

**PUBLIC NOTICE**

NOTICE IS HEREBY GIVEN THAT THE TANGIPAHOA PARISH RURAL FIRE PROTECTION DISTRICT NO. 2 WILL MEET IN **REGULAR SESSION** ON MONDAY, JUNE 22, 2020 IMMEDIATELY FOLLOWING THE REGULAR MEETING OF THE TPC, TANGIPAHOA PARISH GORDON A. BURGESS GOVERNMENTAL BUILDING, 206 EAST MULBERRY STREET, AMITE, LA.

**AGENDA  
TANGIPAHOA PARISH  
RURAL FIRE PROTECTION DISTRICT NO. 2  
REGULAR MEETING JUNE 22, 2020**

**CALL TO ORDER**

**ROLL CALL**

**PUBLIC INPUT** - *Anyone Wishing to Address any Agenda Item*

**ADOPTION OF MINUTES**- Regular meeting dated May 26, 2020

**HAMMOND FIRE MATTERS**

- [1.](#) Ratification of Approval of a Part Time Position

**PONCHATOULA FIRE MATTERS**

- [2.](#) Approval to Surplus Assets

**INDEPENDENCE FIRE MATTERS**

- [3.](#) Ratification of Approval of Full Time Position Compensation

**NATALBANY FIRE MATTERS**

- [4.](#) Ratification of Approval of Part Time Positions

- [5.](#) Ratification of Full Time Position

**MONTHLY REPORTS AND REGISTERS**

**ADMINISTRATORS REPORT**

- [6.](#) Extension of Audit
- [7.](#) Adoption of Resolution Approving Motorola Lease and Authorizing Signers
- [8.](#) Approve proposals and name official journal for TPRFPD No. 2 for period beginning July 1, 2020 and ending June 30, 2021
- [9.](#) Renew Insurance (Vehicles, Buildings, and Liability)

**OTHER FIRE MATTERS**

**ADJOURN**

POSTED June 18, 2020

PUBLISHED DAILY STAR June 18, 2020

S/David P. Vial, President  
T. P. Rural Fire District No. 2

S/Kristen Pecararo, Secretary  
T. P. Rural Fire District No. 2

### TANGIPAOA PARISH RURAL FIRE # 2 POSITION RATIFICATION FORM

*This form is to be used for all position replacements or additions. Any change to the job description for this position may be forwarded with this form.*

Position Title: Fire F. 1st hour Position Number: \_\_\_\_\_

Location:  Kentwood  Independence  Husser  Wilmer

Loranger  Natalbany  Hammond  Ponchatoula

8<sup>th</sup> Ward (Robert)  Manchac  Other \_\_\_\_\_

Position Information: Replacement For: \_\_\_\_\_

Is the Job description current?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Payroll Mode:
Status: Employment Category	Hours per week: <u>10.00</u>	<input checked="" type="checkbox"/> Biweekly
<input type="checkbox"/> Reg F/T	Days per week: _____	<input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Reg P/T		
<input type="checkbox"/> Temp F/T		
<input type="checkbox"/> Temp P/T		
FLSA Status:	<input type="checkbox"/> Exempt (Salary) <input type="checkbox"/> Non Exempt (Hourly)	

**Approvals:**

Chief: <u>Paul Collins</u>	Date: <u>5-27-20</u>
Fire Board President: _____	Date: _____
Administrator: _____	Date: _____

**New Position Information:** Complete this form before attending Fire Board meeting to request approval to ratify position.

Name of Person: (please print) <u>Bryce ERNST</u>	Date: <u>5/21/20</u>
Compensation: <u>10.00</u> <input checked="" type="checkbox"/> Per hour <input type="checkbox"/> Per Year <input type="checkbox"/> Other: _____	Start Date: <u>7/1/20</u>

Start date should be the beginning of a pay period. This allows enough time to schedule drug screens, physicals and the processing of paperwork.

## TANGIPAHOA PARISH RURAL FIRE #2 PROPERTY DISPOSAL FORM

**A. REQUEST TO: (Check one)**

1.  Transfer to following property to another fire department (at no cost).
2.  Transfer the following property to another department (at cost).
3.  Act of donation to another public agency.
4.  Surplus available for sale, advertisement, sealed bids.
5.  Relieve the following property from responsibility/accountability due to:  Trade in,  Lost,  Theft,  Destruction, or  Other Cause. (Documentation Required)
6.  Relieve the following property from responsibility/accountability due to:  Obsolescence,  Un-repairable, or  No longer usable by department but still functioning.

**B. HAZARDOUS EQUIPMENT:** Check if any item listed has been used in conjunction with Hazardous, Radiological or Biological materials?  Yes  No; has the equipment been decontaminated or render safe?  Yes  No

**C. Condition Code:** N=New E=Excellent G=Good P=Poor S=Salvage X=Scrap

**D. Dispositions Instructions:** SA=Sold @ Auction AB = Advertise & Bid DL = Disposed Landfill AD=Donation  
TC=Transfer @ Cost TNC= Transfer @ no cost

ID Tag No.	Full Description of Item(s)	Condition Code	Disposition Instructions	Present Location	Unit Cost
3806	07-GMC Yukon	G		PVFD	
3827	03-F150	G		PVFD	
3678	04-F550	G		PVFD	

\*NV: Mark NV in unit cost box if the item is obsolete, un-repairable, or has no value.

**Surrendering Department**

Fire Department \_\_\_\_\_  
 Signature of Fire Chief \_\_\_\_\_  
 Effective Date of this Action \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_

Bouchetouls Vol. Fire Dept.

**DO NOT WRITE BELOW THIS LINE**

**FOR RELIEF FROM ACCOUNTABILITY**

Report No. \_\_\_\_\_ Date \_\_\_\_\_ Fire Dept. Chief \_\_\_\_\_  
 (Dept+ Tag Number)

Approved  Disapproved

\_\_\_\_\_  
 Tangipahoa Parish Rural Fire # 2 Administrator

### TANGIPAHOA PARISH RURAL FIRE # 2 POSITION RATIFICATION FORM

This form is to be used for all position replacements or additions. Any change to the job description for this position may be forwarded with this form.

Position Title: CAPTAIN Position Number: \_\_\_\_\_

Location: Kentwood Independence Husser Wilmer

Loranger Natalbany Hammond Ponchatoula

8th Ward (Robert) Manchac Other \_\_\_\_\_

Position Information: Replacement For: \_\_\_\_\_

Is the job description current?	<u>Yes</u> No	Payroll Mode:
Stat - Employment Category	Hours per week: <u>48</u>	<u>Biweekly</u>
<u>Reg F/T</u>	Days per week: _____	Monthly
Reg P/T		
Terip F/T		
Terip P/T		
FLSA Status:	Exempt (Salary) Non Exempt (Hourly)	

#### Approvals:

Chief: <u>[Signature]</u>	Date: <u>6-15-20</u>
Fire Board President: _____	Date: _____
Administrator: _____	Date: _____

New Position Information: Complete this form before attending Fire Board meeting to request approval to ratify position.

Name of Person: (please print) <u>Tommie Spence</u>	Date: <u>6-15-20</u>
Compensation: <u>\$ 12.00</u> <u>(Per hour)</u> Per Year Other: _____	Start Date: _____

Start date should be the beginning of a pay period. This allows enough time to schedule drug screens, physicals

Employee going from 11:50 / 11:50 to 12:00  
Per Hr.

**TANGIPAHOA PARISH RURAL FIRE # 2  
POSITION RATIFICATION FORM**

*This form is to be used for all position replacements or additions. Any change to the job description for this position may be forwarded with this form.*

**Position Title:** Fire FIGHTER/OPERATOR **Position Number:** \_\_\_\_\_

**Location:** Kentwood Independence Husser Wilmer  
Loranger Natalbany Hammond Ponchatoula  
8<sup>th</sup> Ward (Robert) Manchac Other \_\_\_\_\_

**Position Information: Replacement For:** \_\_\_\_\_

Is the Job description current?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>Payroll Mode:</b>
Status: Employment Category	Hours per week: <u>24</u>		<input checked="" type="radio"/> Biweekly
<input checked="" type="radio"/> Reg F/T	Days per week: _____		<input type="radio"/> Monthly
<input checked="" type="radio"/> Reg P/T			
Temp F/T			
Temp P/T			
<b>FLSA Status:</b>	<input type="radio"/> Exempt (Salary)	<input type="radio"/> Non Exempt (Hourly)	

**Approvals:**

Chief: <u>[Signature]</u>	Date: <u>1 JUN 2020</u>
Fire Board President: _____	Date: _____
Administrator: _____	Date: _____

**New Position Information:** Complete this form before attending Fire Board meeting to request approval to ratify position.

Name of Person: (please print) <u>SHAUN ROACH</u>	Date: <u>1 JUN 2020</u>
Compensation: <u>58.50</u> <input checked="" type="radio"/> Per hour	Per Year Other: _____ Start Date: <u>1 JUN 2020</u>

Start date should be the beginning of a pay period. This allows enough time to schedule drug screens, physicals

**TANGIPAOA PARISH RURAL FIRE # 2  
POSITION RATIFICATION FORM**

*This form is to be used for all position replacements or additions. Any change to the job description for this position may be forwarded with this form.*

Position Title: Firefighter/Operator Position Number: \_\_\_\_\_

Location: **Kentwood**      **Independence**      **Husser**      **Wilmer**

**Loranger**      Natalbany      **Hammond**      **Ponchatoula**

**8<sup>th</sup> Ward (Robert)**      **Manchac**      Other \_\_\_\_\_

Position Information: Replacement For: \_\_\_\_\_

Is the Job description current?	<input checked="" type="radio"/> Yes      No	Payroll Mode:
Status: Employment Category	Hours per week: <u>24</u>	<input checked="" type="radio"/> Biweekly
<input checked="" type="radio"/> Reg F/T	Days per week: _____	Monthly
<input checked="" type="radio"/> Reg P/T		
Temp F/T		
Temp P/T		
FLSA Status:	<input type="radio"/> Exempt (Salary) <input type="radio"/> Non Exempt (Hourly)	

**Approvals:**

Chief: <u>[Signature]</u>	Date: <u>1 June 2020</u>
Fire Board President: _____	Date: _____
Administrator: _____	Date: _____

**New Position Information:** Complete this form before attending Fire Board meeting to request approval to ratify position.

Name of Person: (please print) <u>ZACHARY SONDES</u>	Date: <u>1 June 2020</u>
Compensation: <u>\$8.50</u> <input checked="" type="radio"/> Per hour      Per Year      Other: _____	Start Date: <u>1 June 2020</u>

Start date should be the beginning of a pay period. This allows enough time to schedule drug screens, physicals

**TANGIPAHOA PARISH RURAL FIRE # 2  
POSITION RATIFICATION FORM**

*This form is to be used for all position replacements or additions. Any change to the job description for this position may be forwarded with this form.*

**Position Title:** FireFighter/Operator **Position Number:** \_\_\_\_\_

**Location:** Kentwood Independence Husser Wilmer

Loranger Natalbany Hammond Ponchatoula

8<sup>th</sup> Ward (Robert) Manchac Other \_\_\_\_\_

**Position Information: Replacement For:** \_\_\_\_\_

<b>Is the Job description current?</b>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>Payroll Mode:</b>
<b>Status: Employment Category</b>	<b>Hours per week:</b> <u>24</u>		<input checked="" type="radio"/> Biweekly
<input checked="" type="radio"/> Reg F/T	<b>Days per week:</b> _____		<input type="radio"/> Monthly
<input checked="" type="radio"/> Reg P/T			
<input type="radio"/> Temp F/T			
<input type="radio"/> Temp P/T			
<b>FLSA Status:</b>	<input type="radio"/> Exempt (Salary)	<input type="radio"/> Non Exempt (Hourly)	

**Approvals:**

<b>Chief:</b> <u>[Signature]</u>	<b>Date:</b> <u>1 June 2020</u>
<b>Fire Board President:</b> _____	<b>Date:</b> _____
<b>Administrator:</b> _____	<b>Date:</b> _____

**New Position Information:** Complete this form before attending Fire Board meeting to request approval to ratify position.

<b>Name of Person:</b> (please print) <u>RUSSELL WALZ</u>	<b>Date:</b> <u>1 June 2020</u>		
<b>Compensation:</b> <u>\$8.50</u> <input checked="" type="radio"/> Per hour	<input type="radio"/> Per Year	<input type="radio"/> Other: _____	<b>Start Date:</b> <u>1 June 2020</u>

Start date should be the beginning of a pay period. This allows enough time to schedule drug screens, physicals

**TANGIPAOA PARISH RURAL FIRE # 2  
POSITION RATIFICATION FORM**

*This form is to be used for all position replacements or additions. Any change to the job description for this position may be forwarded with this form.*

Position Title: Firefighter/OPERATOR Position Number: \_\_\_\_\_

Location: Kentwood Independence Husser Wilmer

Loranger Natalbany Hammond Ponchatoula

8<sup>th</sup> Ward (Robert) Manchac Other \_\_\_\_\_

Position Information: Replacement For: Louie TREGRE

Is the Job description current?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Payroll Mode:
Status: Employment Category	Hours per week: <u>48</u>		<input checked="" type="radio"/> Biweekly
<input checked="" type="radio"/> Reg F/T	Days per week: _____		Monthly
<input type="radio"/> Reg P/T			
<input type="radio"/> Temp F/T			
<input type="radio"/> Temp P/T			
FLSA Status:	<input type="radio"/> Exempt (Salary)	<input type="radio"/> Non Exempt (Hourly)	

**Approvals:**

Chief: <u>[Signature]</u>	Date: <u>1 June 2020</u>
Fire Board President: _____	Date: _____
Administrator: _____	Date: _____

**New Position Information:** Complete this form before attending Fire Board meeting to request approval to ratify position.

Name of Person: (please print) <u>ELI BRIGNAC</u>	Date: <u>1 June 2020</u>
Compensation: <u>\$8.50</u> <input checked="" type="radio"/> Per hour	Per Year Other: _____ Start Date: <u>1 June 2020</u>

Start date should be the beginning of a pay period. This allows enough time to schedule drug screens, physicals

**CERTIFIED LESSEE RESOLUTION**

At a duly called meeting of the Governing Body of the Lessee (as defined in the Tangipahoa Parish Rural Fire Protection District No. 2 Lease No. 24867) held on June \_\_\_\_\_, 2020, the following resolution was introduced and adopted.

BE IT RESOLVED by the Governing Board of Lessee as follows:

Determination of Need. The Governing Body of Lessee has determined that a true and very real need exists for the acquisition of the Equipment or other personal property described in the Lease between Tangipahoa Parish Rural Fire Protection District No. 2 (Lessee) and Motorola Solutions, Inc. (Lessor).

1. **Approval and Authorization.** The Governing body of Lessee has determined that the Lease, substantially in the form presented to this meeting, is in the best interests of the Lessee for the acquisition of such Equipment or other personal property, and the Governing Board hereby approves the entering into of the Lease by the Lessee and hereby designates and authorizes the following person(s) referenced in the Lease to execute and deliver the Lease on Lessee's behalf with such changes thereto as such person deems appropriate, and any related documents, including any escrow agreement, necessary to the consummation of the transactions contemplated by the Lease.
  
2. **Adoption of Resolution.** The signatures in the Lease from the designated individuals for the Governing Body of the Lessee evidence the adoption by the Governing Body of this Resolution.

**Tangipahoa Parish Rural Fire Protection District No. 2 (Schedule B)**

Compound Period: Annual  
 Nominal Annual Rate: 0.000% first two years  
 Nominal Annual Rate: 2.520% remaining term

**CASH FLOW DATA**

Event	Date	Amount	Number	Period	End Date
1 Lease	7/1/2020	\$ 512,813.69	1		
2 Lease Payment	7/1/2021	\$ 105,627.66	2	Annual	7/1/2022
3 Rate Change	7/1/2022	Rate: 2.520%	Compounding:	Annual	
4 Lease Payment	7/1/2023	\$ 105,627.66	3	Annual	7/1/2025

**AMORTIZATION SCHEDULE - Normal Amortization, 360 Day Year**

	Date	Lease Payment	Interest	Principal	Balance
Lease	7/1/2020				\$512,813.69
1	7/1/2021	\$ 105,627.66	\$ -	\$ 105,627.66	\$407,186.03
2	7/1/2022	\$ 105,627.66	\$ -	\$ 105,627.66	\$301,558.37
	7/1/2022	Rate: 2.52%		Compounding: Annual	
3	7/1/2023	\$ 105,627.66	\$ 7,599.27	\$ 98,028.39	\$203,529.98
4	7/1/2024	\$ 105,627.66	\$ 5,128.96	\$ 100,498.70	\$103,031.28
5	7/1/2025	\$ 105,627.66	\$ 2,596.38	\$ 103,031.28	\$ -
<b>Grand Totals</b>		<b>\$ 528,138.30</b>	<b>\$ 15,324.61</b>	<b>\$ 512,813.69</b>	

**ORIGINAL ISSUE DISCOUNT:**

Lessee acknowledges that the amount financed by Lessor is \$490,445.62 and that such amount is the issue price for this Lease Payment Schedule for federal income tax purposes. The difference between the principal amount of this Lease Payment Schedule and the issue price is original issue discount as defined in Section 1288 of the Code. The yield for this Lease Payment Schedule for federal income tax purposes is 2.52%. Such issue price and yield will be stated in the applicable Form 8038-G.

**INITIAL INSURANCE REQUIREMENT:** \$512,813.69

Except as specifically provided in Section five of the Lease hereof, Lessee agrees to pay to Lessor or its assignee the Lease Payments, including the interest portion, in the amounts and dates specified in the above payment schedule.

**June 5, 2020  
OFFICIAL JOURNAL  
TANGIPAOA PARISH RURAL  
FIRE DISTRICT NO. 2  
PERIOD  
JULY 1, 2020 - JUNE 30, 2021**

<b>PUBLICATION</b>	<b>TOTAL -PER 100 WORDS</b>
The Daily Star P.O. Box 1149 Hammond, LA 70404	\$6.00/100 word square



# Proposal of Insurance

*prepared for:*

Tangipahoa Parish Rural Fire District #2  
PO Box 818  
Amite LA 70422

Presented by:  
David Drake  
Account Executive

Jana Grace, CIC, CISR  
Commercial Account Manager

2020 – 2021 Policy Term





## Important Please Read

As you review our proposal, please keep these thoughts in mind.

Always refer to the policies for specific coverage questions. Our proposal is a general overview only. The policy contract determines where and if coverage is available.

Consider flood and earthquake coverage. Neither flood loss nor earthquake loss are covered under standard property policies. All of us have exposure to floods and earthquakes.

The property and liability limits that we illustrate in this proposal are options only. We can provide additional alternative limit options if you request. The selection of limits is solely your decision.

Please notify us throughout the policy year of changes in your business that may affect your exposure to risk. Failure to do so may result in uncovered losses.

Our inspections, reports and recommendations are provided to assist in your efforts to establish and maintain a safe workplace and not to warrant workplace safety or compliance with applicable laws, regulations or standards. Our observations and suggestions are not a substitute for legal advice. You bear this ultimate responsibility and are encouraged to seek appropriate legal counsel when implementing a program or process to maintain a comprehensive workplace safety program.

Loss control is a daily responsibility of your management. Our visits are not a substitute for your own loss control program. Recommendations are developed from conditions observed at the time of our visit. The do not include every possible loss potential, code violation, or exception to good practice.

The solvencies of the insurance carriers that you select are of utmost importance. Unless notified otherwise, all carriers have a Best Guide rating of A- or better.

In order to offer you choices, our agency maintains relationships with a number of insurance companies. Most of these companies pay our agency a commission when we place coverage with them. Some companies issue policies on a net basis to us, and we in turn, will charge you an agency fee. Some companies do pay our agency a contingency commission at the end of the calendar year if the group of insurance customers placed with that company has been profitable. Such an arrangement is an incentive for our agency to work with you to prevent losses as well as send profitable business to insurance carriers.

Our relationship with you is based on trust and we do our best to make no representation that would mislead anyone about any aspect of the products or services that we offer.

We value your trust and have always held it in the highest regard; therefore, we will continue to do all that we can to fully represent you in the insurance marketplace.

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This is only a brief summary, not a contract. Please see policy for full details, limitations and exclusions.



## Tangipahoa Parish Rural Fire District #2's Service Team

The following individuals are dedicated to providing service for your insurance needs.

Team Member	How They Can Help	Contact Numbers	Email Address
David Drake	Gathers your risk information and oversees and executes resources and services.	(225) 336-3218	david.drake@bxsi.com
Jana Grace	Manages and implements all day-to-day changes and any services you need.	(225) 215-9424	jana.grace@bxsi.com

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## Named Insured's Schedule

Name	FEIN	For Policies
Tangipahoa Parish Rural Fire District #2	72-6001371	Package Policy

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## Package Policy

**Issuing Company:**  
**Policy Term:**

American Alternative Insurance Corp  
6/1/2020 - 6/1/2021

### *General Liability Limits*

General Liability	Limits
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal/Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit (each occurrence)	\$1,000,000
Medical Expense Limit (any one person)	\$5,000
Form – Occurrence or Claims Made	Occurrence

### *Management Liability*

Coverage	Limits
Each Offense or Wrongful Act	\$1,000,000
Aggregate	\$2,000,000
Defense Expense for Injunctive Relief	\$50,000
Form – Occurrence or Claims Made	Occurrence
Cyber Liability – Each Event Limit Retro Date: 6/1/2014	\$1,000,000
Privacy Crisis Management Expense – Each Privacy Event Retro Date 6/1/2014	\$50,000
Cyber Extortion Expense – Each Event Limit	\$20,000
Privacy Crisis Management Expense and Cyber Extortion Expense – Aggregate	\$50,000
Form – Occurrence or Claims Made	Occurrence

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## Business Automobile

### COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

### Limits

Limits of Liability	Symbol	Limit
Combined Single Limit	1	\$1,000,000
Medical Payments	7	\$10,000
Hired Auto Liability	8	\$1,000,000
Non Owned Auto Liability	9	\$1,000,000

Uninsured/Underinsured Motorists	Symbol	Limit
Uninsured Combined Single Limit	2, 8, 9	\$1,000,000 Each Accident

Physical Damage Coverage	Symbol	Limit
Hired Car Comprehensive Deductible	8	\$1,000
Hired Car Collision Deductible	8	\$1,000
Hired Car Physical Damage Limit	8	
Comprehensive	7, 8	See Schedule of Vehicles
Collision	7, 8	See Schedule of Vehicles

### Schedule of Vehicles

Ins Veh #	Veh #	Year	Make/Model VIN	Liab	Med Pay	PIP	UM	UIM	Comp Ded	Coll Ded
	1		See spreadsheet							

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## Excess Liability

Coverage Description	Limit
Each Occurrence	\$10,000,000
Annual Aggregate	\$20,000,000

Coverage	Limits	Limit Description	Company/Policy Term
General Liability	\$1,000,000	Each Occurrence	American Alternative Insurance Corp 6/1/2020 - 2021
	\$2,000,000	General Aggregate	
	\$2,000,000	Products/Completed Ops	
Business Auto Liability	\$1,000,000	Combined Single Limit	American Alternative Insurance Corp 6/1/2020 - 2021

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## Commercial Property

Subjects of Insurance	Amount	Cause of Loss	Valuation	Co-insurance	Deductible
<b>Loc. 1 - Kentwood VFD - 14400 Hwy 38, Kentwood, LA 70444</b>					
Building	\$1,246,107	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$29,247	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 2 - Kentwood VFD 310 Avenue G, Kentwood, LA 70444</b>					
Business Personal Property	\$53,814	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 3 - Kentwood VFD - 19055 Hwy 1055, Kentwood, LA 70444</b>					
Building	\$107,353	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$11,699	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 4 - Kentwood VFD Garage - 12287 Hwy 440, Tangipahoa, LA 70465</b>					
Building	\$125,175	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 5 - Wilmer VFD - 22115 Hwy 10, Kentwood, LA</b>					
Building	\$421,409	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 6 - Wilmer VFD - 66616 Hwy 1058, Roseland, LA 70456</b>					
Building	\$105,666	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 7 - Wilmer VFD - 20163 Hwy 16, Amite, LA 70422</b>					
Building	\$53,922	Special (Including theft)	Guaranteed Replacement Cost		1,000

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Subjects of Insurance	Amount	Cause of Loss	Valuation	Co-insurance	Deductible
<b>Loc. 8 - Husser VFD - 56296 Hwy 445, Amite, LA 70422</b>					
Building	\$862,712	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$23,397	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 9 - Loranger VFD - 53096 Hwy 40, Loranger, LA 70446</b>					
Building	\$592,919	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$23,397	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 10 - Loranger VFD – Garage - 20032 Firehouse Road, Loranger, LA 70446</b>					
Building	\$122,338	Special (Including theft)	Replacement Cost	80%	1,000
<b>Loc. 11 - Loranger VFD – Garage - 27208 N Cooper Rd, Loranger, LA 70446</b>					
Building	\$36,227	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 12, Bldg. 1 - Loranger VFD – Garage - 16466 E cooper Rd, Loranger, LA 70446</b>					
Building	\$36,227	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 12, Bldg. 2 - Loranger VFD – Garage II - 16466 E cooper Rd, Loranger, LA 70446</b>					
Building	\$15,000	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 13, Bldg. 1 - 8<sup>th</sup> Ward VFD - 42382 Hwy 445, Robert, LA 70455</b>					
Building	\$843,143	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$175,479	Special (Including theft)	Replacement Cost		1,000

This is only a brief summary, not a contract. Please see policy for full details, limitations and exclusions.



Subjects of Insurance	Amount	Cause of Loss	Valuation	Co-insurance	Deductible
<b>Loc. 13, Bldg. 2 - Truck Canopy - 42382 Hwy 445, Robert, LA 70455</b>					
Building	\$40,945	Special (Including theft)	Replacement Cost	80%	1,000
<b>Loc. 14 - Natalbany VFD - 11380 Hwy 1064, Natalbany, LA 70451</b>					
Building	\$64,411	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 15 - Independence VFD - 52291 Redhill Rd, Independence, LA 70443</b>					
Building	\$68,638	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 16 - Independence VFD - 52018 Noto Rd, Independence, LA 70443</b>					
Building	\$68,638	Special (Including theft)	Guaranteed Replacement Cost		1,000
<b>Loc. 17, Bldg. 1 - Manchac VFD - 30221 Hwy 51, Akers, LA 70421</b>					
Building	\$123,417	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$37,435	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 17, Bldg. 2 - Storage - 30221 Hwy 51, Akers, LA 70421</b>					
Building	\$11,173	Special (Including theft)	Replacement Cost	80%	1,000
Business Personal Property	\$7,603	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 18 - Manchac VFD - 32266 Hwy 51, Manchac, LA 70421</b>					
Building	\$37,889	Special (Including theft)	Replacement Cost	80%	1,000
<b>Loc. 19 - Ponchatoula VFD - 610 Pine St, Ponchatoula, LA 70454</b>					
Building	\$1,222,752	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$128,708	Special (Including theft)	Replacement Cost		1,000

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Subjects of Insurance	Amount	Cause of Loss	Valuation	Co-insurance	Deductible
<b>Loc. 20, Bldg. 1 - Ponchatoula VFD - 21275 Hwy 22, Ponchatoula, LA 70454</b>					
Building	\$628,891	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$19,739	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 20, Bldg. 2 - Modular Bunkhouse - 21275 Hwy 22, Ponchatoula, LA 70454</b>					
Building	\$61,868	Special (Including theft)	Actual Cash Value	80%	1,000
<b>Loc. 21 - Ponchatoula VFD - 40015 Morgan Dr, Ponchatoula, LA 70454</b>					
Building	\$483,336	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$8,658	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 22, Bldg. 1 - Hammond Rural VFD - 44532 S. Baptist Rd, Hammond, LA 70404</b>					
Building	\$319,342	Special (Including theft)	Guaranteed Replacement Cost		1,000
Business Personal Property	\$58,493	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 22, Bldg. 2 - Office - 44532 S. Baptist Rd, Hammond, LA 70404</b>					
Building	\$31,264	Special (Including theft)	Replacement Cost	80%	1,000
Business Personal Property	\$11,699	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 22, Bldg. 3 - Storage - 44532 S. Baptist Rd, Hammond, LA 70404</b>					
Building	\$7,265	Special (Including theft)	Replacement Cost	80%	1,000
Business Personal Property	\$9,359	Special (Including theft)	Replacement Cost		1,000
<b>Loc. 22, Bldg. 4 - Training Room - 44532 S. Baptist Rd, Hammond, LA 70404</b>					
Building	\$47,485	Special (Including theft)	Replacement Cost	80%	1,000

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Subjects of Insurance	Amount	Cause of Loss	Valuation	Co-insurance	Deductible
Business Personal Property	\$9,359	Special (Including theft)	Replacement Cost		1,000

### Scheduled Equipment

Item #	Description	Year / Make / Model	Serial #	Amount of Insurance	Deductible
1	Inmar 14.5 Inflatable 25 HP Boat	430-5R		\$2,000	
2	Inmar 14.5 Inflatable 25 HP Boat	430-5R		\$2,000	
3	War Eagle	2017 War Eagle 754 LDV	MTW34012K617	\$4,800	
4	War Eagle	2017 War Eagle 754 LDV	MTW34011K617	\$4,800	
5	Magic Tilt	2017 Magic Tilt JBV-15-17WBC		\$1,150	
6	Magic Tilt	2017 Magic Tilt JBV-15-17WBC		\$1,150	
7	Magic Tilt	2017 Magic Tilt MT16XWL1500	1M5BB1813H1E34393	\$1,200	
8	Magic Tilt	Magic Tilt MT16XWL1500	1M5BB1811H1E34392	\$1,200	
9	Evinrude	2017 Evinrude E50DGTLAG	5487316	\$6,000	
10	Evinrude	2017 Evinrude E50DGTLAG	5487317	\$6,000	
11	Motor	Suzuki 25 HP		\$4,000	
12	Motor	Suzuki 25HP		\$4,000	
13	35 Rescue Vests @ \$200 Each			\$7,000	
14	15 NRS Tow Tether @22.95 Each			\$345	

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Item #	Description	Year / Make / Model	Serial #	Amount of Insurance	Deductible
15	15 Throw Bag/Rope @ \$50.95 EA			\$765	
16	35 NRS Fox 40 Whistle @ \$6.24 EA			\$219	
17	15 NRS Havoc Helmet @34.95 EA			\$525	
18	15 NRS Omega Carabiners @ \$11 EA			\$165	
19	2018 Gator Trax Boat		LAZ13473J718	\$10,623	
20	2018 Mudbuddy 35 HP Motor		025849	\$10,255	
21	2018 McClain 18x54 Trailer		4LYBG1811JH002587	\$2,387	
22	Roadclipper Trailer	RUL16X77	46UFU1624H1187415	\$2,575	
23	Continental Cargo Trailer	8.5 X 24	5NHUNSZ26KU121465	\$6,565	
			<b>Total Limit</b>	<b>\$79,724.00</b>	

**IMPORTANT NOTICE:** Flood coverage is typically not covered under a standard commercial property policy. We may be able to provide a quote for commercial flood insurance to a limit of \$500,000 for your building and to a limit of \$500,000 for its contents. You may be able to purchase excess flood insurance to rebuild properties valued above those limits.

Depending on your geographic location, certain occurrences in nature (Flood, Earthquake, Tropical Storms, Hurricanes, etc.) could limit our binding authority.

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## Coinsurance Clause

Most property insurance policies contain a coinsurance provision. A Coinsurance provision requires the insured to insure the covered property to some specified percentage of its full value, either replacement cost or actual cash value – typically 80, 90 or 100 percent – in exchange for a coinsurance rate credit. If at the time of loss it is determined that the limits carried are less than those required by the coinsurance provision, the loss recovery will be limited to the same percentage of loss as the ratio of the amount of insurance carried to the amount of insurance required. The “Coinsurance Formula” Exhibit below shows the calculation of the amount payable after application of the coinsurance requirement.

Replacement Cost	\$100,000
80% Limit Required	\$80,000
Amount of Coverage Carried	\$60,000
Amount of Loss	\$40,000
Deductible	\$1,000

### Loss Calculation

$\$40,000 \times (\$60,000 / \$80,000) - \$1,000 =$	\$29,000
Total Claim Paid	\$29,000

For the purposes of this exhibit, noncompliance with the coinsurance clause resulted in an \$11,000 penalty.

The coinsurance clause affects the amount of recovery only in partial loss situations. In the event of a total loss, the policy would pay the total limit of liability applicable to that property, in this case \$60,000.

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### Premium Summary

Coverage	Company	AM Best Rating	Premium	Tax	Fee	Total Premium
Package Policy	American Alternative Ins Co	A+ XV	281,920.00		1,402.91	283,322.91
<b>TOTAL ANNUAL PREMIUM</b>			<b>281,920.00</b>	<b>0.00</b>	<b>1,402.91</b>	<b>283,322.91</b>

### Premium Comparison

Coverage	Company	19/20 (Annualized) Expiring Premium	20/21 (Estimated) Renewal Premium
Property	American Alternative Ins Co	60,345.98	53,886.55
Equipment	American Alternative Ins Co	1,437.00	1,437.00
Auto	American Alternative Ins Co	178,149.00*	210,046.00
General Liability	American Alternative Ins Co	1,694.00	1,588.00
Management Liability	American Alternative Ins Co	1,424.00	1,439.00
Excess Liability	American Alternative Ins Co	13,104.00	14,889.00
<b>TOTAL ANNUAL PREMIUM</b>		<b>256,153.98</b>	<b>283,322.91</b>

- 5 vehicles added during 2019 – 2020 policy term

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## Understanding Best's Financial Strength Ratings

A Best's Financial Strength Rating can be assigned to an insurance company on an interactive or non-interactive basis. In both cases, the rating scale and descriptors are:

Secure	Vulnerable
A++, A+ (Superior)	B, B- (Fair)
A, A- (Excellent)	C++, C+ (Marginal)
B++, B+ (Good)	C, C- (Weak)
	D (Poor)
	E (Under Regulatory Supervision)
	F (In Liquidation)
	S (Suspended)

Financial Size Category			
Class	Adj. PHS (\$ Millions)	Class	Adj. PHS (\$ Millions)
I	Less than 1	IX	250 to 500
II	1 to 2	X	500 to 750
III	2 to 5	XI	750 to 1,000
IV	5 to 10	XII	1,000 to 1,250
V	10 to 25	XIII	1,250 to 1,500
VI	25 to 50	XIV	1,500 to 2,000
VII	50 to 100	XV	2,000 or greater
VIII	100 to 250		

This is only a brief summary, not a contract. Please see policy for full details, limitations and exclusions.



# Acceptance of Proposal

## Tangipahoa Parish Rural Fire District #2

Please bind coverage as proposed by BXS Insurance, effective \_\_\_\_\_.

I understand that this proposal is only an outline of the insurance policy/policies and does not include all of the terms, coverages, exclusions, limitations and conditions included in the insurance policy/policies. Regardless of the terms, limitations and conditions carried in prior years, this proposal contemplates only the limits, terms, conditions, warranties and exposures represented herein. The insurance policy/policies will include these specific details.

\*\*\*\*\*

\_\_\_\_\_ I accept the proposal as presented

\_\_\_\_\_ I accept the proposal with the following changes:

\_\_\_\_\_ I reject this proposal

\*\*\*\*\*

The presented commercial policy does not include coverage for the following. You can purchase a separate policy insuring against these hazards, if you would like more information or a quote let us know. Please initial next to each hazard verifying you are aware that these coverages are **NOT** included.

\_\_\_\_\_ Earthquake Insurance

\_\_\_\_\_ Cyber Insurance

\_\_\_\_\_ Flood Insurance

\_\_\_\_\_ EPLI Insurance

\*\*\*\*\*

## ***Binding Subjectivities***

\*\*\*\*\*

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Authorized Signature of Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

This is only a brief summary, not a contract. Please see policy for full details, limitations and exclusions.



## POWER OF ATTORNEY TO CANCEL INSURANCE

Insured hereby appoints BXS Insurance, Inc. and its employees (hereinafter "Broker") as Insured's attorney in fact with full authority to cancel any policy of insurance, including renewals, for nonpayment of any premium or fees owed by Insured to the Broker or any Carrier on any Policy or Bond for which BXS Insurance, Inc. served as the Broker and to receive all unearned or return premium due thereon upon such cancellation.

This Power of Attorney shall be effective until such time as it is revoked in writing by Insured and received by Broker.

*Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year)*

Printed Name of Insured:

Signature of Insured or Authorized Insured Representative:

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## Discussion

**These items are for discussion only and do not represent all of your potential exposures.**

Property	
	Accounts Receivable/Valuable Papers
	Equipment Breakdown
	Electronic Data Processing Equipment
	Equipment Floaters
	Flood/Earthquake/Wind
	Ordinance or Law
	Business Income/Extra Expense/Loss of Rents
	Signs/Glass
	Off Premises Power Failure
	Cargo
	Terrorism
	Dependent Property
Crime	
	Employee Dishonesty
	ERISA
	Forgery or Alteration
	Money & Securities
	In Transit
	Money Orders/Counterfeit Money
	Computer Crime
	Computer Fraud
	Funds Transfer Fraud
	Claims Expense
Other	
	Foreign Coverage
	Kidnap & Ransom
	Travel Accident
	Aviation

Liability	
	Employee Benefits
	Directors & Officers
	Employment Practices
	Fiduciary
	Internet & Privacy
	Liquor
	Pollution
	Product Recall
	Professional/Errors & Omissions
	Stop Gap Workers Compensation
	Garage
	Railroad Protective
	Terrorism
Automobile	
	Drive Other Car
	Hired/Non-owned Auto Liability
	Hired Car Physical Damage
	MCS-90
	Employees As Insureds
	Terrorism
Workers Compensation	
	US Longshoreman's & Harbor Workers
	Jones Act
	Maritime
	Stop Gap
	Foreign
Excess Liability	
	Terrorism

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## BXSI Resource Options

<b>Resources</b>	
<b>You Currently Have Checked Items</b>	
	<p><b>PRESS</b> – Stewardship report providing detail analysis of losses on all coverage lines, multiple policy years.</p> <ul style="list-style-type: none"> <li>• Identifies Severity and Frequency Trends</li> <li>• Provides Loss Ratio by Line/Policy Year</li> <li>• Itemizes Exposures/Rates on GL and WC</li> <li>• Provides Benchmarking/RCOR Analysis</li> <li>• Overview of Resources</li> </ul>
	<p><b>Loss Control</b> – Specializes in helping you proactively prevent, reduce and manage exposures while reducing the frequency and severity of losses. Rather than restricting services by a predetermined date, we provide loss control services at the time needs arise.</p>
	<p><b>Work Comp Injury Triage</b> – provides professional and immediate response on work compensation claims:</p> <ul style="list-style-type: none"> <li>• Access to Occupational Registered Nurse 24/7 for Treatment Recommendations</li> <li>• Claim reporting completes 1<sup>st</sup> Report of Injury, Notifies Carrier</li> <li>• Controls and Reduces Claim Cost</li> <li>• Reduces Fraudulent Claims/Records All Calls</li> <li>• Interpreters Available</li> </ul>
	<p><b>CARE</b> – Internal workers' compensation monitoring tool designed to reduce impact of claims which ultimately reduces experience modifier. The program monitors workers' compensation claims:</p> <ul style="list-style-type: none"> <li>• Any Claim over \$5,000</li> <li>• Claims with Indemnity Reserve</li> <li>• Any Claim Open Longer than 180 Days</li> <li>• Experience Mod Reviewed before Unit Stat</li> <li>• Experience Mod Checked at Renewal</li> </ul>
	<p><b>Transportation Compliance Services</b> – provides assistance to motor carriers to maintain compliance with the U.S. DOT and the FMCSA.</p> <ul style="list-style-type: none"> <li>• Evaluate State of Compliance</li> <li>• Quarterly DOT style audits with action plans</li> <li>• Manage Drug and Alcohol Consortium</li> <li>• Carrier Compliance Audits</li> <li>• Drive MVR Reports</li> <li>• Hazardous Materials Training</li> <li>• IFTA Processing &amp; Reporting</li> <li>• Accident Investigation/Vehicle Inspections</li> </ul>
	<p><b>Certificate E-Service Issuance</b> – Online certificate service offering electronic generation of certificates and auto ID cards 24/7 at no cost.</p> <p><b>Tracking</b> – Automates the tracking of Vendors, Sub-contractors, Project by Expiration Date, compares contract requirement, automates certificate request and notices of deficiencies of coverage</p>

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# ThinkHR Workplace A cloud-based platform of integrated HR resources and training supported by live HR experts.



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ThinkHR Live's team of experienced HR Advisors are there in the moment that matters to point you in the right direction, offer a second opinion, or coach you on critical workforce issues.

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- Environmental compliance
- Wellness



## ThinkHR Comply

ThinkHR Comply has up-to-date and accurate compliance resources:

- Regional and national compliance news
- Employee handbook builder
- Job description builder
- Compliance guidelines and checklists
- Performance review tools
- HR audit checklist
- Salary benchmarking
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For only \$50.00/year, you can purchase the entire suite of **ThinkHR** services.

Contact your BXI Insurance representative to register today!

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Call the ThinkHR Live team at 877.225.1101



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## Authorization to Release Data to Third Parties

### PURPOSE

By providing this Data Transfer Authorization Form and Release (“Authorization”), the Client identified below (“Client”) authorizes and grants permission to BXS Insurance, Inc. (“BXS”) to transfer or otherwise share with insurance carriers, third party administrators, and other entities (“third parties”), as necessary to service Client’s account, any and all of Client’s data currently held, available to, or otherwise in the possession of BXS.

### SCOPE OF AUTHORIZATION

The permissions granted under this Authorization shall authorize and permit BXS to transfer and share any and all data with third parties. Client understands and agrees that the authority under this Authorization cannot be revoked during the time BXS provides services to Client.

### SIGNATURE

This Authorization may be executed in manual, facsimile, or electronic counterparts, each of which shall be deemed to be an original and all of which shall together constitute but one and the same instrument.

**CLIENT NAME:** Tangipahoa Parish Rural Fire District #2

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

This is only a brief summary, not a contract. Please see policy for full details, limitations and exclusions.



## Tangipahoa Parish Rural Fire District #2

### 2020 VFIS Insurance Renewal

#### Executive Summary

Coverage	Company	19/20 (Annualized) Expiring Premium	20/21 (Estimated) Renewal Premium
Package Policy (General Liability, Management Liability, Automobile, Equipment, Property and Excess Liability)	American Alternative Ins Co	254,790.22	283,322.91
<b>TOTAL ANNUAL PREMIUM</b>		<b>254,790.22</b>	<b>283,322.91</b>

Factors contributing to the increase in premium:

- Automobile coverage was the leading factor of the premium increase
- 5 Year Auto Loss History: \$543,168
- 5 more vehicles insured this renewal when compared to last year at this time
- Louisiana's cost per claim is more than double the national average
- 54% of Louisiana bodily injury claimants hire attorneys with roughly 2/3's of these claimants filing lawsuits
- Per capita, Louisiana's bodily injury claims frequency is almost double the national average
- Average litigation awards have risen 150% in the last 6 years
- When compared to our neighboring state, per capita, New Orleans had more than triple the amount of auto liability lawsuits filed than Dallas and Houston
- As a result, Louisiana has the second highest auto insurance rates in the country