



citycounty insurance services  
cisoregon.org

## Property and/or Liability Proposal Summary

**Named Member**  
City of Newport  
169 SW Coast Hwy.  
Newport, OR 97365

**Agent of Record**  
Wilson Heirgood Associates  
[REDACTED]  
[REDACTED]

**Proposal Date:** 6/13/2024  
**Member Number:** [REDACTED]  
**Effective Date:** 7/1/2024  
**Termination Date:** 7/1/2025

**This is not an invoice. Information Only.**

Coverage	Description	Amount	Total
<b>General Liability - Standard Plan</b>	Contribution Limit: \$5,000,000	\$306,933.12	
	Multi-Line Credit	(\$15,746.66)	
	Risk Management Allowance	(\$31,493.31)	
	Other GL Risk Exposure	\$8,000.00	
			<b>\$267,693.15</b>
<b>Auto Liability - Standard Plan</b>	Contribution	\$70,239.33	
	Multi-Line Credit	(\$3,511.97)	
	Risk Management Allowance	(\$7,023.93)	
			<b>\$59,703.43</b>
<b>Auto Physical Damage</b>	Contribution	\$75,119.30	
	Multi-Line Credit	(\$3,755.96)	
	Risk Management Allowance	(\$7,511.93)	
			<b>\$63,851.40</b>
<b>Property</b>	Contribution	\$310,689.53	
	Multi-Line Credit	(\$15,534.48)	
	Risk Management Allowance	(\$31,068.95)	
			<b>\$264,086.10</b>
<b>Optional Excess Liability</b>	<b>Not Purchased</b>		<b>\$0.00</b>
<b>Optional Excess Quake</b>	<b>Not Purchased</b>		<b>\$0.00</b>
<b>Optional Excess Flood</b>	<b>Not Purchased</b>		<b>\$0.00</b>
<b>Optional Excess Crime</b>	Contribution	\$1,285.00	
	Risk Management Allowance	(\$128.50)	
			<b>\$1,156.50</b>
<b>Optional Cyber Security</b>	<b>Not Purchased</b>		<b>\$0.00</b>
<b>Optional Excess Cyber Security</b>	<b>Not Purchased</b>		<b>\$0.00</b>
<b>Difference in Conditions</b>	<b>Not Purchased</b>		<b>\$0.00</b>
<b>Summary</b>			
	Contribution	\$764,266.29	
	Multi-Line Credit	(\$38,549.07)	
	Risk Management Allowance	(\$77,226.62)	
	Other GL Risk Exposure	\$8,000.00	

**This is not an invoice. Information Only.**

**\$656,490.59**



# CIS Public Entity Liability Coverage Proposal

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Proposal Date: 6/13/2024 Coverage Period: 7/1/2024 to 7/1/2025

**Named Member**  
City of Newport  
169 SW Coast Hwy.  
Newport, OR 97365

**Agent of Record**  
Wilson Heirgood Associates  
[REDACTED]  
[REDACTED]

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage*	Per Occurrence	Annual Aggregate	Per Occurrence Deductible / SIR*	Agg/Retro Deductible
Public Entity Liability Coverage (Including Auto Liability) as described in CIS General & Auto Liability Coverage Agreement	\$200,000	\$600,000	NONE	None

Forms Applicable: CIS General & Auto Liability Coverage Agreement - CIS GL/AL (7/1/2024)

Coverage*	Per Occurrence	Annual Aggregate		
Excess Public Entity Liability Coverage as described in the CIS Excess Liability Coverage Agreement (limits shown are excess of primary coverage limits)	\$4,800,000	\$14,400,000		

Forms Applicable: CIS Excess Liability Coverage Agreement - CIS XS/GL (7/1/2024)

Coverage*	Per Occurrence	Annual Aggregate		
Additional layer of Excess Liability (General and Auto Liability)	Not Purchased	Not Purchased		

\*Refer to the CIS General & Auto Liability Coverage Agreement and CIS Excess Liability Coverage Agreement and endorsements (if any) for detailed coverages, special deductibles, limits, sublimits, exclusions, and conditions that may apply.  
**Excess Liability Coverage does not provide Uninsured Motorist coverage.**

Coverage	Contribution
General Liability	\$314,933.12
Auto Liability	\$70,239.33
Excess Liability	\$0.00
<b>Liability Total</b>	<b>\$385,172.45</b>

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by: \_\_\_\_\_

DocuSigned by:  
*Erik Glover*

3167CF0F-4263432  
Authorized Representative / Agent

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

06/26/2024







# Property Coverage Proposal

**Proposal Date: 6/13/2024** **Coverage Period: 7/1/2024 to 7/1/2025**

**Named Member**  
City of Newport  
169 SW Coast Hwy.  
Newport, OR 97365

**Agent of Record**  
Wilson Heirgood Associates  
[REDACTED]  
[REDACTED]

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

**Coverage Limits (Per Occurrence):\***

Building and Contents and PIO	Per current CIS Property Schedule
Mobile Equipment	Per current CIS Mobile Equipment Schedule
Earthquake	\$5,000,000
Excess Earthquake - Coverage applies only if coverage limit is shown. <span style="float: right;">None</span>	
Flood	\$5,000,000
Excess Flood - Coverage applies only if coverage limit is shown. <span style="float: right;">None</span>	
Combined Loss of Revenue and Rental Value	\$1,000,000
Combined Extra Expense and Rental Expense	\$1,000,000
Property in Transit	\$1,000,000
Hired, Rented or Borrowed Equipment	\$150,000
Restoration/Reproduction of Books, Records, etc.	\$100,000
Electronic Data Restoration/Reproduction	\$250,000
Pollution Cleanup	\$25,000
Crime Coverage	\$50,000
Police Dogs (if scheduled)	\$15,000
Off Premises Service Interruption	\$100,000
Miscellaneous Coverage	\$50,000
Personal Property at Unscheduled Locations	\$15,000
Personal Property of Employees or Volunteers	\$15,000
Unscheduled Fine Arts	\$100,000
Temporary Emergency Shelter Restoration	\$50,000
Difference In Conditions - Earthquake & Flood (if any):	\$0
Extra Items (if any):	

\*This represents only a brief summary of coverages. Please refer to CIS Property Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

**Locations Covered:** Per current CIS Property Schedule.

**Perils Covered:** Risks of Direct Physical Loss subject to the terms, conditions and exclusions contained in the coverage forms listed below under Forms Applicable.

**Deductibles:** \$5,000 Per occurrence except as noted and as follows (if any).  
\$1,000 Per occurrence on scheduled mobile equipment items.  
Earthquake and Flood: Special deductibles and restrictions per Section 2 of the CIS Property Coverage Agreement.

**Total Contribution:** \$310,689.53 (Property) \$0.00 (Excess Earthquake)  
\$0.00 (Excess Flood) \$0.00 (Difference In Conditions)

**Forms Applicable:** CIS Property Coverage Agreement - CIS PR (7/1/2024)

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by: \_\_\_\_\_  
Authorized Representative / Agent

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



# Equipment Breakdown Coverage Proposal

**Proposal Date: 6/13/2024** **Coverage Period: 7/1/2024 to 7/1/2025**

**Named Member**  
City of Newport  
169 SW Coast Hwy.  
Newport, OR 97365

**Agent of Record**  
Wilson Heirgood Associates  
[REDACTED]  
[REDACTED]

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

**Coverage Limits:\***

Property Damage	Per current CIS Property Schedule or \$100,000,000, whichever is less.
Rental Value/Rental Expense	Included in Property Damage
Extra Expense	Included in Property Damage
Service Interruption	Included in Property Damage
Drying out following a flood	Included in Property Damage
Course of Construction	Included in Property Damage
Computer Equipment	Included in Property Damage
Portable Equipment	Included in Property Damage
CFC Refrigerants	Included in Property Damage
Hazardous Substance	\$2,000,000
Data Restoration	\$250,000
Perishable Goods	\$2,000,000
Expediting Expense	\$2,000,000
Demolition	\$2,000,000
Ordinance or Law	\$2,000,000
Off Premises Property Damage	\$250,000
Contingent Rental Value/Rental Expense	\$250,000
Newly Acquired Locations	\$1,000,000 / 365 Days Max
Extended Period of Restoration	30 Days

**\*This represents only a brief summary of coverages. Please refer to CIS Equipment Breakdown Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.**

**Locations Covered:** Per current CIS Property Schedule.

**Deductible:** \$5,000 All Coverages: 24 hour waiting period applies for service interruption.

**Contribution:** Included

**Forms Applicable:** CIS Equipment Breakdown Coverage Agreement - CIS BM (7/1/2024)

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by: \_\_\_\_\_

DocuSigned by:  
**Eric Glower**  
3107CF0F4265432  
Authorized Representative / Agent

Date: 06/26/2024





### Excess Crime Coverage Proposal

Proposal Date: 6/13/2024 Coverage Period: 7/1/2024 to 7/1/2025

**Named Member**  
City of Newport  
169 SW Coast Hwy.  
Newport, OR 97365

**Agent of Record**  
Wilson Heirgood Associates  
[REDACTED]  
[REDACTED]

**This Proposal Does Not Bind Coverage**  
Refer to Coverage Forms for terms, conditions, and limitations of coverage

**Excess Crime Coverage**

Coverage Limits excess of \$50,000 crime coverage provided under the CIS Property Coverage Agreement:\*

Employee Theft - Per Loss Coverage	\$350,000
Forgery or Alteration	Included
Inside Premises - Theft of Money & Securities	Included
Inside Premises - Robbery, Safe Burglary - Other	Included
Outside Premises	Included
Computer Fraud	Included
Money Orders and Counterfeit Paper Currency	Included
Funds Transfer Fraud	Included
Impersonation Fraud Coverage	Maximum recovery** \$250,000

\*\*Recovery subject to lower limit purchased by member if under \$250,000

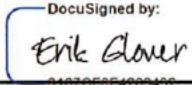
**Additional Coverages:**

Faithful Performance of Duty	Included
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\*This represents only a brief summary of coverages. Please refer to the Excess Crime Policy for detailed coverages, exclusions, and conditions that may apply.

**Locations Covered:** Per current CIS Property Schedule.  
**Contribution:** \$1,285.00  
**Forms Applicable:** National Union Fire Insurance/Excess Crime Policy

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by: \_\_\_\_\_  
DocuSigned by:  
  
010700014200102...  
 Authorized Representative / Agent

Date: 06/26/2024



citycounty insurance services  
cisoregon.org

# CIS - Excess Crime Coverage Application

Name of Applicant: \_\_\_\_\_

Requested Date of Coverage: \_\_\_\_\_

**LIMIT REQUEST OPTIONS\***

\$50,000  \$100,000  \$150,000  \$200,000  \$250,000  \$300,000  \$350,000  \$400,000  \$500,000  \$750,000  \$1,000,000

\*Coverage Limits are excess of the \$50,000 provided under the CIS Property Coverage Agreement.  Other: \$ \_\_\_\_\_

**A. GENERAL INFORMATION**

- Number of Employees: \_\_\_\_\_
- Number of Board Members, Employees, and/or Volunteers, of the total shown above, who are either in management, or handle, have custody, or maintain records of money, securities: \_\_\_\_\_
- Have there been any fidelity, forgery, crime and/or computer fraud losses over the past 3 years? YES \_\_\_ NO \_\_\_  
If "YES", attach details of all losses including description, corrective action taken, and amount covered by insurance.

**B. INTERNAL CONTROLS**

- Are you in compliance with annual audit requirements under ORS 297.425 and/or ORS 297.435? YES \_\_\_ NO \_\_\_
- Date of last audit (MM/DD/YYYY): \_\_\_\_\_
- Are background checks performed on all new hires who will be handling funds for the entity?  
Check all that apply:  Criminal  Prior Employment  References YES \_\_\_ NO \_\_\_
- Is there a division of responsibility between two or more people in the following processes:  
Receipts; Deposits; Checks; Financial Reports? YES \_\_\_ NO \_\_\_
- Are two signatures required on checks? YES \_\_\_ NO \_\_\_  
If "NO", are other procedures in place to prevent unauthorized issuance of checks? YES \_\_\_ NO \_\_\_  
Explain if "NO": \_\_\_\_\_
- Are systems designed so that no employee can control a process from beginning to end (i.e., request a check, approve a voucher, and sign a check)? YES \_\_\_ NO \_\_\_
- Are incoming checks documented and totaled against the deposit? YES \_\_\_ NO \_\_\_
- Are monthly bank reconciliations done on all checks/cash requests to spot irregularities such as missing checks, altered checks, checks written by the payee, etc.? YES \_\_\_ NO \_\_\_
- Is staff cross-trained on the check and cash handling procedures so they would be able to spot irregularities? YES \_\_\_ NO \_\_\_
- Is training provided to spot irregular activities by those handling assets? YES \_\_\_ NO \_\_\_
- Are financial personnel required to take a continuous week of vacation? YES \_\_\_ NO \_\_\_
- Are credit, debit, charge or purchasing cards used? YES \_\_\_ NO \_\_\_  
If "YES", explain what controls are in place for preventing and identifying unauthorized transactions? \_\_\_\_\_

**C. PREMISES CONTROLS**

- Provide a brief description of safe on premises: \_\_\_\_\_
- Maximum amount of cash on premises while open? \_\_\_\_\_ Held overnight? \_\_\_\_\_
- Provide a brief description of alarm system (e.g., audible only, central station): \_\_\_\_\_

**D. COMPUTER SYSTEM CONTROLS**

- Are procedures, programs and EDP systems tested and documented? YES \_\_\_ NO \_\_\_
- Is there a process to prevent repeated attempts of unauthorized access to a computer program (e.g., locking user account)? YES \_\_\_ NO \_\_\_
- Are there pre-authorization controls for all programmers and operators? YES \_\_\_ NO \_\_\_

DocuSigned by:  
*Erik Glower*

3187CPOF4285432  
Applicant's Signature/Title:

Date: 06/26/2024