

RESOLUTION - R-2011-22

BE IT RESOLVED, by authority of the BOARD OF COMMISSIONERS
(Name of governing body)
of the TOWNSHIP OF HOPEWELL
(Name of Municipality)

BEAVER County, and it is hereby resolved by authority
of the same, that the PRESIDENT OF THE BOARD
RICH BUFALINI of said Municipality,
(designate official title)
Authority be authorized and directed to sign the attached grant on its
behalf.

ATTEST

Andy Brunette
(Signature and designation
of official title)

Andy Brunette/MANAGER
Print or type above name and
title

HOPEWELL TOWNSHIP
(Name of Municipality)
By: Rich Bufalini
(Signature and designation
of official title)

RICH BUFALINI
Print or type above name and
title

(SEAL)

I, RICH BUFALINI, PRESIDENT/BOARD OF COMMISSIONERS
(Name) (Official title)
of the TOWNSHIP OF HOPEWELL, 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 BOARD OF COMMISSIONERS,
(Name of governing body)

held the 12 day of SEPTEMBER 2011.

DATE: September 12, 2011

Rich Bufalini
(Signature and designation
of official title)

Rich Bufalini/President
Print or type above name/title

PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: _____
GRANTEE: HOPWELL TOWNSHIP
COUNTY: BEAVER
TITLE OF GRANT: BEAVER COUNTY DUI TASK FORCE

*PROJECT DIRECTOR:

NAME: GENE UNGAREAN
TITLE: CHIEF OF POLICE
ADDRESS: 1700 CLARK BLVD
ALIQUIPPA, PA 15001
TELEPHONE: 724 378-0557
FAX: 724 378-9105
EMAIL ADDRESS: Chiefgu@hopewellTwp.com

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

APPROVED BY:

DATE: 9/12/2011 SIGNATURE: Rich Bufalini

Authorizing Official

Print or type name: Rich Bufalini / President
BOARD OF COMMISSIONERS

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

PENNSYLVANIA INTERGOVERNMENTAL RISK MANAGEMENT ASSOCIATION

CERTIFICATE OF COVERAGE

This Certificate is issued as a matter of information only and confers no rights upon the Certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the Risk Sharing Certificate listed below.

NAME & ADDRESS OF MEMBER: Hopewell Township & Hopewell Township Authority, Beaver County
1700 Clark Boulevard, Aliquippa PA 15001

This is to certify that the Legal Defense and Claim Payment Agreement listed below have been issued to the Member named above and is in force at this time. Notwithstanding any requirement, term or condition of any agreement or other document with respect to which this Agreement may be issued or may pertain, the coverage afforded by the Legal Defense and Claim Payment Agreement described herein is subject to all the terms, exclusions and conditions of such Agreement and the Intergovernmental Contract under which it is issued.

TYPE OF COVERAGE	AGREEMENT NO.	EFFECTIVE	LIMIT OF COVERAGE
Legal Liability for Third Party Claims	PA035113722000717	5/1/2011 – 5/1/2012	\$10,000,000 Each Occurrence
General Liability	PA035113722000717	5/1/2011 – 5/1/2012	\$ Incl. In Above \$- 0 -Deductible Each Claim
Automobile Liability	PA035113722000717	5/1/2011 – 5/1/2012	\$ Incl. In Above \$- 0 -Deductible Each Claim
Legal Enforcement Conditions	PA035113722000717	5/1/2011 – 5/1/2012	\$ Incl. In Above \$- 0 -Deductible Each Claim
Wrongful Acts	PA035113722000717	5/1/2011 – 5/1/2012	\$ Incl. In Above \$- 0 -Deductible Each Claim

RE: Grant Application – Certificate Holder is named Additional Party with respect to Grant application.

CANCELLATION: Should the above described Legal Defense and Claim Payment Agreement be cancelled, the PENNSYLVANIA INTERGOVERNMENTAL RISK MANAGEMENT ASSOCIATION will endeavor to mail 30 days written notice to the below named Certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Pool.

NAME & ADDRESS OF CERTIFICATE HOLDER:

DATE ISSUED: 5-23-11

Commonwealth of Pennsylvania
2301 North Cameron Street
Harrisburg PA 17110-9408

Michael J. Sutton

Authorized Representative

PENNSYLVANIA INTERGOVERNMENTAL
RISK MANAGEMENT ASSOCIATION
961 Pottstown Pike
Chester Springs, PA 19425

**MUNICIPAL RISK MANAGEMENT
WORKERS' COMPENSATION POOLED TRUST
CERTIFICATE OF PARTICIPATION**



This is to certify that: **Hopewell Township**
Trust Membership Number: **MRM-155-1011**

is a member of the *Municipal Risk Management Workers' Compensation Pooled Trust*, effective 12:01 a.m., Eastern Standard Time, on September 30th, 2010.

The Specific Excess Insurance under this Certificate provides the following coverage for each occurrence:

WORKERS' COMPENSATION	STATUTORY
Employer's Liability:	\$ 1,000,000
Retention:	\$ 750,000
State of Operations:	Pennsylvania

Excess insurance coverage is issued in the name of the Trust by **Safety National Casualty Corp.** under Policy #SP-4042727 with a term of October 1st, 2010, to September 30th, 2011. The terms and conditions of the coverage are contained in the policy, which is maintained at the office of **Municipal Risk Management Workers' Compensation Pooled Trust**. This document is for information purposes only. See policy for actual interpretation.

MUNICIPAL RISK MANAGEMENT WORKERS' COMPENSATION POOLED TRUST

By *Martene Stone*
Secretary

CERTIFICATE OF GROUP SELF-INSURANCE OF WORKERS' COMPENSATION LIABILITY

MEMBER:

Hopewell Township
Clark Blvd.
Aliquippa, PA 15001

MRM-155-1011

CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE WORKERS' COMPENSATION COVERAGE GUARANTEED BY THE MRM WORKERS' COMPENSATION POOLED TRUST PURSUANT TO THE STATUTORY REQUIREMENTS OF THE COMMONWEALTH OF PENNSYLVANIA.

GUARANTY PAYMENT PURSUANT TO WORKERS' COMPENSATION ACT NO. 44 OF 1993 BY:

Municipal Risk Management Workers' Compensation Pooled Trust
Spectra II, Suite 301
2591 Wexford-Bayne Road
Sewickley, PA 15143-8676
Phone: (724) 724-934-9797

Contact: John L. McConaha, ARM, CPCU, or Marlene Stone

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND

THIS IS TO CERTIFY THAT THE NAMED ENTITY IS A MEMBER OF THIS MUNICIPAL GROUP SELF-INSURANCE POOL CREATED PURSUANT TO CHAPTER VIII OF THE WORKERS' COMPENSATION ACT, ACT NO. 44 OF 1993, AND AS APPROVED BY THE PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION PURSUANT TO SAID ACT FOR THE PERIOD INDICATED. THE TRUST HAS PROVIDED TO THE PENNSYLVANIA DEPARTMENT OF LABOR & INDUSTRY A GUARANTY ASSUMING THE LIABILITY TO PAY ALL WORKERS' COMPENSATION CLAIMS OF THE NAMED INSURED. THE DATE OF THIS APPROVAL EFFECTS 10/1/2010 AND EXPIRES 10/1/2011. EXCESS WORKERS' COMPENSATION INSURANCE WITH STATUTORY LIMITS IS PROVIDED FOR THE TRUST BY NATIONAL SAFETY CASUALTY CORP. \$1,000,000 EMPLOYERS LIABILITY SUB-LIMIT UNDER POLICY #SP-4042727.

CERTIFICATE HOLDER:

Commonwealth of Pennsylvania
Department of Transportation
P O Box 2047
Harrisburg, PA 17105

CANCELLATION:

SHOULD THE STATE'S APPROVAL FOR THIS MEMBER TO CONTINUE TO BE A PARTICIPANT IN THE MRM POOLED TRUST BE TERMINATED BEFORE THE EXPIRATION DATE THEREOF, THE TRUST WILL ENDEAVOR TO MAIL THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE TRUST, ITS AGENTS OR REPRESENTATIVES.

John L. McConaha

TRUST REPRESENTATIVE:

DATE: August 23, 2011