

Lm 8/28/13
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RESOLUTION #19-2013

BE IT RESOLVED, by authority of the Board of
(Name of governing body)

Commissioners of ~~XXX~~ _____,
(Name of Municipality)


Dauphin County, and it is hereby resolved by authority

of the same, that the Chairman of the Board of said Municipality,
(designate official title)

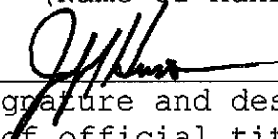
~~XXXXXXXXXX~~ be authorized and directed to sign the attached grant on its
behalf.

ATTEST

Dauphin County
(Name of Municipality)



(Signature and designation
of official title)

By:  Chairman
(Signature and designation
of official title)

Laura E. Evans, Esq., Chief Clerk
Print or type above name and
title

Jeff Haste, Chairman
Print or type above name and
title

(SEAL)


I, Laura E. Evans, Esq., Chief Clerk
(Name) (Official title)

of ~~XXX~~ Dauphin County, do hereby certify that
(Name of governing body or municipality)

the foregoing is a true and correct copy of the Resolution adopted at
a regular meeting of the Dauphin County Board of Commissioners,
(Name of governing body)

held the 28 day of August, 2013.

DATE: August 28, 2013

 Chief Clerk
(Signature and designation
of official title)

Laura E. Evans, Esq., Chief Clerk
Print or type above name/title

PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: IDP-2014-Dauphin-00031

GRANTEE: Dauphin County

COUNTY: Dauphin

TITLE OF GRANT: Dauphin County Sobriety Checkpoint Project

*PROJECT DIRECTOR:

NAME: Jerome P. Wood

TITLE: Detective

ADDRESS: 2 South Second Street, 3rd Floor

Harrisburg, PA 17108

~~Office of the District Attorney - Criminal Investigation Division~~

TELEPHONE: 717-780-6200

FAX: 717-255-1375

EMAIL ADDRESS: jwood@dauphinc.org

*The Project Director designated must be a governmental employee actively involved in the management and administration of the project.

APPROVED BY:

DATE: _____

SIGNATURE: _____

Authorizing Official

Print or type name: _____

If a change in Project Director or Authorizing Official occurs, please call (717) 787-6853 or send written notification to:

Bureau of Highway Safety and Traffic Engineering
Safety Management Division
Commonwealth Keystone Building - 6th Floor, 400 North Street
P.O. Box 2047
Harrisburg, PA 17105-2047

Client#: 39982

COUNTDAUP2

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

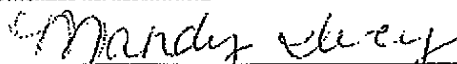
PRODUCER Murray Securus Murray / Capital Region 4999 Loulse Drive, Suite 201 Mechanicsburg, PA 17055	CONTACT NAME: Gayle Morse PHONE (A/C, No, Ext): 717 620-2473 E-MAIL ADDRESS: gmorse@murrayins.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Midwest Employers Casualty Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED County of Dauphin 2 South Second Street P.O. Box 1295 Harrisburg, PA 17108-1295	NA/C #

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR (W/V)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Work Comp		EWC005702	01/01/2013	01/01/2014	1,000,000 each acc 1,000,000 each empl 1,000,000 pol limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 PennDot is included as as additional insured under the Excess Workers Compensation covering only Dauphin County employees with respect to the Impaired Driving Grant.
 Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include 30 days notice of cancellation except for non payment of premium.

CERTIFICATE HOLDER PA Dept of Transportation Bureau of Maintenance & Ops. 400 North Street, 6th Floor Harrisburg, PA 17120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2013

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rutherford 1000 Continental Drive Suite 450 King of Prussia PA 19406	CONTACT NAME: Kathy Schaeffer PHONE (A/C, No, Ext): 484 588-2110 FAX (A/C, No): 610 688-3924 E-MAIL ADDRESS: kathy.schaeffer@rutherford.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Dauphin County 2 South Second Street P. O. Box 1295 Harrisburg PA 17101-2047	INSURER A: State Self-Insurers Risk Retention	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

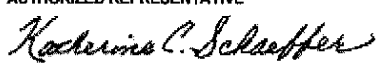
COVERAGES	CERTIFICATE NUMBER: 1712070271	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SEL3017008	6/1/2013	6/1/2014	EACH OCCURRENCE \$7,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$7,000,000, PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			SEL3017008	6/1/2013	6/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PDOT is included as Additional Insured as respects Impaired Driving Grant.
Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include at least 30 days notice of cancellation except for non-payment of premium.

CERTIFICATE HOLDER Pennsylvania Department of Transportation Bureau of Maintenance and Operations 400 North Street, 6th Floor Harrisburg PA 17120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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