

Town Administrator Job Description

Position Overview:

The Town Administrator (TA) shall be the chief administrative officer of the Town of Monterey (Town) and shall act as the agent for the Select Board (SB). The TA performs complex professional, administrative, and managerial tasks that establish the framework for the effective operation and management of the Town. Under the direction and leadership of the Select Board of the Town, the TA is entrusted with daily oversight of Town department activities and staff, and coordination with all the departments and committees not in direct control of the SB.

The TA keeps the SB informed about departmental activities and initiatives; identifies problems and policies that require SB action. Advises the SB on recommended actions and policies; researches, analyzes, and recommends changes in Town policies, personnel, systems and procedures, and generally works in partnership with the SB toward a goal of effective professional management. On occasion, either as requested or proactively, the TA supports and advises various boards and committees in matters of activities, initiatives, or policy formulation. As the senior member of the Town's professional staff, the TA leads and facilitates the work of the Town's operating activities to ensure the effective and efficient delivery of Town services.

The TA shall be responsible to the SB and shall perform all duties and responsibilities as may be assigned by the SB. The TA shall devote full time to the office and shall not hold any other public office, nor engage in any other business or occupation during such service, unless approved in advance by the SB.

Hours/Compensation: This position is a full time, salaried, exempt position. Due to the nature of the job additional hours beyond the normal workweek may be necessary. This position is executive/administrative as those terms are defined by the Fair Labor Standards Act, its rules and regulations. Therefore, there will be no paid overtime or additional compensation for said additional time.

Benefits: Full benefits. Please see the Employee Manual for more details.

Supervision Required: The TA is appointed by the SB and functions under its jurisdiction and policy direction in accordance with town bylaws, policies and procedures, state and federal statutes. The TA will refer specific issues or problems to the SB when clarification or interpretation of town policy or procedures is required. The SB will complete an annual performance review of the TA.

Confidentiality: Employee has complete access to all municipal confidential information in accordance with the State Public Records Law. The position is entrusted with the responsibility of ensuring the strict confidentiality of all municipal information, as mandated by the State Public Records Law, and must exercise the utmost discretion and care when handling such sensitive data.

Supervisory Responsibility: The employee is accountable on a Town-wide basis for success of programs accomplished through others under their supervision. Analyzes program objectives, reviews work operations, estimates and allocates the financial and staff resources required, including recommendations to the SB for the hiring in collaboration with the HR Director, training, disciplining and termination of employees. Employee provides direct supervision of Select Board staff, department

heads, and individual staff outlined in the SB approved, Town's Organizational Chart. Recruits, screens and recommends personnel to SB for appointment.

Essential Functions:

Leadership

- a. Efficiently manage all municipal departments, commissions, boards, and officers-under the supervision of the TA. Refer to the approved organization chart.
- b. Promote above-average interpersonal skills, clear written and verbal communication, and cultivate a collaborative environment for effective cross-departmental cooperation within the organization.
- c. As the lead administrator responsible for day-to-day municipal operations, establish an environment that prioritizes transparency while respecting confidentiality. Use proper discretion when omitting information to avoid the perception of being non transparent.
- d. Acknowledge the possibility of disagreements with Town officials and staff, and consistently uphold a neutral position when engaging in discussions as needed. This entails impartial mediation and the expression of one's viewpoints through effective communication.
- e. Stay up-to-date on rapidly evolving federal, state, insurance regulations, and regularly educate oneself on various laws, bylaws, and regulations to provide well-informed recommendations to the Board. Seek third party advisement when necessary.
- f. Embody accountability by readily acknowledging mistakes, learning from them, and demonstrating the ability to move forward.
- g. The TA diligently oversees and ensures compliance, either through direct management or by delegating to designated personnel, with all pertinent provisions of general and special laws governing the town, upholding town bylaws, respecting Town Meeting votes, and enforcing policies and direction set forth by the SB.
- h. Seek input from the SB for professional development, encompassing all facets of the TA position, to foster ongoing growth, remain current on industry best practices, and enhance overall effectiveness. Request an annual budget allocation for such professional development.
- i. Recommend to the SB policies, best practices, and actions that enhance the professionalism, legal compliance, effectiveness, and efficiency of the Town.

Administrative Responsibilities:

- a. Acts as public facing point of contact for citizens that come in to Town Hall or contact Town Hall via phone, email, or other means. The TA responds to and handles public inquiries, requests, and complaints.

- b. ~~Oversee the use and maintenance of Town-owned town property, under the jurisdiction of the SB, in cooperation with the Director of Operations.~~
- c. ~~Manage permit and license procedures for the SB. Handle yearly liquor license applications, renewals, and special event permit requests. Handle transfer station permits and collection of related fees. Coordinate alarm permits and maintain related databases.~~
- d. ~~Prepare a draft of Annual and Special Town Meeting warrants. Oversee warrant and oversee coordination of Annual Town Reports. Attend and actively participate in SB meetings, Town Meetings, and relevant community events.~~
- e. Management of the town website. Direct management of pages, other than those designated to another employee or official. Training those employees or officials who manage their own pages, and troubleshooting issues that arise.
- f. Basic building maintenance in the absence of janitorial staff to ensure a safe and functional work environment. Coordinates the replenishment of Town Hall supplies. Coordinate alarm permits and maintain related databases.
- g. Serve as the IT ~~coordination~~ coordinator? and liaison for various departments, ensuring smooth communication and support for technology-related needs. Provides some IT troubleshooting.
- ~~h. Handle transfer station permits and collection of related fees. Handle yearly liquor license applications, renewals, and special event permit requests.~~
- ~~h.~~ Performs administrative tasks on behalf of other departments and delegates tasks as needed to other staff.
- ~~j.i.~~ OSHA tracking; maintain accurate records of all OSHA-related documentation, including safety reports, training records, incident reports, and compliance audits.
- ~~k.j.~~ Onboarding new staff, including training to some positions. Administer town insurances, including health, life, dental, disability, property, casualty, liability, and worker's compensation.

Commented [SC1]: Item H was deleted because it was repetitive.

Finance

- a. The TA collaborates with the Town Accountant, Department Heads, SB, and Finance Committee to craft both operating and capital improvement budgets, adhering to the Town's bylaws and Massachusetts General Laws (MGL). These budgets (after review and approval by the SB and Finance Committee) are subsequently presented to Town Meeting for approval.
- b. Monitor town spending and revenue throughout the fiscal year. Works with the finance departments to run reports as requested. Collaborate with the Town Accountant and the Town Treasurer on budget preparation, spending monitoring, and financial forecasting as necessary.

Commented [SC2]: Is this meant to be Finance Committee or Department Heads?

- c. The TA plays a pivotal role in formulating strategic financial objectives/goals for the Town, working closely with the accountant and treasurer. Recommendations on financial policies and practices are presented to the Select Board and Finance Committee for their consideration.
- d. Efficiently input invoices directly into the VADAR accounting system, maintaining an accurate record of financial transactions.
- e. Act as the primary point of contact for internal inquiries from the Accountant and Treasurer, facilitating effective communication and collaboration within the financial team that includes the TA, SB, Accountant/ACC, and the Treasurer.

Commented [SC3]: is this different from a.?

Committees and Boards

- a. The TA assumes responsibility for effectively collaborating with the Town's multi-member bodies and officials to ensure the efficient functioning of these critical municipal bodies. The TA provides accessible and responsive consultation to Town multi-member bodies and officials.
- b. The TA diligently manages the appointment process for offices, multi-member bodies, and Town employment positions that fall under the purview of the SB and SB's appointing authority. In cases deemed necessary, the TA may recommend in collaboration with the HR Director, the removal of individuals from such positions, providing well-documented cause, in adherence to Town bylaws and Massachusetts MGL.
- c. The TA serves as a readily accessible and responsive resource for the Town's multi-membered bodies. Timely assistance is provided upon their request to facilitate their operations effectively.
- d. On occasion, the TA actively participates in committee events and meetings, fostering productive engagement and promoting an understanding of their respective roles within the Town's governance framework.

Other Roles

- a. Acts as Notary Public for all residents.
- b. Act as the town's purchasing agent and chief procurement officer.
- c. Act as one of the Town's Record Access Officers.
- d. Act as Zoning Board Secretary
- e. Act as Board of Health Secretary
- f. Act as Assistant Town Clerk?
- e-g. Act as the Town's grant coordinator. Actively pursue grants on behalf of the Town, providing regular quarterly updates to the SB on grant-seeking efforts and status. Prepare grant applications for received grants and liaise with relevant state, federal, and private entities as required to advance Town projects.

Recommended Minimum Qualifications:

- a. A Bachelor's Degree in Public Administration or a related field is required, while a Master's degree is highly preferred. Candidates should possess a minimum of five years' experience in public administration, or possess an equivalent combination of education, training, and experience that equips them with the necessary knowledge, skills, and abilities to excel in this role.
- b. A valid Class D Motor Vehicle Operator's License in good standing is mandatory.

Commented [jm4]: Discuss

Commented [H5]: This will have to be something board votes on.

Recommended Qualifications:

- a. Working knowledge of MGL and regulations, municipal finance laws, labor laws, procurement regulations, and personnel practices and procedures.
- b. Strong familiarity with emerging technologies and their potential value to the Town.
- c. Comprehensive expertise in the financial demands of municipal governance.
- d. Proficiency in a variety of computer software and hardware applications.

Work Environment:

The role is primarily conducted within a standard office setting, with occasional requirements for evening meetings and after-hours work as necessitated. Availability on the town-owned cell phone is expected at all times to address critical situations and emergencies

Skills and Ability:

Strong oral and written communication skills to represent the Town effectively, including with media. Exceptional organizational ability to manage multiple projects. Proficient in technology use. Professional in customer service. Skilled in directing and evaluating department heads, including office staff. Strategic planning, report preparation, problem analysis, and recommendation skills. Expert at uniting diverse individuals and community groups towards complex goals. Superior interpersonal skills for productive relationships with various stakeholders. Effective multitasking and delegation. Proficient in contract negotiation with Town counsel, agreement development, and timely results. Tactful handling of public and staff concerns.

Physical and Cognitive Requirements:

The physical demands listed here are representative of those required for successful performance of the essential job functions. In case of disability, as defined by the Americans with Disabilities Act, the Town Administrator must be able to execute these functions, either independently or with reasonable accommodations determined by the SB.

Office work typically involves minimal physical effort, including tasks like object handling, tool use, reaching, sitting, speaking, listening, and occasional lifting up to 30 pounds.

While cognitive functions are primary, some motor skills are required for tasks like object handling, telephone operation, computer use, keyboarding, and word processing.

Continuous document reading for comprehension and analysis is part of the role.



TOWN OF MONTEREY

435 Main Rd. P.O. Box 308
Monterey, MA 01245

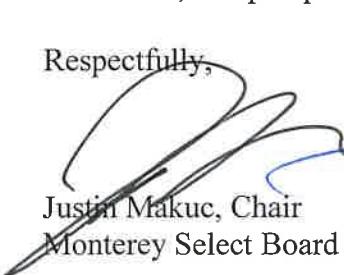
Secretary Yvonne Hao
Commonwealth of Massachusetts
1 Ashburn Place, Room 2101
Boston, MA 02108

Dear Secretary Hao,

We write to you today in support of the application by 1Berkshire, the Regional Economic Development Organization of the Berkshires, for the FY24 Regional Economic Development Organization Grant Program. As our REDO organization here in the Berkshires, 1Berkshire continues to be a truly regionally focused organization; identifying and strategically coordinating collaborative efforts and projects that have meaningful impact and provide ongoing incentivization for deepened investment, industry growth, resiliency, and equitable entrepreneurial access across the regional economy.

As a municipality within their service area of 32 Cities and Towns, we look forward to working with 1Berkshire as we collectively work to help the Berkshires thrive as an affordable, inclusive, innovative, and prosperous region in the Commonwealth.

Respectfully,


Justin Makuc, Chair
Monterey Select Board


Susan Cooper


Frank Abbott

SB/mn



MIIA HEALTH BENEFITS TRUST
 Renewal Proposal 1/1/2024 - 12/31/2024
 Monterey

MONTHLY CONTRIBUTION RATES				
PRODUCTS		CURRENT	RENEWAL	
		RATES	RATES	INCREASE
Medex 2	Medex 2	\$203.69	\$207.76	2.00%
	Blue Med Rx	\$169.35	\$180.45	6.55%
	Total	\$373.04	\$388.21	4.07%
Medicare PPO Blue Freedom Rx \$10/\$20/\$35 - Medicare Advantage	Total	\$325.00	\$334.00	2.77%

Blue Medicare Rx rates represent PDP Option 26 (\$10/\$20/\$35 RX, 2x MO).

Renewal rates are based on continuing the current enrollment level.

Please return signed renewal confirmation no later than 11/1/23.

Signature for Acceptance of Rates	Title	Date
	Select Board Chair	10/3/23
Print Name		
Justin Makuc		



Cabot Risk
Strategies, LLC

TOWN OF MONTEREY



Marcy Medeiros
Account Manager
September 22, 2023

Insurance Proposal

Cabot Risk Strategies LLC

Customized Risk Management Services

Cabot Risk Strategies serves thousands of individuals and families and hundreds of public entities, non-profits, health care and real estate businesses. Each year we manage over 4500 claims through our TPA Services. Our client base continues to expand, both within the region and within the industries we serve. We recognize that every client is different, with varying degrees of risk appetite and service specifications. That's why we work with a flexible service model. At Cabot, we provide customized risk management services to meet the unique needs of our clients. This approach offers clients complete 360° of protection.



Brokerage Services

Each client presents a specialized set of risks and exposures requiring a specialized solution. Whether for business and commercial risk or personal and family, we provide the right solution at the right price. To complement the management of retained risk, Cabot offers a full-service brokerage portfolio to deliver insured, guaranteed cost insurance products. Our goal is to help our clients establish a balanced mix of insured and self-insured products and services that will achieve the most desired, cost effective program.

Our Team

Our employees are dedicated professionals, and experts at what they do. They're client-focused individuals who enjoy resolving issues and developing innovative solutions. Cabot Risk Strategies is an independent, regional TPA with a New England focus. You'll find that makes us a little different. Our people are down-to-earth, always willing to share their expertise and take the time to get things right. Doing business with Cabot Risk Strategies means doing business with real people. And in these times of consolidations and constant change, that can make all the difference in the world.

Carriers

We work directly with over one hundred insurers. Among these are an elite group of superlative companies we have designated as our core insurer partners. We have chosen them for their:

- Strong service ethic and excellence
- Commitment to improving our clients' loss ratios
- Shared values of integrity, honesty, and business principles
- Innovation, flexibility, and ability to "think out of the box"
- Willingness to work as team members and partners
- Commitment to the local independent agency and the local community

AM Best Rating

A++ and A+ (Superior)

Assigned to companies which have, on balance, superior balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have a very strong ability to meet their ongoing obligations to policyholders.

A and A- (Excellent)

Assigned to companies which have, on balance, excellent balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have strong ability to meet their ongoing obligations to policyholders.

Financial Size Categories (FSC)

Assigned to all companies by A.M. Best, the FSC reflects company size based on capital, surplus and conditional reserve funds in millions of U.S. dollars using the scale below. The FSC is designed to provide the subscriber with a convenient indicator of the size of a company in terms of its statutory surplus and related accounts. Many insurance buyers only want to consider buying insurance coverage from companies that they believe have sufficient financial capacity to provide the necessary policy limits to insure their risks. Although companies utilize reinsurance to reduce their net retention on the policy limits they underwrite, many buyers still feel more comfortable buying from companies perceived to have greater financial capacity.

FSC I	less	than	1
FSC II	1	to	2
FSC III	2	to	5
FSC IV	5	to	10
FSC V	10	to	25
FSC VI	25	to	50
FSC VII	50	to	100
FSC VIII	100	to	250
FSC IX	250	to	500
FSC X	500	to	750
FSC XI	750	to	1,000
FSC XII	1,000	to	1,250
FSC XIII	1,250	to	1,500
FSC XIV	1,500	to	2,000
FSC XV	greater	than	2,000

COMMERCIAL PROPERTY

Named Insured: Town of Monterey
Insurance Company: Mt Vernon Fire Insurance Co. – Admitted - AM Best Rating “A+++”
Policy Number: RENEWAL OF CF 2566555A
Policy Period: October 13, 2023 - October 13, 2024
Description: Town Owned Vacant Former School
Covered Location[s]: 459 Main Road, Monterey, MA 01245

Property

	<u>Limit</u>	<u>Coverage</u>
Limits & Coverages:	\$ 205,000	Building, 4,249 sq. ft. at \$48 per sq. ft. By signing this proposal, you are agreeing to this valuation and confirming you understand the co-insurance penalty.
	Not Covered	Business Personal Property
	Included	Equipment Breakdown
	Not Covered	Debris Removal*
Deductible:	\$ 1,000	Basic Perils (<i>see below</i>)
	\$ 1,000	Equipment Breakdown

Terms & Conditions: Causes of Loss – Basic Form, (fire, lightning, explosion, smoke, windstorm, hail, riot, civil commotion, aircraft, vehicles, vandalism) excluding Collapse, Water Damage, Sprinkler Leakage, Flood, Earthquake and Theft
 Functional Replacement Cost Valuation – Building
 Actual Cash Value Valuation – Equipment Breakdown
 80% Coinsurance
 Vacancy Permit
 25% Minimum Earned Premium

*Debris Removal is not offered by Mt. Vernon Fire Insurance Co.

Commercial Property continued,

Exclusions:

Include, but not limited to:

- Mold, Fungus, Bacteria, Virus or Organic Pathogen
- Fungus, Wet Rot, Dry Rot & Bacteria
- Asbestos
- Lead
- Total Pollution
- Theft
- Water
- Sprinkler Leakage
- Cyber Incident & Computer-Related Losses
- War and Military Action

Subjectivities:

Warranted Property Conditions:

1. Premises Fully Secured and Locked

SIGNED ACORD Application

SIGNED Protective Safeguards Endorsements

SIGNED Terrorism Notice indicating Terrorism coverage is
accepted or rejected

Quotation is valid for 30 days

This endorsement modifies insurance provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
BUILDERS RISK COVERAGE FORM
BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM
EXTRA EXPENSE COVERAGE FORM
STANDARD PROPERTY POLICY**

Protective Devices Or Services Provisions

SCHEDULE

Premises Number	Building Number	Protective Safeguard Symbols Applicable	Description of Protective Safeguard
1	1	P21	Premises Fully Secured and Locked

The following is added to the policy:

A. Protective Safeguards

1. As a condition of this insurance, you are required to have and maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:
 - a. "P-1" Automatic Sprinkler System, including related supervisory services;
Automatic Sprinkler System means:
 - 1) Any automatic fire protective or extinguishing system, including connected:
 - (a) Sprinklers and discharge nozzles;
 - (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
 - 2) When supplied from an automatic fire protective system:
 - (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.
 - b. "P-2" Automatic Fire Alarm, protecting the entire building, that is:
 - 1) Connected to a central station; or
 - 2) Reporting to a public or private fire alarm station.

Location: 459 Main Road, Monterey, MA 01245

Accepted by: _____

Date: _____

10/3/23

TOWN OF MONTEREY PREMIUM SUMMARY

Coverage	Carrier	2022-2023 Expiring Premium	2023-2024 Renewal Premium
Commercial Property	Mt Vernon Fire Insurance Co.		
Premium		\$ 1,972.00	\$ 2,163.00
Wholesale Broker Fee		\$ 75.00	\$ 75.00
Property Excluding Terrorism		\$ 2,047.00	\$ 2,238.00
Terrorism Premium		\$ 100.00	\$ 108.00
Property Including Terrorism		\$ 2,147.00	\$ 2,346.00

RENEWAL BILLING PROCEDURE: Once coverage is bound, the Town will receive an invoice from our billing company: Renaissance Alliance Insurance Services, Inc.
Please remit payment directly to them.

I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT IN FULL

Accepted By: _____

Date: _____

16/3/23

This is a coverage summary, not a legal contract. This summary is provided to assist in your understanding of your insurance program. Please refer to the actual policies for specific terms, conditions, limitations and exclusions that will govern in the event of a loss. Specimen copies of all policies are available for review prior to the binding of coverage.

In evaluating your exposure to loss, we have been dependent upon information provided by you. If there are other areas that need to be evaluated prior to binding of coverage, please bring these areas to our attention. Should any of your exposures change after coverage is bound, such as your beginning new operation, hiring employees in new states, buying additional property, etc., please let us know so proper coverage(s) can be discussed.

Higher limits may be available. Please contact us if you would like a quote for

Information Concerning Our Compensation: Unless otherwise specifically negotiated and agreed to with our client, our professional compensation is customarily based on commission calculated as a percentage of the premium collected by the insurer and are paid to us by the insurer. We may also receive from insurers and insurance intermediaries additional compensation (monetary and non-monetary), which is contingent on volume, profitability or other factors pursuant to agreements we may have with them relating to all or part of the business we place with those insurers or through those intermediaries. Such agreements may be in effect with one or more of the insurers with whom your insurance is placed, or with the insurance intermediary we use to place your insurance. In addition to commissions, we may charge fees to you provided however, such fees will always be identified separately and in agreement with you. We will be pleased to discuss with you further details of any contingent compensation agreements pertinent to your placement upon your request.

IMPORTANT - CLAIMS REPORTING INFORMATION

Reporting incidents and claims timely is very important as delays in reporting could compromise coverage. In the event you have an incident or claim to report, we have a full service Claims Department to assist you.

Please include the following information when reporting incidents and claims:

- Named Insured
- Policy Number
- Date of Incident
- Time of incident
- Location of incident
- Full Description of the incident, damages, injuries
- Claimant or potential Claimant name(s)
- Witnesses to the incident
- Contact name, phone number, email address

Automobile related claims:

- Description of Vehicle(s) involved
- Driver name, contact and Insurance information for all drivers involved

Please direct notices of incidents or claims to any of the following:

- Email report to claims@cabotrisk.com
- Fax report to (781) 376-9907
- Call (800) 222-5963
- Call or email your Account Manager

OCCURRENCE VS. CLAIMS MADE LIABILITY COVERAGE

Liability Policies can be on an Occurrence Basis or a Claims Made Basis. It is important to know what basis your policy(ies) is/are as there is a difference in timing of reporting claims. Please review your policy and contact us if you have any questions.

Occurrence based policies cover incidents that happen during your policy period, regardless of when you file a claim.

Claims Made based policies cover incidents that happen during your policy period (or after the retroactive date) and are also reported *during the policy period* or during the extended reporting period. It is very important to report a claim immediately if your policy is Claims Made.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input checked="" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Justin Makuc
Applicant Name (Print)

[Signature]
Authorized Signature

Town of Monterey
Named Insured

10/3/23
Date



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
09/22/2023

AGENCY Cabot Risk Strategies, LLC 15 Cabot Road Woburn MA 01801	CARRIER Mount Vernon Fire Ins. Co.	NAIC CODE
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER R/O CF 2566555A	
CONTACT NAME: Marcy Medeiros PHONE (A/C, No, Ext): (800) 222-5963 FAX (A/C, No): (781) 376-9907 E-MAIL ADDRESS: marcy.medeiros@cabotrisk.com	UNDERWRITER	UNDERWRITER OFFICE
CODE:	SUBCODE:	STATUS OF TRANSACTION
AGENCY CUSTOMER ID: 00000351		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 10/13/2023 12:01 <input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 10/13/2023	PROPOSED EXP DATE 10/13/2024	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Town of Monterey PO Box 308 Monterey MA 01245				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: (413)528-1443 x111 WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			

CONTACT INFORMATION

CONTACT TYPE: Contact		CONTACT TYPE:	
CONTACT NAME: Melissa Noe		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: admin@montereyma.gov		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	459 Main Rd	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Monterey	STATE: MA	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 01245			TOTAL BUILDING AREA: 4,249 SQ FT
DESCRIPTION OF OPERATIONS: Vacant Building					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
Former School - NOW VACANT. Awaiting funding to renovate.					
2 Story Frame building 4,249 sq ft					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS					

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:	INTEREST END DATE:				
			LIEN AMOUNT:	PHONE (A/C, No, Ext):			FAX (A/C, No):	
			E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.


Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 10/2/15	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 00000351

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Cabot Risk Strategies, LLC		NAMED INSURED Town of Monterey	
POLICY NUMBER R/O CF 2566555A			
CARRIER Mount Vernon Fire Ins. Co.	NAIC CODE	EFFECTIVE DATE: 10/13/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125 **FORM TITLE:** Commercial Application

PROPERTY FORMS AND ENDORSEMENTS:

- CP 109 (06/09) Functional Building Valuation
- CP1032 (08/08) Water Exclusion Endorsement
- CP 110 (10/12) Equipment Breakdown Enhancement Endorsement
- CP1056 (06/07) Sprinkler Leakage Exclusion
- CP 141 DEP (04/20) Changes - Actual Cash Value and Depreciation Definition
- CP1064 (09/06) Massachusetts - Fungus, Wet Rot, Dry Rot and Bacteria Exclusion and Limitations
- CP 142 (04/14) Protective Devices or Services Provisions
- CP1075 (12/20) Cyber Incident Exclusion
- CP 213 MA (03/10) Mold, Fungus, Bacteria, Virus or Organic Pathogen Exclusion
- IL0017 (11/98) Common Policy Conditions
- CP 224 (02/11) Asbestos Material Exclusion
- IL0130 (01/21) Massachusetts Changes - Intentional Loss
- CP 225 (02/11) Exclusion - Lead Contamination
- IL0935 (07/02) Exclusion of Certain Computer-Related Losses
- CP 226 (02/11) Absolute Pollution Exclusion - Property
- Jacket (07/19) Policy Jacket
- CP 250 (04/17) Theft Exclusion
- L-395 (11/05) Vacant Building Protection Warranty
- CP0010 (06/07) Building and Personal Property Coverage Form
- Notice-Cyber Incident Excl-CY (10/20) Cyber Incident Exclusion Endorsement Advisory Notice to Policyholders
- CP0090 (07/88) Commercial Property Conditions
- NTP MA (01/10) Massachusetts Notice to Policyholders
- CP0109 (10/00) Massachusetts Changes
- P 246 (01/15) Exclusion of War, Military Action and Terrorism
- CP0450 (07/88) Vacancy Permit
- TRIADN (12/20) Disclosure Notice of Terrorism Insurance Coverage
- CP1010 (06/07) Causes of Loss - Basic Form



PROPERTY SECTION

DATE (MM/DD/YYYY)
09/22/2023

AGENCY NAME Cabot Risk Strategies, LLC		CARRIER Mount Vernon Fire Ins. Co.		NAIC CODE
POLICY NUMBER R/O CF 2566555A		EFFECTIVE DATE 10/13/2023	NAMED INSURED(S) Town of Monterey	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 459 Main Rd
BUILDING #: BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	205,000	80	FRC	Basic excluding sprinkler leakage		1,000	FL		Vacancy Permit
Equip Breakdown	Included		ACV	Basic excluding sprinkler leakage		1,000	FL		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 9	# STORIES 2	# BASM'TS 1	YR BUILT 1877	TOTAL AREA 4249
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Shake/shingle	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER, YR:				
	WIND CLASS RESISTIVE	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> WITH KEYS CLOCK HOURLY Central hourly
			<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: _____	

ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	RESISTIVE		DATE INSTALLED: _____
OTHER, YR: <input type="checkbox"/>				MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
---	--------	-------	---------------------	--------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION
<input type="checkbox"/>					
	REFERENCE / LOAN #:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 10/3/20	NATIONAL PRODUCER NUMBER

