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**THE CITY OF BLUE ISLAND  
COOK COUNTY, ILLINOIS**

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**RESOLUTION  
NUMBER 2020-025**

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**A RESOLUTION APPROVING AND AUTHORIZING A CONTRACT  
WITH AGCS MARINE INSURANCE COMPANY FOR MOBILE  
VEHICLE INSURANCE.**

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**DOMINGO F. VARGAS, Mayor  
Randy Heuser, City Clerk**

**DEXTER JOHNSON  
FRED BILOTTO  
NANCY RITA  
TOM HAWLEY  
MICHAEL MECH  
CANDACE CARR  
JAMES KLINKER**

**ANNETTE ALEXANDER  
WILLIAM CAZARES  
KEVIN DONAHUE  
BILL FAHRENWALD  
JOHNNY RINGO HILL  
RAEANN CANTELO-ZYLMAN  
ALLAN STEVO**

**Aldermen**

## **RESOLUTION NO. 2020-025**

### **A RESOLUTION APPROVING AND AUTHORIZING A CONTRACT WITH AGCS MARINE INSURANCE COMPANY FOR MOBILE VEHICLE INSURANCE**

**WHEREAS**, the City of Blue Island has the authority to contract and be contracted with pursuant to 65 ILCS 5/2-2-12;

**WHEREAS**, the City plans to enter into a contract for Mobile Vehicle Insurance, to be provided by AGCS Marine Insurance Company at a total annual premium cost of \$7270.00 for the vehicles listed on Exhibit A for the period July 1, 2020, to July 1, 2021; and

**WHEREAS**, the appropriate city officials have considered and reviewed the contract attached as Exhibit A and find the same to be in the best interests of the City;

**NOW AND THEREFORE, BE IT RESOLVED** by the City Council of the City of Blue Island, Cook County, Illinois, as follows:

**SECTION 1: AGREEMENT FORM AND TERMS AUTHORIZED.** The terms and conditions as shown in the Agreement attached as Exhibit A to this Resolution are hereby approved.

**SECTION 2: AUTHORIZATION OF MAYOR TO EXECUTE AND ACT IN ACCORDANCE WITH AGREEMENT.** The City Council approves a contract for Mobile Vehicle Insurance to be provided by AGCS Marine Insurance Company at an annual premium cost of \$7270.00 for the period July 1, 2020, to July 1, 2021, and authorizes the Mayor or his designee to execute any and all documentation that may be necessary to carry out the intent of this Resolution. The officers, employees, and/or agents of the City shall take all action necessary or reasonably required by the City to carry out, give effect to, and consummate the intent of this Resolution.

**SECTION 3: EFFECTIVE DATE.** This resolution shall be in full force and effect upon its passage, approval and publication as required by law.

*Intentionally left blank*

**ADOPTED** this 23rd day of June, 2020, pursuant to roll call as follows:

	YES	NO	ABSENT	PRESENT	ABSTAIN
Alderman JOHNSON		X			
Alderman ALEXANDER	X				
Alderman BILOTTO	X				
Alderman CAZARES	X				
Alderman RITA			X		
Alderman DONAHUE			X		
Alderman HAWLEY	X				
Alderman FAHRENWALD	X				
Alderman MECH	X				
Alderman HILL	X				
Alderman CANTELO-ZYLMAN	X				
Alderman CARR	X				
Alderman STEVO		X			
Alderman KLINKER			X		
Mayor DOMINGO F. VARGAS					
	9	2	3		

**APPROVED:** this 23rd day of June, 2020.

**MAYOR OF THE CITY OF BLUE ISLAND,  
COUNTY OF COOK AND STATE OF ILLINOIS**

**ATTESTED** and Filed in my office this  
23<sup>rd</sup> day of June, 2020.

**CITY CLERK**

**EXHIBIT A**

**TERM SHEET FOR CONTRACT WITH AGCS MARINE  
INSURANCE COMPANY FOR MOBILE VEHICLE INSURANCE**



## Blue Island, Illinois

2020 – 2021

### Alliant Mobile Vehicle Program

Thomas Collins  
Account Executive

Alliant Insurance Services, Inc.  
100 Pine Street, 11<sup>th</sup> Floor  
San Francisco, CA 94111  
O 415.403.1400  
F 415.874.4813

CA License No. 0C36861

[www.alliant.com](http://www.alliant.com)



## Line of Coverage

### Alliant Mobile Vehicle Program (AMVP)

<b>INSURANCE COMPANY:</b>	AGCS Marine Insurance Company
<b>A.M. BEST RATING:</b>	A+ XV
<b>STANDARD &amp; POOR'S RATING:</b>	AA
<b>STATE COVERED STATUS:</b>	CA – Admitted
<b>POLICY/COVERAGE TERM:</b>	July 1, 2020 to July 1, 2021
<b>Coverage Form:</b>	All Risk equipment floater including earthquake and flood for equipment on the schedule of equipment on file with the Company.
<b>Perils Insured:</b>	All risks of direct physical loss or damage from any external cause, including general average and salvage charges, except as excluded.
<b>Location of Covered Property</b> Per Schedule attached and on file with the company	TIV/Limit of Liability \$ 1,601,683
Unscheduled vehicles and/or equipment that are not owned by you, but in your care, custody and control	\$1,000,000 not exceeding \$500,000 any one item (SA 5011DEC 04 14) <i>Deductible: Highest Deductible indicated on Schedule of Vehicles on file with the company.</i>
<b>Deductible:</b>	\$ 5,000/\$25,000      Comprehensive –Per Schedule \$ 5,000/\$25,000      Collision – Per Schedule
<b>Terrorism Coverage:</b>	Included
<b>Notable Exclusions:</b> (including but not limited to)	As Per Form SA 5011APE 05 14: <ul style="list-style-type: none"> <li>• Loss of use</li> <li>• Loss or damage to equipment while waterborne</li> <li>• Wear and tear, insects/vermin, mechanical breakdown</li> <li>• Infidelity of insured's employees</li> <li>• Equipment which the insured has loaned (except for mutual aid), rented, hired or leased to others;</li> <li>• Unexplained or mysterious disappearance</li> <li>• Nuclear reaction or nuclear radiation</li> <li>• Hostile or warlike actions</li> </ul>



City of Blue Island, IL | 2020 – 2021 Alliant Mobile Vehicle Program Proposal

## Line of Coverage

### Alliant Mobile Vehicle Program (AMVP) - Continued

<b>Total Annual Premium:</b>	\$ 7,270.00
<b>Quote Valid Until:</b>	July 1, 2020
<b>Policy Auditable:</b>	Not Applicable
<b>Binding Conditions:</b>	<ul style="list-style-type: none"><li>• Written Request to Bind Coverage</li><li>• Electronic Delivery Option Form Signed (Page 14)</li><li>• Alliant Request to Bind &amp; Disclosure/Disclaimer Acknowledgement Form – Signed (Page 15)</li></ul>
<b>Important Note:</b>	<p><i>Any changes made after June 15, 2020 will be adjusted on the First Quarterly Endorsement.</i></p> <p><i>Once coverage is bound, the vehicle values and selected deductible(s) will apply during the entire policy period. Options cannot be altered until the July 1, 2021 renewal.</i></p>
<b>Valuation:</b>	<p>In the event of a loss the value of will be the least of the following amounts:</p> <p>The value of each item of property that is individually listed and described in the Declarations is the applicable Limit of Insurance shown in the declarations for that item.</p> <p>The value of all Covered Property, including newly acquired property, will be the least of the following amounts:</p> <ul style="list-style-type: none"><li>A. The cost of reasonably restoring that property to its condition immediately before loss; or</li><li>B. The cost of replacing that property with substantially identical (like kind and quality) property; or</li><li>C. The limit of insurance indicated in the schedule for the property lost or damaged up to a maximum of 120% of the scheduled item; or</li><li>D. Full replacement cost (new vehicle) for vehicles purchased new within the last three years, less applicable deductible(s).</li></ul>

City of Blue Island, IL  
 Policy Number: TBD  
 Alliant Mobile Vehicle Program  
 07/1/2020 - 7/1/2021

Insured: City of Blue Island, IL

Garaging Addresses: 2450 Vermont Street, Blue Island, IL 60406

Division St and Canal Street, Blue Island , IL 60406

Alliant Mobile Vehicle Program

Unit #	Year	Make	Model	Vin #	Deductible	Equipment Value	Vehicle Value	Vehicle/Equipment Total
FPO Vehicle	2010	Ford	Expedition	1FMFU16508LA71163	\$ 5,000	\$ -	\$ 25,000	\$ 25,000
Chief Vehicle	2010	Ford	Explorer	1FMEU73E18UB30868	\$ 5,000	\$ -	\$ 25,000	\$ 25,000
Truck 2104	1998	Emergency One	Fire Truck	4ENGABA85V1008043	\$ 25,000	\$ -	\$ 490,000	\$ 490,000
Engine 2103	1994	Sulphen	Deluge	HSR288Z	\$ 25,000	\$ -	\$ 162,000	\$ 162,000
Engine 2123	2008	HME	CAT	44KFT42858WZ21385	\$ 25,000	\$ -	\$ 298,283	\$ 298,283
Engine 2133	2008	HME	CAT	44KFT428X6WZ20990	\$ 25,000	\$ -	\$ 285,400	\$ 285,400
Ambulance 2152	2016	Ford	Type III Ambulance	1FDXE4FSXGDC07648	\$ 25,000	\$ -	\$ 133,000	\$ 133,000
Ambulance 2162	2004	Ford	E-450 Type III Ambulance	1FDXE45P94HB15969	\$ 25,000	\$ -	\$ 50,000	\$ 50,000
Ambulance 2172	2016	Ford	Type III Ambulance	1FDXE4FS1GDC20049	\$ 25,000	\$ -	\$ 133,000	\$ 133,000

## **Binding Requirements Recap**

### **Alliant Mobile Vehicle Program**

- Updated Pre-Renewal Schedule of Vehicles with updated values
- Written Request to Bind Coverage
- Alliant Electronic Delivery Option Form – Signed (Page 14)
- Alliant Request to Bind & Disclosure/Disclaimer Acknowledgement Form – Signed (Page 15)

In order to complete the underwriting process, we require that you send us any additional information requested above. We are not required to bind coverage prior to our receipt and underwriting acceptance of the above information. However, if we do bind coverage prior to such acceptance, the terms and conditions as indicated above may be amended until such receipt and acceptance. Any agreement to bind coverage in connection with this proposal must be in writing from an authorized employee of the Insurer



### Electronic Delivery Option Form

Alliant Insurance Services, Inc. may be required by law to obtain consent from insureds prior to providing electronic delivery of documents, including the policy. You may change your option at any time. Please select one of the following:

- ELECTION OF ELECTRONIC INSURANCE DOCUMENT DELIVERY**  
I elect to receive all my documents electronically and acknowledge I may no longer receive paper copies unless I sign a new form requesting both electronic and paper copies or specifically request them.
- ELECTION OF ELECTRONIC INSURANCE DOCUMENT DELIVERY AND PAPER DELIVERY**  
I elect to receive both electronic and paper copies of my insurance policy and supporting documents.
- REJECTION OF ELECTRONIC INSURANCE DOCUMENT DELIVERY**  
I reject the option to receive my insurance policy and supporting documents electronically. I will receive paper copies of such documents.
- ELECTION TO WITHDRAW CONSENT OF ELECTRONIC DELIVERY**  
I withdraw my previous consent of electronic delivery of my insurance policy and supporting documents. I elect to receive paper copies of such document going forward.

Named Insured:

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date Signed

*If you have selected electronic document delivery, please provide the email address for the individual(s) who should receive these documents. If this information changes, please provide updated details to your service team.*

*This selection remains intact until revised by you.*



City of Blue Island, IL | 2020 – 2021 Alliant Mobile Vehicle Program Proposal

### Request to Bind Coverage

#### City of Blue Island, IL

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

Coverage	Bind Coverage for:	Effective Date
Alliant Mobile Vehicle Program	<input type="checkbox"/>	July 1, 2020

*This Authorization to Bind Coverage also acknowledges receipt and review of all disclaimers and disclosures, including exposures used to develop insurance terms, contained within this proposal.*

\_\_\_\_\_  
Signature of Authorized Insurance Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed / Typed Name

**This proposal does not constitute a binder of insurance. Binding is subject to final carrier approval. The actual terms and conditions of the policy will prevail.**



City of Blue Island, IL | 2020 – 2021 Alliant Mobile Vehicle Program Proposal

**Request to Bind Coverage**

**City of Blue Island, IL**

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

Coverage	Bind Coverage for:	Effective Date
Alliant Mobile Vehicle Program	<input type="checkbox"/>	July 1, 2020

*This Authorization to Bind Coverage also acknowledges receipt and review of all disclaimers and disclosures, including exposures used to develop insurance terms, contained within this proposal.*

<b>Signature of Authorized Insurance Representative</b>	<b>Date</b>
<b>Title</b>	
<b>Printed / Typed Name</b>	

**This proposal does not constitute a binder of insurance. Binding is subject to final carrier approval. The actual terms and conditions of the policy will prevail.**