne Bank, Loan Payment |
| \$ | 6801.48 | GFL Environmental, Garbage collection November |
| \$ | 13.32 | PNC Bank, OOma & Go To Mtg (Sept) |
| \$ | 31.24 | PPL Electric Utilities, October Streetlights |
| \$ | 37583.12 | Streamline Engineering, Dam Project - Invoice #918 |
| \$ | 174.00 | Reeves Rent A John Inc. – October Potty |
| \$ | 182.00 | PA State Association of Boroughs, Council & Borough 2024 Dues |
| \$ | 50.00 | Association Of Mayors of the Boroughs of PA, 2024 Dues |
| ¢ | 100270 11 | TOTAL DILLS |

\$ 108379.11 TOTAL BILLS

TREASURERS REPORT November 9th , 2023

PNC GENERAL FUND

| Balance as of 11/09/23 | \$16404.55 |
|-------------------------------|-----------------|
| Bills to be Paid 11/09/23 | <u>- 941.19</u> |
| Transfer to Dam Acct | 00 |
| | 17345.74 |
| Revenue Deposits 11/09/23 mtg | + 813.40 |
| Balance as of 10/12/23 | \$16532.34 |

-(2168.70 - PICKLEBALL GO FUND ME)

-(\$13660.76 Arpa Funds)

\$ 575.09

| PLGIT GENERAL FUND | | DAM ALLOCATION FUND |
|----------------------------|------------------|--|
| Balance as of 10/12/23 | \$159154.82 | \$3190542.51 |
| Deposits | + 1244.59 | + .00 |
| Interest earned 10/30/23 | <u>+ 748.93</u> | <u>+ 14010.46</u> |
| | \$161148.34 | \$3204552.97 |
| | | 950.00 approved 10/12 mtg |
| | | 2100.00 approved 10/20 mtg |
| Bills to be Paid 11/09/23 | <u>- 357.44</u> | <u>- 56147.98</u> |
| Balance as of 11/09/23 | \$160790.90 | \$3145354.99 |
| | | |
| | PLGIT GARBAGE | LIQUID FUELS |
| Balance 10/12/23 | \$20324.87 | \$41386.76 |
| Deposits from 11/09/23 mtg | \$ 390.00 | .00 |
| Interest earned 10/30/23 | \$ 106.45 | <u>\$ 181.53</u> |
| | \$20821.32 | \$41568.29 |
| Bills to be Pd 11/09/23 | <u>- 6801.48</u> | <u> </u> |
| Balance as of 11/09/23 | \$14019.84 | \$41568.29 |

| FNCB SEWER FUND | | LUZERNE BANK |
|-------------------------|-------------------|--------------|
| Balance 10/12/23 | \$179360.37 | \$22060.98 |
| Interest Earned | + 142.57 | .00 |
| Revenue Dep 11/09/23 | <u>+ 12315.65</u> | + .00 |
| | \$191818.59 | \$22060.98 |
| Bills to be Pd 11/09/23 | - 33813.96 | -21053.96 _ |
| Penn Vest Loan 11/1/23 | <u>- 10317.06</u> | <u> </u> |
| Balance as of 11/09/23 | \$147687.57 | \$ 1007.02 |

Penn Lake 2024 BUDGET-Penn Lake 2024 Budget-First Reading 11/9/23

| Notes | |
|---|--------|
| Adjustments for 2024 | |
| Roads | |
| Trash Calculation | |
| Sewer Fund | |
| Budget Variances | |
| PENN LAKE PARK BOROLIGH-2024 Budget-1st reading-Revenue | /// 3 |
| PENN LAKE PARK BOROUGH-2024 Budget-1st reading-Expense | 10// |
| PENN LAKE PARK BOROUGH 2024 Budget-1st reading Liquid Fuels- INCOME A | |
| PENN LAKE PARK BOROUGH-2024 Budget-1st reading Sewer INCOME AND E | XPENSE |
| | |
| 9/6 DIY BO | |
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Notes

This budget was prepared as follows:

- 1. 10 months of actuals from the Treasurers October Report (Column D)
- 2. Estimate November and December Actuals to derive 2023 estimated actuals (Column F). Column G is estimated 2023 Actual.
- 3. Round Colum K, then Column H is the preliminary budget figure.
- 4. Adjust 2023 actuals by amounts expected for 2024, column K, plus any amount considered to be one time or unusual occurrences in 2023
- 5. Snow Plowing-There are 2 accounts where snow plowing can be budgeted, "35.432 Snow & Ice Removal-Liquid Fuels", and "432.000 Snow & Ice Removal-Discretionary". For budget purpose, all snow plowing is budgeted in 35.432. The amounts when paid may be paid from 35.432 or 432 at the discretion of the Treasurer. Ditto 35.436 Storm Drain Cleaning.
- 6. Road Repairs-There are 2 accounts where road repairs can be budgeted, "438.000 Maint/Repairs Bridges/Roads"-Discretionary, and "35.438 Main/Repairs-Roads-Liquid Fuels". The amounts when paid may be paid from 35.438 or 438 at the discretion of the Treasurer.
- 7. Carryover amounts are green. They are calculated by taking balance from the October report and adjusted by expected November and December anticipated revenues and expenses.

Dam Notes

• Grant money expected in 2023 did not materialize

Adjustments for 2024

These are adjustments made to expected amounts that are unusual or one time occurrences. Rev=Revenue, Exp=Expense

- 1. Interest accounts 341.000, 341.010, 341.020 are **Adjusted up** \$101,500 due to 2 factors:
 - Higher Interest rates on our PLGIT accounts
 - The drawdown of the Luzerne bank line of credit
- 2. 362.480 Short Term Rental Fees-FEMA FMA Grant-Adjusted up -\$4k
- 3. 408.310 Prof Svc/Engineer-Adjusted up \$100,000 Permitting expense
- 4. 411.540 Contribution to Fire Co- Adjusted dup \$6,000 Borough commitment for WHFD new fire engine
- 5. 408.31/Exp Prof Svc/Engineer- **Adjusted up**-\$100,000 Engineering for detail design, permitting, grant administration
- 6. 472.100 INTEREST DUE ON LOAN-Adjusted up \$95,000 account of now we have the full loan balance
- 7. 35.432 Snow & Ice Removal-**Adjusted up** \$5000
- 8. 35.436 Storm Drain Cleaning-**Adjusted up** \$20,000

Roads

The borough expects to get new paving on William Dr and Horshoe Dr account of Aqua main replacement

Trash Calculation

The amount of trash \$\$\$ to go on residents tax bill TBD, Needs to wait for County Tax database

Sewer Fund

The balance on the PennVest Penn Lake sewer loan will be \$242,323 at the beginning of 2024. The balance at the end of the year will be \$122,420, provided no extra payments are made. The expected payments received from the monthly \$79 customer charge billed amount and the \$120 annual lot availability charge is adequate for making the monthly PennVest payment as well as expected maintenance for the sewer system. The last payment on the Pennvest loan will be 12/1/2025.

Budget Variances

| - 4 | Α | В | С | D |
|-----|---------------|--------------|--------------|----------------|
| | | Estimated | Budget | Variance |
| 1 | | Actual 2023 | 2023 | (Unfavorable |
| 2 | Discretionary | | | |
| 3 | Income | \$447,417.46 | \$592,000.00 | (\$144,582.54) |
| 4 | Expenses | \$392,860.94 | \$394,500.00 | \$1,639.06 |
| 5 | Net | | | (\$142,943.48) |
| 6 | | | | |
| 7 | Liquid Fuels | | | |
| 8 | Income | \$22,921.80 | \$21,000.00 | \$1,921.80 |
| 9 | Expenses | \$10,275.00 | \$36,000.00 | \$25,725.00 |
| 10 | Net | | | \$27,646.80 |
| 11 | | | | |
| 12 | Sewer | | | |
| 13 | Income | \$171,356.89 | \$175,000.00 | (\$3,643.11) |
| 14 | Expenses | \$185,755.79 | \$217,000.00 | \$31,244.21 |
| 15 | Net | | | \$27,601.10 |
| | | | | |

• Discretionary variance large unfavorable. FEMA FMA and BRIC grants that were budgeted for 2023 still not made available. Offset by large dam interest received.

PENN LAKE PARK BOROUGH-2024 Budget-1st reading-Revenue

January through December 2024

| INCOME (Diameticus) | | January Urrough December 2024 | |
|------------------------------------|---------|-------------------------------|--------------|
| INCOME (Discretionary) | | | |
| | | | |
| | | | |
| | | | 2024 Budget |
| Real Estate Taxes | | | |
| | | Uncategorized | \$0.00 |
| | 301.100 | Real Estate (.4 mils) | \$20,000.00 |
| | 301.110 | Real Estate -Dam (4.2 mils) | \$212,000.00 |
| | 301.400 | Real Estate – Delinquent | \$2,000.00 |
| | 310.100 | Real Estate – Tax Transfer | \$6,000.00 |
| | 310.200 | Earned Income Tax | \$48,000.00 |
| Total Real Estate Taxes | | 100 | \$288,000.00 |
| | | | |
| License & Permits | | 30.00 | |
| | 321.800 | Cable TV Franchise | \$2,000.00 |
| Total License & Permits | | 30, | |
| | | 000 | \$2,000.00 |
| Interest Earnings | | | |
| | 341.000 | GENERAL INTEREST | \$8,000.00 |
| | 341.010 | Dam Interest | \$177,000.00 |
| | 341.020 | GARBAGE INTEREST | \$1,500.00 |
| Total Interest Earnings | | | \$186,500.00 |
| | 70 | | . , |
| State Entitlements | | 0 | |
| | 351.120 | Emergency and DR | \$0.00 |
| | 351.000 | Culture & Recreation | \$2,000.00 |
| 2 | 351.070 | Recreation Grant | \$0.00 |
| | 351.090 | ARPA | \$0.00 |
| | 352.530 | ARPA FUNDS | -\$19,000.00 |
| | 354.090 | Community Development | \$0.00 |
| | 355.010 | PUBLIC UTILITY REALTY TAX | \$0.00 |
| | 355.080 | GAMING FUNDS | \$0.00 |
| | 355.990 | Fire Relief Allocation | \$3,000.00 |
| Total State | | | |
| Entitlements | | | -\$14,000.00 |
| | | | -914,000.00 |
| Charges for | | | |
| Services/Public Safety | | | |
| | 361.000 | General Government | \$0.00 |
| | 301.000 | General Government | 70.00 |

| | 361.340 361.330 | Zoning Hearing Fees. Zoning Permits/UCC Permits | \$2,000.00 \$1,000.00 |
|--------------------------|--------------------|---|--------------------------|
| | 362.000 | (Public Safety) Variance Hearings | \$0.00 |
| | 362.510 | Sale of recycling cans | \$0.00 |
| | 364.000 | ALL OTHER CHARGES | \$0.00 |
| | 362.480 | Short Term Rental Fees | \$8,000.00 |
| | 364.450 | Sanitation GARBAGE FEES | |
| | | COLLECTED | \$79,000.00 |
| Total Charges for | | | 100 |
| Services/Public Safety | | | \$90,000.00 |
| | | | 750,000.00 |
| | | | 100 |
| | | TOTAL INCOME | \$552,500.00 |
| | | Carryover Funds-12/31/2023 | \$3,357,000.00 |
| | | | |
| | | Budget-Available Resources -2024 | \$3,909,500.00 |
| | | S. F. H. S. P. E. S. P. L. S. | |
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PENN LAKE PARK BOROUGH-2024 Budget-1st reading-Expense

January through December 2024

| EXPENSE (Discretionary) | | Andry through become 2024 | |
|--------------------------------|---------|-----------------------------------|--------------|
| | | | 2024 Budget |
| Borough Administration | | | 3 |
| | 400.000 | Council Salaries | \$1,000.00 |
| | 400.340 | Advertising/Postage/Printing | \$2,000.00 |
| | 400.350 | Insurance & Bonding | \$7,000.00 |
| | 401.000 | Mayors Salary | \$0.00 |
| | 402.000 | Auditors Salary | \$1,000.00 |
| | 403.110 | Tax Collectors Salary | \$1,000.00 |
| | 403.200 | Tax Collectors Supplies | \$0.00 |
| | 403.300 | HA Berkheimer, Admin/Comm | \$1,000.00 |
| | 404.300 | Attorney Fees | \$15,000.00 |
| | 405.120 | Secretary Salary | \$3,000.00 |
| | 405.120 | Treasurer Salary | \$1,000.00 |
| | 406.000 | General Government/Misc | \$3,000.00 |
| | 406.210 | General Government Supplies | \$1,000.00 |
| | 408.310 | Prof Svc/Engineer | \$218,000.00 |
| | 409.380 | Rent & Other Services | \$1,000.00 |
| | | Uncategorized | \$0.00 |
| Total Borough | | /2. | |
| Administration | | 6,113 | \$255,000.00 |
| | | | |
| Public Safety | 410.000 | Police | \$0.00 |
| | 411.000 | Firemens Relief Fund | \$3,000.00 |
| | 411.540 | Contribution to Fire Co | \$6,000.00 |
| | 414.120 | Zoning Officer Salary | \$4,000.00 |
| | 414.130 | Zoning Officer, Other Svcs | \$0.00 |
| | 414.200 | Planning Commission | \$0.00 |
| Total Public Safety | | | \$13,000.00 |
| | | | |
| Health & Human | 420.000 | Water Testing/ Lake Spraying | |
| Services | | | \$8,000.00 |
| | 420.300 | Water/Other Svcs & Charges | \$0.00 |
| Total Health & Human | | | |
| Services | | | \$8,000.00 |
| 00. | | | |
| Public Works/Sanitation | 426.120 | Sanitation Collection Salary | \$0.00 |
| | 426.000 | Recycling Collection and Disposal | \$0.00 |
| | 426.450 | Sanitation Contracted Co | \$91,000.00 |
| Total Public | | | _ |
| Works/Sanitation | | | \$91,000.00 |

| Public Works/Streets & | 432.000 | Snow & Ice Removal | |
|---|---------|-----------------------------|--------------|
| Bridges | | | \$0.00 |
| | 433.000 | Traffic Control | \$0.00 |
| | 434.000 | Streetlights | \$0.00 |
| | 438.000 | Maint/Repairs Bridges/Roads | \$44,000.00 |
| | 446.000 | Flood Control | \$0.00 |
| | 439.000 | Const/Rebuilding/Dam | \$0.00 |
| Total Public Works/Streets & Bridges | | | \$44,000.00 |
| | | | |
| Recreation | 451.000 | Recreation | \$4,000.00 |
| | 451.070 | CULTURE & RECREATION | \$0.00 |
| | 452.000 | Recreation/Other Grant Work | \$0.00 |
| Total Recreation | | | \$4,000.00 |
| | | 10% | |
| Miscellaneous | 463.000 | Economic Development | \$0.00 |
| | 471.100 | Dam Construction Cost | \$23,000.00 |
| | 472.100 | INTEREST DUE ON LOAN | \$193,000.00 |
| | 481.000 | Miscellaneous | \$0.00 |
| Total Miscellaneous | | | \$121,000.00 |
| | | | |
| Total Expenses | | 5,1(3) | \$536,000.00 |
| Selly 194650 | J. Bild | | |
| | | | |

PENN LAKE PARK BOROUGH 2024 Budget-1st reading Liquid Fuels- INCOME AND **EXPENSE**

| <u>Liquid Fuels</u> | | | 2024 Budget |
|---------------------------|-----------|----------------------------|-------------|
| Income | | | |
| | 35.341 | Interest Earned | \$1,000.00 |
| | 35.355.05 | LF Tax Allotment | \$22,000.00 |
| Total Liquid Fuels Income | | | \$23,000.00 |
| | | | |
| | | Carryover Funds-12/31/2023 | \$25,000.00 |
| Total LF Budgeted Balance | | | \$48,000.00 |
| Expense | | | |
| Lxperise | 35.432 | Snow & Ice Removal | \$14,000.00 |
| | 35.433 | Traffic control | \$0.00 |
| | 35.436 | Storm Drain Cleaning | \$20,000.00 |
| | 35.438 | Main/Repairs-Roads | \$1,000.00 |
| Total LF Budgeted Expense | 33.436 | Walliy Nepalls-Noaus | \$35,000.00 |
| | 208 | | |
| | Budge | | |
| | 811018 | | |
| Jake 101 | 811966 | | |
| selli ske sol | 811966 | | |
| Sellulyes | Budge | | |
| Sellurgie | 8110.6 | | |

PENN LAKE PARK BOROUGH-2024 Budget-1st reading Sewer INCOME AND **EXPENSE**

| Total Sewer Revenue Total Available Sewer Funds Expense Total sewer Expense | 341.030 364.110 364.100 429.610 | Interest Sewer Connections Monthly Fees Collected Carryover Funds-12/31/2023 Repairs/Hookups | \$1,000.0 \$11,000.0 \$159,000.0 \$171,000.0 \$200,000.0 \$371,000.0 |
|--|--|--|---|
| Total Available Sewer Funds 2020 Expense | 364.110 364.100 429.610 | Sewer Connections Monthly Fees Collected Carryover Funds-12/31/2023 | \$11,000.0 \$159,000.0 \$171,000. 0 \$200,000. 0 |
| Total Available Sewer Funds 2020 Expense | 364.100 429.610 | Monthly Fees Collected Carryover Funds-12/31/2023 | \$159,000.0 \$171,000.0 \$200,000.0 |
| Total Available Sewer Funds 2020 Expense | 429.610 | Carryover Funds-12/31/2023 | \$171,000.0 |
| Total Available Sewer Funds 2020 Expense | _ | | \$200,000.0 |
| xpense | _ | | 10// |
| xpense | _ | | 10// |
| xpense | _ | Repairs/Hookups | \$371,000.0 |
| xpense | _ | Repairs/Hookups | \$371,000.0 |
| | _ | Repairs/Hookups | |
| | _ | Repairs/Hookups | |
| otal sewer Expense | _ | Repairs/Hookups | 460 000 0 |
| | | | \$62,000.0 |
| otal sewer Expense | 471.000 | Penn Vest Loan-Debt Svc | \$124,000.0 |
| otal setter Expense | | 1,100 | \$186,000.0 |
| | 7/10:20 | | |
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Astra Insurance Group 1-888-225-8933 astrainsurancegroup.com

PUBLIC ENTITY PACKAGE POLICY APPLICATION

| CLIENT INFORMATION | | | | | | | |
|--|------------------------|------------------------|------------------------------------|--|--|--|--|
| Name | Penn Lake Park Borough | Penn Lake Park Borough | | | | | |
| Address | PO Box 14 | PO Box 14 | | | | | |
| City, State, Zip | White Haven , PA 18661 | | | | | | |
| County | Luzerne | Website | http:// www.pennlakeborough.com | | | | |
| Population | 308 | Year Established 1974 | | | | | |
| Federal Employer Identification Number | | 23-1983595 | | | | | |

| POLICY TERM | | | | | | |
|-------------------|----------|-----------------|----------|--|--|--|
| Effective Date | 01/22/24 | Expiration Date | 01/22/25 | | | |
| Date Quote Needed | | | | | | |

| AGENCY | | |
|---|-----------|-----------------------|
| Name | Producer | Producer Email |
| Davis Gregory & Kyle Inc. DBA DGK Insurance | Jim Davis | JimD@dgkinsurance.com |

| ENTITY CONTACTS | | | | |
|-----------------|----------------|--------------------|------|-----------------|
| Name | Position/Title | Phone | Cell | email |
| Paul Rogan | Other | (570) 956- 9784 | | rogan@pobox.com |

LOSS RUNS - PLEASE ATTACH THE FOLLOWING FOR ALL LINES

Five years of loss runs from prior carriers excluding those carriers of the Astra Program. The loss run reports should be no older than six months prior to the expiration date of the policy.

| TERRORISM COVERAGE | Yes/No |
|---|--------|
| Include Terrorism Coverage on the following lines if included in the quote: | Yes |
| Property, Equipment Breakdown, Inland Marine, General Liability and Excess | res |



PROPERTY COVERAGE

| Building and Personal Property | | | | | | | Amount |
|---|---------------------------------|---------|-----------|-----------|-----------|------------|------------|
| Building and Personal Property | | | | | | \$71,787 | |
| Specific Building and Personal Property Limit | | | | | | \$ 0 | |
| Additional Coverages Standard | | | | | Reque | sted | |
| Ordinance or Law - Combined Demolition Construction | n Cost and Increased Cost of | | | \$500,0 | 00 | | \$500,000 |
| Business Income | | | | \$250,0 | 00 | | \$250,000 |
| Extra Expense | | | | \$500,0 | 00 | | \$500,000 |
| Valuation | | ' | | | | | |
| Building and Personal Property Coinsurance Percentage 80% 90% X | | | | | | 100% | |
| Source of Building Values | | | 1 | | | <u> </u> | |
| Date of last appraisal | | | | | | | |
| Agreed Amount | | | | | | | Yes |
| Business Income Coinsurance Percenta options | ge - Submit a Business Incom | e Work | sheet for | other | | | 50% |
| Perils | | | | | | | |
| Causes of Loss – Special Form | | | | | | Included | |
| Flood - Annual Aggregate (Excluding Flood Zones - A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO) | | | | | N | ot Covered | |
| Earthquake and Volcanic Eruption - Ann | ual Aggregate | | | | | N | ot Covered |
| Equipment Breakdown Limit | | | | | | \$71,787 | |
| Deductibles | | | | | | | |
| Building and Personal Property | | | | | | | \$500 |
| Electric Substations and Transformers | | | | | | | \$1,000 |
| Flood | | | | | | N | ot Covered |
| Earthquake and Volcanic Eruption | | | | | | N | ot Covered |
| Equipment Breakdown - All Other Prope | rty | | | | | | \$1,000 |
| Equipment Breakdown - Deep Well Pum | ps, Electric Substations, Trans | sformer | S | | | | \$1,000 |
| Policy Amended Coverage Endorsement (PACE Extensions) Please indicate if higher limits than standard limits shown are needed. Standard | | | | | Reque | sted | |
| Animal Injury or Mortality \$10,00 | | | 00 | | \$10,000 | | |
| Buildings in the Course Of Construction \$500,000 | | | | | \$500,000 | | |
| Debris Removal – Additional Limit \$50,000 | | | | \$50,0 | | | |
| Newly Acquired or Constructed Property | – Building | | | \$1,000,0 | 00 | \$1,000,0 | |
| Newly Acquired or Constructed Property | – Personal Property | | | \$1,000,0 | 00 | \$1,000,00 | |



| Newly Acquired or Constructed Property – Extra Exp | \$1,000,000 | \$1,000,000 | | |
|---|-------------------------------------|--|--------------------------------------|--|
| Outdoor Property – Limited to Certain Perils subject For Any One Item | \$100,000 | \$100,000 | | |
| Personal Effects | emises / \$50,000 per Occurrence | \$5,000 | | |
| Pollution Clean Up and Removal | | \$50,000 | \$50,000 | |
| Property in Transit | | \$200,000 | \$200,000 | |
| Spoilage – Loss of Refrigeration | | \$25,000 | \$25,000 | |
| Utility Services Interruption – Property, Business Inco | ome and Extra Expense | \$250,000 | \$250,000 | |
| Policy Amended Coverage Endorsement (Other F | PACE Extensions) | An | nount | |
| Arson Reward | | \$1,000 per | person subject to \$5,000 Maximum | |
| Claim Preparation Expenses | | \$50,000 | | |
| Crime Reward | | \$1,000 Per Person subject to \$5,000 Maximum | | |
| Errors and Omissions | | \$100,000 | | |
| Expediting Expense | | | \$250,000 | |
| Fine Arts - Unscheduled | | | \$50,000 | |
| Fire Department Service Charge | | | \$25,000 | |
| Fire Protection Devices – Refill/Recharge | | | \$25,000 | |
| Ground Maintenance Equipment | | \$50,000 | | |
| Landscaping - Unscheduled | | \$50,000 | | |
| Lock Re-Keying/Replacement | \$2,500 | | | |
| Property Off Premises | | | \$50,000 | |
| | | | | |

| Indiana only - Mine Subsidence | Yes/No/Other |
|---|--------------|
| I wish to purchase Mine Subsidence Coverage for structure indicated in the Statement of Values below. | No |

PROPERTY EXPOSURES AND SCHEDULES

| Flood – Please respond to the following if requesting Flood 0 | Yes/No/Other | |
|--|--------------|--|
| Do you have any buildings located in Flood Zone Zones A, A AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO A | NA | |
| If Yes, list the Location/Building # as described on the Statement of Values or the Building Name of each: | | |
| Have you experienced any incidents of flooding in the last fiv | e years? | |
| If Yes, describe the location, the nature of the flooding and the date on which it occurred. | | |



Statement of Values - PLEASE ATTACH THE FOLLOWING

(1) A statement of values (SOV) including address, occupancy, protection class, coverage values, and valuation for each building owned or occupied by the entity.

Note: Detached Signs – Should be included on the statement of values if the value is greater than \$2,500

(2) Latest property appraisal on any building.



STATEMENT OF VALUES (SOV)

Complete the SOV below or provide a Property Schedule or Property Appraisal with equivalent information. Information can be submitted by email, fax or USPS. Provide all information including a description of all property in the open.

| Prem# | Bldg# | Building Name | Occupancy | Address (No., Street, City) | РС | # Stories | Square Feet | Year Built | Cons- truction Code | 100% Building Values | 100% Personal Property Values | Valu- ation ⁽¹⁾ | IN Only Mine Subsidence Limit |
|-------|-------|------------------------|----------------|--|----|--------------|----------------|---------------|---------------------------|----------------------------|--|-------------------------------|--|
| 1 | 1 | Sec's Home Office | Office | 1305 Lakeview Dr | 4 | 1 | 1 | 1970 | 1 | \$ 0 | \$1,243 | RC | \$ 0 |
| 2 | 1 | Storage | Storage | Lakeview Dr - Dam Penn Lake Park | 4 | 1 | 120 | 1970 | 2 | \$9,493 | \$ 0 | RC | \$ 0 |
| 3 | 1 | Playground Assembly | Playground | Intersection of Terrace Dr & Lakeview Dr | 4 | 1 | | | 3 | \$44,100 | \$ 0 | RC | \$ 0 |
| 4 | 1 | Meeting & Storage room | Office/Storage | 1744 Lakeview Dr | 4 | 1 | | 1950 | 1 | \$ 0 | \$16,951 | RC | \$ 0 |

(1) RC Replacement Cost

ACV Actual Cash Value

FRC Functional Replacement Cost

HV Historical Value

| Prem# | Bldg# | Building Name | Percentage of building covered by sprinklers | Fire Detection Local or Central or None | Smoke Detection Yes or No | Burglar Alarm Local or Central or None | Is the Building Vacant |
|-------|-------|------------------------|---|--|---------------------------------|--|------------------------------|
| 1 | 1 | Sec's Home Office | 0 | | | | No |
| 2 | 1 | Storage | 0 | | | | No |
| 3 | 1 | Playground Assembly | 0 | | | | No |
| 4 | 1 | Meeting & Storage room | 0 | | | | No |



INLAND MARINE COVERAGE

| Inland Marine Coverages Please indicate if higher limits than standard limits shown are needed. | Standard | Requested | |
|---|-----------|-----------|--|
| Accounts Receivable | \$100,000 | \$100,000 | |
| Valuable Papers | \$100,000 | \$100,000 | |
| Valuable Papers Deductible | \$1,0 | | |

| Computer Coverage | Standard | Requested |
|--|----------|-----------|
| Computer Equipment | \$10,000 | \$11,301 |
| Computer Media | \$5,000 | \$5,650 |
| Computer Data | \$5,000 | \$5,650 |
| Computer Coverage - Business Income | \$1,000 | \$1,000 |
| Computer Coverage - Extra Expense | \$5,000 | \$5,000 |
| Computer Property Away From Your Premises and Computer Property in Transit | \$2,000 | \$2,000 |
| Computer Deductible | | \$1,000 |

| Mobile and Portable Equipment | Standard | Requested | |
|---|-------------------------|-----------|--|
| Schedule Mobile and Portable Equipment | Complete Schedule Below | | |
| Unscheduled Mobile and Portable Equipment - Subject to \$5,000 Any One Item | \$5,000 \$5,6 | | |
| Mobile and Portable Equipment Deductible | | \$500 | |

| Scheduled Fine Arts | |
|--------------------------------|-------------------------|
| Schedule Fine Arts | Complete Schedule Below |
| Scheduled Fine Arts Deductible | Not Covered |

INLAND MARINE SCHEDULES

| Mobile and Portable Equipment Schedule | | | | | | | |
|--|---|--|--|--|--|--|--|
| Item # | Description (Include Year, Make, Model, etc.) Serial No. Replacement Co | | | | | | |
| | | | | | | | |

Total \$ 0

| Scheduled Fine Arts Schedule | | | | | | |
|------------------------------|--|--|--|--|--|--|
| Item # | # Description (Include an Appraisal for Each Item) Appraised Value | | | | | |
| | | | | | | |



Total \$ 0

CRIME COVERAGE

| Crime Coverage | Standard | Amount |
|---|----------|---------|
| Employee Theft Limit | \$5,000 | \$5,000 |
| Forgery and Alteration Limit | \$5,000 | \$5,000 |
| Money Orders and Counterfeit Money Limit | \$5,000 | \$5,000 |
| Computer and Frauds Transfer Fraud Limit | \$5,000 | \$5,000 |
| Social Engineering Fraud Limit | \$5,000 | \$5,000 |
| Inside the Premises – Theft of Money and Securities Limit | \$5,000 | \$5,000 |
| Outside the Premises Limit | \$5,000 | \$5,000 |

| Crime Deductibles | Amount |
|--|--------|
| Employee Theft Deductible | \$250 |
| Forgery and Alteration Deductible | \$250 |
| Money Orders and Counterfeit Money Deductible | \$250 |
| Computer and Funds Transfer Fraud Deductible | \$250 |
| Social Engineering Fraud Deductible | \$250 |
| Inside the Premises – Theft of Money and Securities Deductible | \$250 |
| Outside the Premises Deductible | \$250 |

CRIME QUESTIONNAIRES AND SCHEDULE

| Crime – Please respond to the following if requesting Crime Coverage. | Yes/No/Other |
|---|--------------|
| Are audits performed on a regular basis? | Yes |
| Frequency of audits | Annual |
| Were any discrepancies or loose practices commented on the latest audit? | No |
| If Yes, attach a copy of the audit | Attach Audit |
| Are credit checks secured for employees with access to financial transactions? | No |
| Are criminal background checks done on all employees with access to financial transactions? | No |
| Are bank accounts reconciled by someone not authorized to deposit or withdraw? | No |

| Crime – Please respond to the following if requesting any Crime Coverage limits greater than \$100,000 | Yes/No/Other |
|---|--------------|
| What amount of money is handled during an annual term? | |
| What is the largest amount at any one time under any one individual's control? | |



| Are funds deposited the same day they are received? | | | | |
|--|-------|--|--|--|
| Who has the authority to withdraw funds from depository by check? | | | | |
| Is a countersignature of checks required? | | | | |
| Who provides countersignature? | | | | |
| To whom and when are delinquencies reported? | | | | |
| Do you have one or more dedicated PC's for EFT acti | vity? | | | |
| Do you use a dedicated clearing account for EFT's and block all other entity accounts from completing EFT transactions? | | | | |
| Do you segregate EFT controls such as initiating and authorizing EFT's? | | | | |
| Do you have multi-factor out-of-band authentication for EFT's? | | | | |
| Do you monitor and reconcile EFT's daily to quickly identify unauthorized transactions? | | | | |
| Have you rejected any proposed security controls offered by your financial institution? | | | | |
| Describe other controls used by you or your financial institution to authenticate EFT's such as specified recipient accounts, limitations on adding recipient accounts, etc. | | | | |

| Faithful Performance of Duty Questionnaire – Please Coverage for any individuals who are required to carry a least control of the control of | Yes/No/Other | | | |
|---|--------------|--|--|--|
| Do your statutes/resolutions allow the fiscal officer or othe policy rather than being bonded? | No | | | |
| List all positions or individuals to be included under the crime policy rather than a bond on the Crime Schedule below by position title. | | | | |
| Has any employee been declined for a bond or crime cov | No | | | |
| If Yes, explain who, when, why and by whom. | | | | |



CRIME SCHEDULE

Complete if any individuals who are required to carry a bond are to be covered under the crime coverage.

| Crime Posit | ion/Individual Sched | dule | | | | | | | |
|-------------|---------------------------|-------|-----------------------------------|--|--|--------------------------|-------------------------------|---|--|
| | | | | Has the individual ever, | | | | | |
| Position | Individual's Full Name | Limit | Excess of Bond (Yes/No) | 1. Been declined for a bond or crime coverage? | 2. Had any lawsuits or judgment against them? (Personal or Professional) | 3. Filed for bankruptcy? | 4. Been convicted of a crime? | 5. Been party to a surety bond claim? | If Yes, to 1. through 5., provide details. Attach separate page if necessary. |
| | | | | | | | | | |
| | | | | | | | | | |



LIABILITY COVERAGE

| General Liability – Occurrence Form | Amount |
|--|-------------|
| Bodily Injury and Property Damage - Each Occurrence | \$1,000,000 |
| Personal & Advertising Injury – Any One Person or Organization | \$1,000,000 |
| Damage to Premises Rented To You – Any One Premises | \$300,000 |
| General Aggregate | \$3,000,000 |
| Product–Completed Operations Aggregate | \$3,000,000 |
| General Liability Deductible | \$0 |

| Medical Payments | Standard | Requested |
|------------------|----------|-----------|
| Any One Person | \$5,000 | \$5,000 |
| Any One Accident | \$5,000 | \$5,000 |

| Employee Benefits | Amount |
|--|-------------|
| Employee Benefits Liability – Each Employee | \$1,000,000 |
| Employee Benefits Liability Aggregate | \$3,000,000 |
| Employee Benefits Liability Deductible | \$0 |
| Is current Employee Benefits Liability coverage Occurrence or Claims Made? | Claims Made |
| If Claims Made, Current Employee Benefits Retroactive Date | 1/22/2020 |

| Pennsylvania Only - Heart and Lung Act | Amount | Requested Yes/No |
|---|--|---------------------|
| Temporary Salary Reimbursement Coverage | \$25,000 Each Covered Employee \$100,000 Each Accident \$250,000 Aggregate | No |

LIABILITY SCHEDULES AND QUESTIONNAIRES

Liability Exposures

Review the Operations/Exposure List and for each Operation/Exposure applicable to your entity provide. If shown in the Known Operations/Exposures List, update the details.

If not shown in the Known Operations/Exposures List provide the following in the New/Additional Operations/Exposures

- 1. The Operations/Exposure and Exposure Base;
- 2. A detailed description of the exposure;
- 3. The amount of exposure (per the exposure base noted in 1. Above)
- 4. If the Operations/Exposure is subcontracted;
- 5. If the Operation/Exposure is subcontracted, does the subcontractor provide insurance coverage; and
- 6. If the subcontractor does provide insurance, what limits does it provide;



Known Operations/Exposures List

| 1. Operation/Exposure and Exposure Base | 2. Description of Operation/Exposure | 3. Exposure Amount | 4. Sub- contracted (Yes/No) | 5. Contractor Provides Coverage (Yes/No) | 6. Contractor Limits of Insurance |
|--|--------------------------------------|-----------------------|-----------------------------------|---|--|
| Beaches | Lake | 2 | No | | |
| Dams, Levees, Dikes | Each Dam Premises Coverage Only | 1 | No | No | |
| Governmental Subdivision - Municipalities Less Than 2,500 Population | Population | 308 | No | | |
| Medical Payments | Each Location | 4 | No | | |
| Sewer - Wastewater Collection without Treatment | Number of Connections | 60 | No | No | \$1,000,000 |
| Streets, Roads, Highways and Bridges | Each Mile | 7 | No | No | \$1,000,000 |
| Employee Benefits | Each Employee | 2 | No | | |

New/Additional Operations/Exposures List

| Operation/Exposure | Exposure Base | Detailed Description of Operation/Exposure | Exposure Amount | Sub- contracted (Yes/No) | Contractor Provides Coverage (Yes/No) | Contracto r Limits of Insurance |
|--|---------------------------|--|--------------------|--------------------------------|---------------------------------------|---------------------------------------|
| Amusement Parks and Devices | Each Park or Device | | | | | |
| Beaches with Public Swimming | Each Beach | | | | | |
| BMX Trails/Tracks | Each Trail | | | | | |
| Boats - For Rent | Each Boat | | | | | |
| Boats - Not for Rent | Each Boat | | | | | |
| Bus Stations and Bus or Air Terminals | Each Station or Terminal | | | | | |
| Campgrounds | Each Site | | | | | |
| Commercial or Industrial Rental Properties | Area | | | | | |
| Dams, Levees, Dikes | Each Dam, Levee, Dike | | | | | |
| Diving Boards or Platforms | Each Board or Platform | | | | | |
| Dwellings - One family | Each Dwelling | | | | | |
| Dwellings - Two family | Each Dwelling | | | | | |
| Dwellings - Three family | Each Dwelling | | | | | |
| Dwellings - Four family | Each Dwelling | | | | | |



| | I | | | |
|--|---------------------------|--|--|--|
| Electric Utility (Light and Power Companies) | Each Connection | | | |
| EMTS, Nurses Professional | Each EMT or Nurse | | | |
| Exhibition, Convention, Arenas, Auditoriums | Area | | | |
| Fireworks (Sponsored by the Entity) | Each Event | | | |
| Firing Range Open to the Public | Each Range | | | |
| Garbage or Refuse Landfill or Dump | Each Site | | | |
| Gas Companies | Each Connection | | | |
| Golf Courses | Gross Sales | | | |
| Healthcare Facilities | Each Facility | | | |
| Housing Projects, Public Housing | Units | | | |
| Libraries | Square Footage | | | |
| Inflatable Amusement Devices | Each Device | | | |
| Marinas and Boat Yards | Gross Sales | | | |
| Preschool, Head Start, Recreation Programs for Children Under Age 5 | Each Child | | | |
| Recreation Programs including, Zip Lines, Bungee Jumping or Climbing Walls | Number of Participants | | | |
| Restaurant | Gross Sales | | | |
| Saddle Horses for Rent | Each Animal | | | |
| Sewer - Wastewater Collection with Treatment | Each Connection | | | |
| Sewer - Wastewater Collection w/out Treatment | Each Connection | | | |
| Skate Park | Each Park | | | |
| Skating Rink - Ice | Each Rink | | | |
| Ski Facilities | Each Facility | | | |
| Solar Energy Systems – (Solar Arrays or Solar Panels) | Each Array | | | |
| Stadiums (Greater than 5,000 seating) | Seating Capacity | | | |



| | Greater Than 5,000 | | | |
|--|----------------------------|--|--|--|
| Streets, Roads, Highways or Bridges | Each Mile | | | |
| Swimming Pools | Each Pool | | | |
| Transportation Dial and Ride | Annual Calls | | | |
| Transportation Regular Route Pickup | Each Bus | | | |
| Water Distribution w/out Treatment | Each Connection | | | |
| Water Distribution with Treatment | Each Connection | | | |
| Waterslides | Each Slide | | | |
| Wharves, Piers, Docks | Each Warf, Pier or Dock | | | |
| Wind Turbines | Each Turbine | | | |
| Zoos | Each Zoo | | | |
| Other | Each | | | |
| Other | Each | | | |
| Other | Each | | | |

Coverage Information – PROVIDE COPIES OF THE FOLLOWING FOR NOTED OPERATIONS

- 1. Provide a copy of the latest engineer's inspection for all Dams, Dikes or Levees.
- 2. Provide a copy of the latest programs for any Park or Recreation departments.
- 3. Complete separate Questionnaires for any of the following exposures: Habitational operations including dwellings, apartments or homes; Healthcare facilities including clinics, nursing or hospital facilities; or Preschools, Latchkey or Daycares operations.

| Contracted/Shared Services Questionnaire | Yes/No/Other |
|--|--------------|
| Do you subcontract any operations/services that are not specifically listed under Liability Exposures? (For example, Law Enforcement, Fire or EMT) | No |
| If Yes, describe the operations. | |
| Do you have written contracts governing all subcontracted operations? | Yes |
| If No, indicate which operations do not have written contracts. | |
| Do you require certificates of insurance from each subcontractor? | Yes |
| Do you have any shared services, joint service agreements or task forces? | No |
| If Yes, describe the shared services and provide a copy of the governing documents or contracts. | 1 |



| Fire And Emergency Services | Number |
|--|--------|
| Number of paid firefighters? | 0.00 |
| Number of volunteer firefighters? | 0.00 |
| Number of EMT's | 0 |
| Is the Fire and/or Emergency Service a separate legal entity? | Yes |
| Is the Fire and/or Emergency Service currently separately insured? | |
| If currently separately insured, what coverages are provided and by whom? | |
| Does our entity have any control over the volunteers or employees of the Fire and/or Emergency Services? | No |
| If Yes, explain the entities responsibilities and oversite. | |
| Are the fire vehicles registered in the entities name? | No |
| How many of the vehicles are EMS certified? | N/A |

| Herbicide/Pesticide Applicators – Licenses | | |
|---|----------------------------|-----------------------------|
| Name of Licensed Applicator (Where required by State law) | License Expiration Date | Copy of License Provided |
| | | |

| Inflatable And Other Amusement Devices Note: Inflatables and Amusement Devices are excluded and must be disclosed below to be covered. | Yes/No/Other |
|---|--------------|
| Does the entity rent any inflatable devices? | No |
| How many does the entity rent annually? | |
| How often does the entity rent annually? | |
| Describe the inflatable device(s) rented. | |
| Does the vendor assemble and disassemble the inflatable device? | |
| Who operates the inflatable device? | |
| Does the vendor provide evidence of Liability insurance showing at least \$1,000,000 per occurrence limit? | |
| Is entity named as an additional insured on the vendor policy? | |
| Who reviews the rental agreement? | |
| Is the rental agreement signed by an authorized entity representative? | |
| Does the entity own inflatable devices? | |
| How many does the entity own? | |
| How often does the entity use owned inflatables devices annually? | |
| Describe the owned inflatable devices. | |
| Are owned inflatable devices operated at entity sponsored events only? | |
| Are owned inflatable devices rented to others? | |



| Does the entity own or rent any other amusement devices? (ie: miniature trains, mechanical rides, mobile zip line, mobile climbing wall, | |
|--|--|
| If Yes, describe each device and whether it is owned or rented. | |

| Parks and Playgrounds | | Yes/No/Other | | | | |
|--|---|--------------|--|--|--|--|
| Number of parks? | Number of parks? | | | | | |
| Is there playground equipment at the park(s)? | | Yes | | | | |
| Are there any buildings at the park(s)? | | No | | | | |
| If Yes, what type of facilities? | | | | | | |
| Are all buildings listed on SOV? | | | | | | |
| If No, why are those buildings not included on the SOV? | | | | | | |
| Is all Property in the Open listed on the SOV? | | | | | | |
| If No, describe that property and why it is not included on the SOV? | | | | | | |
| What amenities are at the parks? (ie: basketball court, horseshoe pit, shelters, etc.) | Basketball Court, Pickle Ball, Tennis Court | | | | | |
| Is there any equipment to rent or borrow at the parks | ? (ie: paddle boats, kayaks, canoes, etc.) | No | | | | |
| If Yes, describe rentals. | | | | | | |

| Pollution Exceptions Questionnaire Indicate Yes or No if limited pollution is needed for the following operations. | Yes/No |
|--|--------|
| Pesticide or herbicide chemical application | No |
| Water treatment chemical application for the sole purpose of purifying or treating water | No |
| Swimming pool chemical application for the sole purpose of treating water for recreational swimming | No |
| Street and road chemical application during snow and ice removal | Yes |
| Fire and hazmat chemical application during emergency operations | No |
| Mace, Pepper Spray and Tear Gas Release in an emergency situation as part of law enforcement operations | No |

| Sexual Abuse Injury | Yes/No |
|---|--------|
| Did the entity have separate Sexual Abuse Injury Coverage? | |
| If Yes, was the coverage Claims Made or Occurrence? | |
| If Claims Made, current Sexual Abuse Injury retroactive date. | |

| Solar Array | Yes/No/Other | | |
|---|--------------|--|--|
| Address of array | No | | |
| Describe the locations proximity to any building. | | | |
| Year built? | | | |
| Who is the manufacturer? | | | |
| Who is the installer? | | | |



| Describe the maintenance schedule. | | | | |
|--|--------------------------------|--|--|--|
| Who is the service contractor? | Who is the service contractor? | | | |
| What is the maximum KVA? | | | | |
| What is the 100% Replacement Cost value? | | | | |
| Do you sell excess power? | | | | |
| What is the 100% Business Income value? | | | | |
| What is the current Business Income limit? | | | | |
| What is the current Extra Expense limit? | | | | |

| Wind Turbines Complete the Questions below for all turbines Complete the Schedule below for each turbine | Yes/No/Other |
|--|--------------|
| What is the 100% Replacement Cost value? | No |
| Do you sell excess power? | |
| What is the 100% Business Income value? | |
| What is the current Business Income limit? | |
| What is the current Extra Expense limit? | |

| Turbine # | Location/ Address | Year Built | Manufacturer | Installer | Height | Maximum KWA | Maintenance Schedule | Written service agreement on file (Yes/No) |
|--------------|----------------------|---------------|--------------|-----------|--------|----------------|-------------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



Special Events

| Name of Event | Averag e Attend- ance | Describe/List Activities | # Days | Does Each Vendor Provide Liability Insurance | Does Each Vendor Name the Entity on Their Insurance | Vendor Insurance Policy Minimum Limits of Insurance | ls Liquor Provided | Who Serves/Sell s Liquor | Is a Separate Liquor Liability Policy In Place | Separate Liquor Policy Limits of Insurance |
|------------------|--------------------------------|-----------------------------|--------|--|---|--|-----------------------|--------------------------------|---|--|
| | | | | | | | | | | |



UNMANNED AERIAL SYSTEMS

Coverage Information – PLEASE ATTACH THE FOLLOWING

- (1) A UAS schedule per the enclosed Schedule which includes the type and specifications of each UAV, specifications of the base station and transmitter, size and content of payload, description of the operations or intended use, the replacement cost and storage location.
- (2) A current list of certified UAS pilots and copies of the FAA Certificate of Authorization for each pilot.
- (3) Five years of loss runs from prior carriers for any years not covered through the Astra program. The loss run reports should be no older than six months prior to the expiration date of the policy.

| should be no older than six months prior to the expiration date of the policy. Expiring Information | |
|--|--------------|
| Expiring Carrier | |
| Expiring Property Damage Limit | |
| Expiring Property Damage Deductible | |
| Expiring Liability Limit | |
| Expiring Liability Deductible | |
| Expiring Premium | |
| Underwriting Information | Yes/No/Other |
| Enter Property Damage Limits on UAS Schedule | |
| Property Damage Deductible (Minimum Property Damage Deductible - \$1,000) | Not Covered |
| Requested Liability Limit of Coverage (Maximum Limit of Coverage - \$500,000) | Not Covered |
| Liability Deductible (Minimum Liability Deductible – No Deductible) | \$ 0 |
| Is there a Certificate of Authorization and Waiver (COA) from the FAA for your UAS operation? | |
| If Yes, what conditions are your entity approved for? | |
| How will information gathered by protected and controlled? | |
| How is the navigation systems secured when not in use? | |
| Are there UAS operations offshore or over other hazardous areas? | |
| If Yes, describe operations. | |
| Do your entity UAS operations include the application of chemicals? | |
| If Yes, describe operations, locations and chemicals. | |
| Describe lost communication procedures. | |
| Risk Management | Yes/No/Other |
| Indicate if the UAS includes the fail safe technologies | |
| Indicate if the UAS includes geofencing | |
| Indicate if the UAS includes low battery warning | |
| Indicate if the UAS includes auto landing | |
| Indicate if the entity has written policies and procedures assessing operating environment | |
| Indicate if the entity has written policies and procedures assessing weather conditions | |
| Indicate if the entity has written policies and procedures assessing flight restrictions | |



| Indicate if the entity has written policies and procedures assessing notification of those directly participating in the operation | |
|---|--|
| Indicate if the entity has written policies and procedures addressing emergency procedures | |
| Indicate if the entity has written policies and procedures addressing contingency procedures | |
| Indicate if the entity has written policies and procedures addressing roles and responsibilities of the pilot in command and anyone operating the UAS under the direction of the pilot in command | |
| Indicate if the entity has written policies and procedures addressing protection of individual privacy and civil rights | |
| Indicate if the entity has written policies and procedures addressing retention, disclosure, destruction of information | |
| Indicate if the entity has written policies and procedures addressing the need of warrants for law enforcement use | |

| Unmanned Aerial Systems Schedule | | | | | | |
|----------------------------------|---|--|--------------------------------|---------------------------------------|-------------------------------|----------------------------|
| UAS# | Manufacturer and Specifications of UAV | Manufacturer and Specifications of Base Station and Transmitter | Payload Size and Content | Total Weight of UAV and Payload | Primary Purpose/ Operation | Replacement Cost of UAS |
| | | | | | | |
| | | | | | | |



MALICIOUS ACT COVERAGE

| Malicious Act | Amount |
|--|-------------|
| Malicious Act – General Aggregate | Not Covered |
| Death Benefit – Aggregate | Not Covered |
| Death Benefit – Per Insured | Not Covered |
| Medical Expenses – Aggregate | Not Covered |
| Medical Expenses – Per Insured | Not Covered |
| Emergency Medical Services – Aggregate | Not Covered |
| Emergency Medical Services – Per Insured | Not Covered |
| Funeral Services – Aggregate | Not Covered |
| Funeral Services – Per Insured | Not Covered |
| Personal Counseling – Aggregate | Not Covered |
| Personal Counseling – Per Insured | Not Covered |
| Travel Services – Aggregate | Not Covered |
| Travel Services – Per Insured | Not Covered |

LAW ENFORCEMENT LIABILITY COVERAGE

| Law Enforcement Liability | Amount |
|--|-------------|
| Law Enforcement Liability - Each Wrongful Act | Not Covered |
| Law Enforcement Liability - Annual Aggregate | Not Covered |
| Law Enforcement Liability Deductible | Not Covered |
| Is current Law Enforcement Coverage Occurrence or Claims Made? | Not Covered |
| If Claims Made, Current Law Enforcement Retroactive Date | |

| Law Enforcement Medical Expense | Amount |
|---------------------------------|-------------|
| Any One Person | Not Covered |
| Any One Accident | Not Covered |

| General Information | Number |
|--|--------|
| Number of Full Time Arresting Officers | 0 |
| Number of Part Time Arresting Officers | 0 |
| Number of Certified Auxiliary Officers with Arrest Power and Carrying Weapons | 0 |
| Number of Non-Certified Auxiliary Officers with No Arrest Power and Not Carrying Weapons | 0 |



| Number of Canine Officers | 0 |
|---|---|
| Does the entity operate a Temporary Holding Facility | |
| Number of Beds in a Temporary Holding Facility | |
| Number of Persons processed through the Temporary Holding Facility on a weekly basis regardless of the time spent | |

| Law Enforcement Questionnaire | Yes/No/Other |
|---|--------------|
| Is the department CALEA certified? | |
| Does the department use any outside policies or training contractors (i.e. Lexipol) | |
| When was the last policies and procedures updated? | |
| Does the department authorize use of tasers? | |
| Does the department have a firing range? | |
| Is the range open to the public? | |
| Does the department utilize dashboard cameras? | |
| Does the department utilize body cameras? | |
| Does the department prohibit moonlighting? | |
| If not prohibited, describe the types of moonlighting activities deemed acceptable and the average percentage of staff who moonlight. | |

Detention Facilities Other Than Temporary Holding Facilities

- Complete the Supplemental Detention Facility Questionnaire.
 Provide a copy of the latest state inspection.

PUBLIC OFFICIAL'S ERRORS AND OMISSIONS LIABILITY COVERAGE

| Public Officials Errors and Omissions | Amount |
|---|-------------|
| Public Officials Errors and Omissions Liability - Each Wrongful Act | \$1,000,000 |
| Public Officials Errors and Omissions Liability - Annual Aggregate | \$3,000,000 |
| Public Officials Errors and Omissions Liability Deductible | \$1,000 |
| Is Public Officials Errors and Omissions Coverage Occurrence or Claims Made? | Claims Made |
| If Claims Made, Current Public Official Errors and Omissions Retroactive Date | 1/1/1980 |

| Non-Monetary Relief Defense | Standard | Amount |
|--|----------|----------|
| Non-Monetary Relief Defense Annual Aggregate | \$25,000 | \$50,000 |
| Non-Monetary Relief Defense Deductible | | \$1,000 |

| General Information | Number |
|---------------------|--------|
|---------------------|--------|



| Total number of elected or appointed officials | 8 |
|--|---|
|--|---|

| Public Officials Questionnaire | Yes/No/Other | |
|--|--------------|-----------------------|
| Do newly elected officials attend formal training sessions/seminars designed for new public | officials? | No |
| Does the entity establish and maintain zoning regulations? | | Yes |
| Does the entity administer building codes? | | No |
| Does the entity have a formal zoning or building code appeal process? | | Yes |
| Does legal counsel attend zoning or planning committee meetings? | | No |
| If No, how are disputes/grievances handled? | | or contact w/attorney |
| Is any annexation of territory planned or in consideration? | | No |
| If Yes, describe including time frame, acreage, population, etc. | | |
| Is any change in service either new operation or reduced operation planned or under consideration? | | No |
| If Yes, describe the operation and changes that may take place including possible timeline | | |

EMPLOYMENT PRACTICES LIABILITY COVERAGE

| Employment Practices Liability | Amount |
|---|-------------|
| Employment Practices Liability - Each Wrongful Act | \$1,000,000 |
| Employment Practices Liability - Annual Aggregate | \$3,000,000 |
| Employment Practices Liability Deductible | \$1,000 |
| Is current Employment Practices Coverage Occurrence or Claims Made? | Claims Made |
| If Claims Made, Current Employment Practices Retroactive Date | 1/1/1980 |

| Back Wages | Standard | Amount | |
|-----------------------------|----------|----------|--|
| Back Wages Annual Aggregate | \$50,000 | \$50,000 | |
| Back Wages Deductible | \$10,000 | \$1,000 | |

| General Information | Number |
|---|--------|
| Number of Full Time Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere) | 0 |
| Number of Part Time Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere) | 2 |
| Number of Seasonal Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere) | 0 |

| Employment Practices Questionnaire | Yes/No/Other |
|------------------------------------|--------------|
|------------------------------------|--------------|



| Are all prospective employees required to complete an employment application prior to hire? | Yes |
|---|-----|
| Are references checked for all new hires? | Yes |
| Does the entity have written employee policies and procedures? | No |
| Are the policies and procedures distributed or available to all employees? | NA |
| Does legal counsel review the employment policies and procedures? | NA |
| When did legal counsel last review the employment policies and procedures? | |
| Are staff notified and provided training as needed when changes to the employee policies and procedures are made? | NA |
| Are terminations reviewed by legal counsel prior to final action being taken? | No |
| What is the average turnover rate for the last five years? | 0 |
| What is the average number of involuntary terminations over the last five years? | 0 |
| Are any layoffs/terminations planned for the current or subsequent year? | No |
| If Yes, indicate the number and timing? | |
| What percentage of employees are union? | 0 |

AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE

| Automobile Liability | Amount |
|--|-------------|
| Bodily Injury & Property Damage Liability Limit | \$1,000,000 |
| Auto Liability Deductible | \$0 |
| Uninsured Motorist Limit – Each Accident (For PA options see below) | Not Covered |
| Underinsured Motorist Limit – Each Accident (For PA options see below) | Not Covered |
| Medical Payments Limit | Not Covered |

| Pennsylvania Only | Amount | | |
|---|--|---------|-------------|
| Uninsured Motorist – Each Accident | Nonstacke d | Stacked | Not Covered |
| Underinsured Motorists – Each Accident | Nonstacke d | Stacked | Not Covered |
| Uninsured Motorists – Each Person/Each Accident | Nonstacke d | Stacked | Not Covered |
| Underinsured Motorists – Each Person/Each Accident | Nonstacke d | Stacked | Not Covered |
| First Party Benefits – Medical Expense | First Party Benefits – Medical Expense | | |
| First Party Benefits - Work Loss First Party Benefits - Funeral | | | Not Covered |
| | | | Not Covered |
| First Party Benefits - Accidental Death | | | Not Covered |
| Combination First Party Benefits - Total Benefits Limit | | | Not Covered |
| Combination First Party Benefits - Funeral | | | Not Covered |



| Combination First Party Benefits - Accidental Death | Not Covered |
|---|-------------|
| Extraordinary Medical Benefits - Amount | Not Covered |

| Hired Car Physical Damage | Amount |
|---------------------------|----------|
| Limit | \$50,000 |
| Comprehensive Deductible | \$500 |
| Collision Deductible | \$500 |

AUTOMOBILE QUESTIONNAIRE AND SCHEDULES

| Fleet Coverage | Yes/No/Other |
|---|----------------|
| Is any portion of your fleet not to be covered by this policy? | NA |
| If Yes, indicate the number of vehicles and provide a certificate of insurance for those vehicles. | |
| Is any portion of the fleet contracted or leased from a third party? | NA |
| If Yes, indicate the number of vehicles and the length of the contract or lease. | |
| Does the entity allow employees to use entity owned vehicles for personal use? | Not Applicable |
| If Yes, describe vehicle usage and employees | |
| Number of employees who drive their own vehicles on entity business. | |
| Are Motor Vehicle Records checked prior to hiring? | No |
| Are Motor Vehicle Records checked on an ongoing basis? | No |
| Is there a formal accident investigation process? | |
| Is there a driver incentive program in place? | No |
| Does the entity haul any explosive, flammable or hazardous materials (Not including weapons or munitions transported by police personnel or SWAT teams.)? | No |
| If Yes, describe the materials, frequency, distance and controls. | |
| Are employees covered by Workers Compensation? | Yes |
| Provide replacement cost on buses ten (10) years or newer | |
| What is the highest total value of all vehicles at any one location | 0 |
| Provide the address or description of that location | |
| Describe the location security (controls, fences, lights, alarms, etc.) | |
| What is the estimated ACV of the single location with the highest total values. (Applies only to value in excess of \$2,500,000) | es 0 |

Vehicle Schedule Coverage Information – PLEASE ATTACH THE FOLLOWING



A vehicle schedule which includes the vehicle description, department, cost new or replacement cost (only fire/ambulance vehicles), vehicle identification number (VIN) and storage location. The vehicle description must include year, make and model. (See Vehicle Schedule Attached)

| Garagekeepers Coverage | | | | |
|---|-------|--|----|---|
| Entities that own garages should consider Garagekeepers coverage. If this coverage is necessary, determine the Limit by multiplying the maximum number of autos in your care, custody or control at any one time by the average value per vehicle | | | | , |
| Location/Address of Garage Operations | Limit | Comprehensive Deductible each Customer's Auto | | Collision Deductible each Customer's Auto |
| | \$ | \$ | \$ | \$ |

| Veh | Vehicle Schedule | | | | | | | | | | | | | | | | | |
|-----|------------------|------------|-----|--------------|--------------|------------|----------|---------------|-----------------|----------|---------|---------------|----------|--------------------------------------|--|--------------------|--|----------------|
| Veh | | | | Name on | Address on | Garaging | GVW | Class | Physical Damage | | | | | | | | | |
| # | Year | Make/Model | VIN | Registration | Registration | Department | Location | (Trucks) Code | | (Trucks) | S) Code | (Trucks) Code | Cost New | Replacement Cost/Stated Amount | | Comp Deductible | | Inventory # |
| | | | | | | | | | | | | | | | | | | |



EXCESS LIABILITY

| Excess Liability | Amount |
|------------------|-------------|
| Excess Limit | \$2,000,000 |
| Excess Aggregate | \$2,000,000 |

ADDITIONAL INTERESTS

Additional Interests

Indicate any requests for additional interests including the reason/relationship of the additional interest to the named insured and whether or not a contract/agreement exists.

Attach a copy of all contracts/agreements other than lease agreements.

| Name | Address | City | State | Zip | Interest Type Indicate Additional Interest and/or Loss Payee for each member | Interest | Effective Date | Expiration Date | Does a Contract Exist |
|------|---------|------|-------|-----|--|----------|-------------------|--------------------|-----------------------------|
| | | | | | | | | | |

| Have any of the following occurred in the last five years | | | | |
|--|--|--|--|--|
| an official or employee of the entity? | No | | | |
| Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? | | | | |
| Has any claim been made regarding disputes of discrimination or violation of civil rights? | | | | |
| Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment? | | | | |
| Has any person alleged sexual abuse, molestation, harassment or misconduct towards an employee or the public? | | | | |
| | | | | |
| | dge of any negligent act, error, give rise to a claim? violation of civil rights? ng, remuneration, advancement or | | | |



HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

| CLIENT INFORMATION | | | | | | | |
|------------------------|-------------|------------------------|-----------------|----------|--|--|--|
| Name | | Penn Lake Park Borough | | | | | |
| POLICY TERM | POLICY TERM | | | | | | |
| Effective Date 01/22/2 | | 4 | Expiration Date | 01/22/25 | | | |

| FACILITIES | | | | | | | |
|-----------------------|---------------------|-----------------|---------------------|------------------------------------|--|--|--|
| Type of Facility | Number of Locations | Number of Units | Percentage Occupied | Number of Stories Each Building | | | |
| Dwellings | | | | | | | |
| Multiple Unit Housing | | | | | | | |

| CONTROLS | |
|--|----------|
| Did any buildings have any deficiencies on the last state/local, health or building insp | pection? |
| If Yes, describe. | |
| Do all units have Smoke Detectors? | |
| Do all units have Carbon Monoxide Detectors? | |
| Do all buildings have Emergency Lighting? | |
| Do all buildings have Emergency Evacuation Plans? | |
| If No to any of the above, describe | |
| Have any buildings/units experienced fires in the last four years? | |
| If Yes, provide the number of fires by location | |
| Is there staff on site for supervision and maintenance? | |
| Is the staff employed by the entity or subcontractor? | |
| RECREATIONAL FACILITIES | |
| Are there any pools on premises? | |
| Are there any playgrounds on premises? | |
| Are there any day care operations on premises? | |
| Are there any fitness/workout areas? | |
| If Yes, what type of fitness equipment is provided? | |



HEALTHCARE AND MEDICAL FACILITIES SUPPLEMENTAL QUESTIONNAIRE

| CLIENT INFORMATION | | | | | | |
|--------------------|---------|------------------------|-----------------|----------|--|--|
| Name | | Penn Lake Park Borough | | | | |
| POLICY TERM | | | | | | |
| Effective Date | 01/22/2 | 4 | Expiration Date | 01/22/25 | | |

| Scope of Operatio | ons | | | | | |
|------------------------|---|--|---------------------------------|--|--|--|
| | Number of Locations | Describe Operations at Each Loc | Are Operations Subcontracted | | | |
| Health | | | | | | |
| Department Clinic | | | | | | |
| Jail | | | | | | |
| Hospital | | | | | | |
| Nursing Home | | | | | | |
| Health Departmen | ts/Clinics | | | | | |
| Total number of Nu | rsing Staff? | | | | | |
| Total number of Ph | ysicians on Staff? | | | | | |
| Total number of oth | ner staff? | | | | | |
| Are medications ad | ministered? | | | | | |
| Are there policies/p | rocedures in place for | administering medication? | | | | |
| Who administers m | edications? | | | | | |
| Describe how and v | where drugs are store | d and secured | | | | |
| Hospitals/Nursing | Homes | | | | | |
| Total number of Nu | rsing Staff? | | | | | |
| Total number of Ph | ysicians on Staff? | | | | | |
| Total number of oth | ner staff? | | | | | |
| Average number of | patients? | | | | | |
| Number of non-amb | bulatory patients? | | | | | |
| Number of stories for | or each facility? | | | | | |
| Did any facility have | e any deficiencies on | the last state/local, health or building inspe | ection? | | | |
| If Yes, describe | | | | | | |
| Do all facilities have | Do all facilities have Hardwire Smoke Detectors? | | | | | |
| Do all facilities have | e Emergency Lighting | ? | | | | |
| Do all facilities have | Do all facilities have Carbon Monoxide Detectors? | | | | | |
| Do all facilities have | e Emergency Evacuat | ion Plan? | | | | |



| If No to any of the above, describe | | |
|---|--|--|
| Have any facilities experienced fires in the last five years? | | |
| If Yes, provide the number of fires by location | | |
| Does the facility have policies/procedures in place for administering medication? | | |
| Who administers medications | | |
| Describe how and where drugs are stored and secured | | |



LANDFILL SUPPLEMENTAL QUESTIONNAIRE

| CLIENT INFORMATION | | | | | | |
|--------------------|---------|------------------------|-----------------|----------|--|--|
| Name | | Penn Lake Park Borough | | | | |
| POLICY TERM | | | | | | |
| Effective Date | 01/22/2 | 4 | Expiration Date | 01/22/25 | | |

| OPERATIONS | | | | | | | |
|---|--|---------------------------------|-----------------|-------------------------|--|--|--|
| Type of Facility | Number of Active Locations | Number of Inactive Locations | Number of Acres | Type of Refuse Accepted | | | |
| Landfill | | | | | | | |
| Trash Transfer Stations | | | | | | | |
| Recycling Stations | | | | | | | |
| Incinerators | | | | | | | |
| SECURITY | | | | | | | |
| Are all properties noted above fence | | | | | | | |
| If No, describe fencing/locking exceptions | | | | | | | |
| Is the public allowed access to any of the sites above? | | | | | | | |
| If Yes, describe access | | | | | | | |
| Is facility attended while open for op | peration? | | | | | | |
| If No, describe oversight of operation | n | | | | | | |
| POLICIES AND PROCEDURES | | | | | | | |
| Is the operation subcontracted? | | | | | | | |
| Have any of the sites above accept | Have any of the sites above accepted any hazardous chemicals or waste? | | | | | | |
| If Yes, describe hazardous materials | | | | | | | |
| Has the facility been cited for any compliance issues by any regulatory agency of department? | | | | | | | |
| If Yes, provide details | If Yes, provide details | | | | | | |



CLIENT INFORMATION

PRESCHOOL, HEAD START, DAYCARE SUPPLEMENTAL QUESTIONNAIRE

| Name Penn Lake | | e Park Borough | | | | | | |
|--|--------------|---|----------------------------|------------------------|-------------------|-----------------------------------|--------------------------------|--|
| POLICY TERM | | | | | | | | |
| Effective Date 01/22/24 | | Expiration Date | | 01 | 01/22/25 | | | |
| | | | | | | | | |
| OPERATIONS | | | | | | | | |
| Type of Program | | | Number of Locations | | | Average Daily Number of Attendees | | |
| Preschool/Head Star | t /Daycar | е | | | | | | |
| Recreation Camps/P | rograms | for age 5 aı | nd under | | | | | |
| STAFF | | | | | | | | |
| Total number of Cert | ified Chil | dcare Provi | ders | | | | | |
| Total number of Non | -Certified | Staff | | | | | | |
| Total number of Volu | ınteers | | | | | | | |
| NUMBER OF CHILD | REN AN | D CHILDC | ARE PROVID | ER F | RATIOS BY AGE GRO | UP | | |
| Age Group | | | Maximum Number of Children | | | | Child/Childcare Provider Ratio | |
| Birth to 3 years of age | | | | | | | | |
| 3 to 5 years of age | | | | | | | | |
| POLICIES AND PROCEDURES | | | | | | | | |
| Is there a Sexual Abuse Prevention Program in effect? | | | | | | | | |
| Are management/sta | in policies/ | procedures re | latin | g to Sexual Abuse Prev | /enti | on? | | |
| Do you include traini | recognition | of sexual/phy | sical | abuse symptoms? | | | | |
| Do you have a docur | | - | | | | | | |
| Does the policy estal employee/volunteer | | rule" to restrict one on one situations between | | | n | | | |
| Does the policy estal permissible? | | ceptions to the | "thre | ee person rule" are | | | | |
| Does the policy you require prior establishment of persons allowed to visit/pickup children? | | | | | | | | |
| If No, describe excep | | | | | | | | |
| CONTROLS AND SECURITY | | | | | | | | |
| Are criminal background checks performed on all employees and volunteers? | | | | | | | | |
| If No, describe excep | | | | | | | | |
| Is transportation provided by the entity? | | | | | | | | |
| If Yes, average number of children transported daily | | | | | | | | |
| If transporting children, number and type of vehicles used? | | | | | | | | |
| Is any transportation done in employee or private autos? | | | | | | | | |



| If Yes, describe number of occurrences, number, type and owners of vehicles | |
|--|--|
| Are any off premises activities sponsored but the entity? | |
| If Yes, describe number, location, supervision and duration of the off premises activities | |
| Are any overnight activities sponsored by the entity? | |
| If Yes, describe number, location, supervision and duration of the overnight activities | |



DETENTION FACILITY SUPPLEMENTAL QUESTIONNAIRE

| CLIENT INFORMATION | | | | | |
|--------------------|---------|------------------------|-----------------|----------|--|
| Name | | Penn Lake Park Borough | | | |
| POLICY TERM | | | | | |
| Effective Date | 01/22/2 | 4 | Expiration Date | 01/22/25 | |
| | | | | | |
| Escility | | | | | |

| Facility | | | | | | | |
|--|---|--|--------------------------|--------------------|----------|--|--|
| Year of construction | | | Year of last renovations | | s | | |
| Number of cells | | | Total number of beds | | | | |
| Certified capacity Average inmates over the last year Capacity at the time o | | | | | | | |
| Corrections Staff | | | | | | | |
| Total number of dete | ention | facility staff | | | | | |
| Number of correction | ns offi | cers | | | | | |
| Number of certified | correc | tions officers | | | | | |
| Do corrections office duties | ers als | o act as dispatchers or in other capacit | ies whi | ile performing cor | rections | | |
| If Yes, describe duti | es | | | | | | |
| Minimum required tr | aining | for corrections officers | | | | | |
| Is any in-service training provided by the entity | | | | | | | |
| If Yes, describe in-service training | | | | | | | |
| Medical Staff | | | | | | | |
| Number of detention | ı facilit | y medical staff | | | | | |
| Describe medical staff including professional designation, responsibilities, hours, etc. | | | | | | | |
| If there is no medical staff how is medical care provided | | | | | | | |
| Controls/Procedure | es | | | | | | |
| Is there video and audio surveillance of all detention and intake areas | | | | | | | |
| If No, describe areas with no video and/or audio surveillance | | | | | | | |
| Describe procedures for suicide watch for both intake and ongoing incarceration | | | | | | | |
| Are violent offenders segregated from nonviolent offenders | | | | | | | |
| Describe segregation of violent offenders from nonviolent | | | | | | | |
| Are female inmates segregated from male inmates | | | | | | | |
| Describe segregatio | n of fe | male from male offenders | | | | | |
| Are juveniles house | Are juveniles housed in the detention facility for any amount of time | | | | | | |



| If Yes, are the juvenile offenders segregated from adults | | |
|--|--|--|
| If Yes, describe segregation of juvenile from adult offenders | | |
| Does the facility house prisoners for other entities or the state | | |
| If Yes, what is the average number of prisoners housed for other entities | | |
| Does the facility allow any work release, furlough or other unsupervised release | | |
| If Yes, describe release or furlough program | | |



| CLIENT INFORMATION | | | | |
|--------------------|------------------------|--|--|--|
| Name | Penn Lake Park Borough | | | |
| | | | | |

| POLICY TERM | | | |
|----------------|----------|-----------------|----------|
| Effective Date | 01/22/24 | Expiration Date | 01/22/25 |

Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Entity's Attestation

The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application, questionnaire and any attachments to the application are true, complete and correct to the best of my knowledge; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

| Authorized Signatory for Entity | Date |
|---------------------------------|--------------|
| | |
| | |
| Title | Phone Number |