Dewey Citizens for Accountability

Deweycitizens.org Email: news@deweycitizens.org

February 21, 2018

Delaware Department of Justice Attn: Kim Siegel, FOIA Coordinator 820 N. French Street Wilmington, DE 19801 opengovernment@state.de.us

Dear Ms. Siegel,

FOIA Violation: On four occasions The Town of Dewey Beach did not provide access to all records requested and did not provide an explanation for the omission of documents that were requested.

- 1) On January 9, 2018, I submitted a FOIA Request to the Town of Dewey Beach requesting the current Insurance Policy for the Town of Dewey Beach including but not limited to:
 - a) Commercial Policy Common Declarations
 - b) Commercial Policy Information Page
 - c) Policy Changes Endorsement
 - d) Schedule of Locations
 - e) Additional Insured-Land Leased
 - f) General Liability Coverage Declaration.

Attachments:

<u>January 9, 2018 FOIA Request to the Town of Dewey Beach</u> PDF File contains request for the current insurance policy for the Town of Dewey Beach

2) On January 31, 2018, The town of Dewey Beach responded with a document with Insurance policy pages. Not included were all Policy Changes Endorsements and the Schedule of Locations. I was made aware that the town's policy was amended in December, 2017 to list additional storage lot(s). We had requested those in item C and D.

Attachments:

<u>January 31, 2018 Response from the Town of Dewey Beach</u> A PDF File containing some of the insurance policy for the Town of Dewey Beach.

3) On February 2, 2018 the petitioner wrote the Dewey Mayor directly and requested the proper documents again in writing. The Petitioner stated that he was sure the records existed and provided a photograph of part of a page from the policy that was withheld.

Attachments:

<u>February 2, 2018 Email to TJ Redefer, Mayor of Dewey Regarding FOIA</u> A PDF File containing an email requesting help in obtaining the requested documents.

4) On February 6, The Town of Dewey Beach responded with a second document that was a Coverage proposal for 2018-19.

Attachments:

<u>February 6, 2018 Response from the Town of Dewey Beach</u> A PDF File containing an insurance coverage proposal policy for the Town of Dewey Beach for 2018-19.

The omission of the Policy Changes Endorsement and the Schedules of Location for the current policy as of January 9, 2018 is a violation of FOIA.

Regards,

Jeffrey C. Smith
Volunteer Coalition Director, Dewey Citizens for Accountability
deweycitizens.org
443-603-2132
Email: jcs@wpa.org

Attachment #1 FOIA Violation Petition 02 ere (https://imageserv11.team-logic.com/mediaLibrary/147/Detailed_Invitation_to_bid_landscapir

(https://www.facebook.com/pages/Dewey-Beach-Delaware/734633613229914?hc_location=stream) 👔 (https://twitter.com/Deweytownus) 🍆

AY, 2017 BUSINESS LICENSE (/Beach-Replenishment-Updates-2016-2017/) PAY BEACH REPLENISHMENT TAX (/WINTER-STORM-UPDATES/) HOME (/) Contact (/index.cfm?fuseaction=content.map&mapTypeID=11) Employment Opportunities (/Employment-201043/)

■ Navigation Menu

Request For Public Records

PURSUANT TO THE DELAWARE FREEDOM OF INFORMATION ACT TITLE 29 Del. Chapter. 100

§10003 Examination and copying of public records.

(h) The public body shall respond to a FOIA request as soon as possible, but in any event within 15 business days after the receipt thereof, either by providing access to the requested records, denying access to the records or parts of them, or by advising that additional time is needed because the request is for voluminous records, requires legal advice, or a record is in storage or archived. If access cannot be provided within 15 business days, the public body shall cite 1 of the reasons hereunder why more time is needed and provide a good-faith estimate of how much additional time is required to fulfill the request.

If you do not receive a receipt of your request to the email address provided within 1 full business day, please call Dewey Beach Town Hall at 302-227-6363.

There may be costs involved in responding to your request. The Town may require you to examine the records at the Town office. Refer to the Town's policy or regulations for information about costs and access to records.

Please enter the Records requested in the comments field. Be as specific as you can, describing types of records, parties to correspondence, subject matter, etc. The Town will make every reasonable effort to assist you in identifying the record being sought. Requests for voluminous records may be delayed.

First Name*:	Jeffrey
Last Name*:	Smith
Email*:	heather@drugfreevessel.com
Phone:	4436032132
Address*:	409 Chester Ave Ste 102
City*:	Annapolis
State/Province*:	MD
ZIP/Postal Code*:	21403
Question/ Comments:	The current Insurance Policy for the Town of Dewey Beach including, but not limited to, a) Commercial Policy Common Declarations b) Commercial Policy Information Page c) Policy Changes Endorsement d) Schedule of Locations e) Additional Insured- Land Leased f) General Liability Coverage Declaration
Date Of Request *:	01/09/
lease contact me if costs will be greater than \$:	15.00

Submit Contact Form



Contact Us

Town of Dewey Beach 105 Rodney Ave. Dewey Beach, DE 19971

1-302-227-6363 (tel:+13022276363) 1-877-227-6331 (toll free) (tel:+18772276331) 1-302-227-8319 (fax)

Site Links

Home (/)
Site Map (/?fuseaction=content.site-map)
Site Policy (/index.cfm?fuseaction=trees.pageDetails&p=262-18-356)
Contact Us (/index.cfm?fuseaction=content.map&mapTypeID=11)

Popular Links

Council Live Broadcast 🗗 (https://livestream.com/accounts/24951826/events/7318685/player? width=960&height=540&enableInfoAndActiv/Council-Meeting-Broadast/) Comprehensive Development Plan Working Group Updates (/Comprehensive-Development-Plan-Working-Group/) Dewey Beach Patrol (/Dewey-Beach-Patrol/) Dewey Beach Police (/index.cfm? fuseaction=content.faq&faqTypeID=200014) Dewey Beach Zoning Map (https://imageserv11.teamlogic.com/mediaLibrary/147/zoning_map_2-9-15-3.pdf) Emergency Numbers (/Emergency-Numbers/) F.A.Q. (/index.cfm?fuseaction=content.faq&faqTypeID=3) Licensing & Permitting (/Permit-and-License-Applications/) Parking Regulation & Fees (/index.cfm? fuseaction=content.faq&faqTypeID=3&faqCatID=3) Town Commissioner Meeting Videos (http://www.townofdeweybeach.com/Town-Commissioner-Meeting-Videos/)

Some photography Provided by Kevin Fleming (2) (http://www.kevinfleming.com)

Municipal Web Design by EvoGov (http://www.evogov.com/)

Ashleigh Hudson

From:

heather@drugfreevessel.com

Sent:

Tuesday, January 09, 2018 3:32 PM

To:

Ashleigh Hudson

Subject:

Request For Public Records

Request For Public Records

First Name: Jeffrey Last Name: Smith

Email: heather@drugfreevessel.com

Phone: 4436032132

Address: 409 Chester Ave Ste 102

City: Annapolis State: MD

Zip Code: 21403

Question: The current Insurance Policy for the Town of Dewey Beach including, but not limited to, a) Commercial Policy Common Declarations b) Commercial Policy Information Page c) Policy Changes Endorsement d) Schedule of Locations e) Additional Insured- Land Leased f) General Liability Coverage

Declaration

Date Of Request: 01/09/2018

Please contact me if costs will be greater than \$: 15.00

User IP: 72.81.245.119

Time Sent: 3:31 PM January 9, 2018

Ticket: https://www2.team-logic.com/dewey/index.cfm?teamLogic=tickets.detail&ticketID=201545

Note: A duplicate user was found, based on the email entered, the existing user was used.

Policy Number

S 1980207

02/21/2018

Attachment #2 FOIA Violation Petition SELECTIVE WAY INSURANCE COMPANY

WANTAGE AVENUE, BRANCHVILLE, NJ 07890

LYONS INSURANCE AGENCY INC DELAWARE

COMMERCIAL POLICY INFORMATION PAGE

Named Insured and Address	Policy Period
TOWN OF DEWEY BEACH	From: FEBRUARY 18, 2017
105 RODNEY AVE DEWEY BEACH, DE 19971-3207	To: FEBRUARY 18, 2018
	12:01 A.M. Standard Time At Location of Designated Premises.
Named Insured is:	Producer Number:
ASSN/LABOR/RE	00-04027-00000
Producer:	

Schedule of Coverage Schedule Effective Date: MARCH 22, 2017

COMMERCIAL PROPERTY COVERAGE COMMERCIAL GENERAL LIABILITY COVERAGE COMMERCIAL AUTOMOBILE COVERAGE COMMERCIAL INLAND MARINE COVERAGE COMMERCIAL UMBRELLA COVERAGE PESTICIDE HERBICIDE COMMERCIAL CRIME COVERAGE

Date Issued:

MARCH 28, 2017

Issuing office:

MID ATLANTIC REGION

C00001 OIA Violation Petition

1980207

SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address	Policy Period
TOWN OF DEWEY BEACH 105 RODNEY AVE	From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018
DEWEY BEACH, DE 19971-3207	Endorsement Effective Date:
	MARCH 22, 2017
Producer	Producer Number:
LYONS INSURANCE AGENCY INC	00-04027-00000

COVERAGE PART AFFECTED COMMERCIAL COMMON COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THE FOLLOWING FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:
117025A 11/89 COMMERCIAL POLICY INFORMATION PAGE

03/94

POLICY CHANGES ENDORSEMENT

IL7028

AUTO FORMS ADDED/WERE MISSING FROM PRIOR ENDORSEMENT.
THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND

EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE: CA7057 02/92 AUTO DEC -LOSS PAYEE

CA7057 CA7058

02/92

COMMERCIAL AUTO DECLARATION PAGE 2
COMMERCIAL POLICY INFORMATION PAGE

IL7025A IL7028

11/89 03/94

POLICY CHANGES ENDORSEMENT

THE FOLLOWING UMBRELLA FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE: IL7025A 11/89 COMMERCIAL POLICY INFORMATION PAGE

IL7028

03/94

CHANGE ENDORSEMENT

Forms and Endorsements:

Endorsement Premium

REFER TO "COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE"

NIL

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.

D/B - 10

(This premium may be subject to adjustment.)

Date Issued:

MARCH 28, 2017

Authorized Representative

Issuing Office: MID ATLANTIC REGION

Attachment #2 FOIA Violation Petition

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017	Schedule Effective Date: MARCH 22, 2017
THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICOMMON COVERAGE PART:	
IL 70 25A 1189 COMMERCIAL POLICY INFORMATION IL 70 28 0394 POLICY CHANGE ENDORSEMENT IL 70 25 1189 COMMERCIAL POLICY COMMON DECIL 70 36 0193 SCHEDULE OF LOCATIONS IL 79 56 0610 GOV ENTITY & VF ORG PARTICIPA	LARATION
THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLE COMMERCIAL PROPERTY COVERAGE PART:	ICABLE TO THE
CP 70 26 1011 COMMERCIAL PROP DEC CP 00 10 0607 BUILDING & PERSONAL PROPERTY CP 00 30 0607 BUSINESS INCOME COVERAGE (W/OCP 00 90 0788 COMMERCIAL PROPERTY CONDITION CP 01 40 0706 EXCL OF LOSS DUE TO VIRUS OR CP 02 99 0607 CANCELLATION CHANGES CP 03 21A 0607 WINDSTORM OR HAIL PERCENTAGE CP 10 30 0607 CAUSES OF LOSS-SPECIAL FORM CP 10 32 0808 WATER EXCLUSION ENDORSEMENT CP 15 32 0607 CIVIL AUTHORITY CHANGE(S) CP 75 51 0511 SYSTEMS POWER PAC CP 75 92 0406 SYS POWER PAC CP 76 11 1011 GREENPAC ENHANCEMENT ENDORSEMENT CP 76 13 0513 CRISIS RESPONSE COVERAGE CP 76 23 1011 COMMERCIAL PROP MORTGAGE HOLD CP 76 30 0116 ELITEPAC PROPERTY EXT END CP 76 38 0116 GOVERNMENTAL ELITEPAC PROP EX CP 76 63 0116 ELITEPAC SCHEDULE - GOVERNMEN CP 76 63 0116 BI ACTUAL LOSS SUST ES&G - 2° CP 76 64 0116 ACCOUNTS RECEIVABLE COVERAGE CP 76 65 0116 COMMUNICATIONS EQUIPMENT COVE CP 76 66 0116 COMMUNICATIONS EQUIPMENT COVE CP 76 67 0116 ELECTRONIC INFORMATION SYSTEM CP 76 70 0116 FINE ARTS COVERAGE ENDORSEMEN CP 76 70 0116 FINE ARTS COVERAGE ENDORSEMEN CP 76 72 0116 PROPERTY IN TRANSIT COVERAGE CP 76 73 0116 SALESPERSONS SAMPLES COVERAGE CP 76 75 0116 SALESPERSONS SAMPLES COVERAGE CP 76 75 0116 SALESPERSONS SAMPLES COVERAGE CP 76 75 0116 VALUABLE PAPERS COVERAGE END CP 76 77 0116 SALESPERSONS SAMPLES COVERAGE CP 76 75 0116 VALUABLE PAPERS COVERAGE END CP 76 75 0116 SALESPERSONS SAMPLES COVERAGE CP 76 75 0116 VALUABLE PAPERS COVERAGE CP 76 76 0116 VALUABLE PAPERS COVERAGE CP 76 77 0116 VALUABLE PAPERS COVERAGE	EX EXP) NS BACTERIA DEDUCTIBLE ICES MENT DERS SCHED XT END NTAL 4 MONTH LIM ENDORSEMENT GE END ERAGE END MS COVER END NT GE END

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART:

```
COMMERCIAL LIABILITY COVG DECLARATION CGL COV FORM (OCCURRENCE)
EMPLOYEE BENEFITS LIAB COVERAGE
EXCL ACCESS DISCL CONF PERS INF-W/LIM BI
EMPLOYMENT-RELATED PRACTICES EXCL
CG 70 35
CG 00 01
CG 04 35
CG 21 06
CG 21 47
                                             0690
0413
1207
                                             0514
1207
```

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017 Schedule Effective Date: MARCH 22, 2017 THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART: CG 21 67 CG 21 70 CG 22 58 CG 25 03 CG 25 04 CG 73 00 CG 73 04 CG 79 55 FUNGI OR BACTERIA EXCLUSION
CAP ON LOSSES FROM CERT ACTS OF TERROR
EXCL-DESCR.HAZ (CARNIVAL, CIRCUS, FA)
DESIGNATED CONST PROJECT(S) AGG LIMIT
DESIGNATED LOCATION(S) CENERAL ACCOUNTS 1204 0115 1185 0509 0509 DESIGNATED LOCATION(S) GENERAL AGG LIMIT 0116 ELITEPAC GL EXT END EMERG SERV AND GOV ELITEPAC GL EXT END PRODUCT RECALL EXPENSE COV ENDT 0116 0708 LIMITED EXT OF COV FOR SEWAGE BACKUP EXCLUSION-FAILURE TO SUPPLY-UTILITIES CALCULATION OF PREMIUM COMMON POLICY CONDITIONS NUCLEAR ENERGY LIABILITY EXCLUSION DELAWARE CHANGES-CIVIL UNION DELAWARE CHANGES-TERMINATION PROVISIONS DISCLEDIBLIANT TO TERR RISK TINS ACT 79 54 1009 CG CG 80 30 1115 00 03 0908 ΙL 17 21 00 1198 ΙL ΙL 00 0908 ĪĹ 01 51 0112 37 0412 0115 ΙL 02 DISCL PURSUANT TO TERR RISK INS ACT EXCLUSION - LEAD HAZARD 09 85A 89 48 89 56 IL 0100 0899 ASBESTOS EXCLUSION ΙL IN 01 29 0116 NOTICE - OFFER OF TERR COV AND REJECTION THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE BUSINESS AUTOMOBILE COVERAGE PART: 25A 28 COMMERCIAL POLICY INFORMATION PAGE POLICY CHANGE ENDORSEMENT 1189 70 70 70 ΙL 0394 57 58 0292 0292 CA CA AUTO DEC -LOSS PAYEE
BUSINESS AUTO COVERAGE DECLARATION PAGE2 00 01 CA CA CA CA CA CA 0310 **BUSINESS AUTO COVERAGE FORM** 00 01 01 77 04 42 20 18 22 08 22 09 70 38 77 74 78 09 78 10 0412 0310 1293 DEL CHANGES
EXCL FED EMPLOYEES USING AUTO IN GOV BUS PROFESSIONAL SERVICES NOT COVERED EMPLOYEE HIRED AUTOS
DELAWARE PERS INJURY PROTECTION
DE ADDED PERS INJURY PROTECTION END
PHYSICAL DAMAGE COVERAGE
LIMITED MOBILE EQUIPMENT COVERAGE 1001 1197 0394 0790 CA CA 0706 ELITEPAC COMMERCIAL AUTO EXT END EMERG SERV AND GOV ELITEPAC AUTO EXT END COMM AUTO ELITEPAC SCH - EMERG SERV GOV 0116 0116 CA 0116 RENTAL REIMBURSEMENT COVERAGE CALCULATION OF PREMIUM COMMON POLICY CONDITIONS 99 CA 23 03 17 0310 0908 00 1198 21 51 NUCLEAR ENERGY LIABILITY EXCLUSION DELAWARE CHANGES-CIVIL UNION 0908 IL 00 0112 01 IL ASBESTOS EXCLUSION
DEL CHANGES-CANC AND NONRENEWAL
DE-UNINSURED MOTORISTS COVERAGE IL 89 56 0899 SCA 02 55 SCA 21 10 1114 0114 THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL INLAND MARINE COVERAGE PART:

```
CM 70 71
CM 71 38
                             COMMERCIAL INLAND MARINE DECLARATIONS PROPERTY EQUIPMENT COVERAGE COMMERCIAL INLAND MARINE CONDITIONS
                   0794
                   0694
          38A
CM 00 01
                   0695
                             MISCELLANEOUS PROPERTY COVERAGE
LOSS PAYEES SCHEDULE
CM 70 99
                   1191
CM 71 50
CM 72 00
                   0694
                   0112
                             LIBERALIZATION
```

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

Attachment #2 FOIA Violation Petition

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

	FEBRUARY 18, 2017	Schedule Effective Date:	
THE FOLLOWING F	ORMS AND ENDORSEMENTS ARE APPLI ND MARINE COVERAGE PART:	CABLE TO THE	
IL 00 03 0908 IL 00 17 1198 IL 09 52 0115 IL 09 85A 0115 IN 01 29 0116	COMMON POLICY CONDITIONS CAP ON LOSS FROM CERT ACTS OF DISCL PURSUANT TO TERR RISK I	NS ACT	
	ORMS AND ENDORSEMENTS ARE APPLICELLA COVERAGE PART:	CABLE TO THE	
IL 70 25A 1189 IL 70 28 0394 CX 00 03A 0199 CXL 4 0403 CXL 17 1099 CXL 22 0199 CXL 39 1115 CXL 48A 0403 CXL 117 0403 CXL 118 0199 CXL 118 0199 CXL 119 0403 CXL 119 0403 CXL 120 0403 CXL 127 0199 CXL 120 0403 CXL 127 0199 CXL 128 0403 CXL 127 0199 CXL 120 0403 CXL 127 0199 CXL 132 0403 CXL 318 0403 CXL 318 0403 CXL 318 0403 CXL 318 0403 CXL 383 0702 CXL 388 0115 CXL 374A 0403 CXL 388 0115 CXL 400 0403 CXL 453 0413 CXL 462 1115 IL 00 17 1198 IL 09 85A 0115 IN 01 29 0116	POLICY CHANGE ENDORSEMENT COMMERCIAL EXCESS/UMBRELLA DE COMMERCIAL UMBRELLA LIAB COVG ASBESTOS EXCLUSION BAZAARS, CARNIVALS, CIRCUSES ERRORS & OMISSIONS-SPECIFIC OI LAW ENFORCEMENT ACTIVITIES EX PROPERTY OF OTHERS EXCLUSION INJURY TO VOL FIRE/AMBUL/RES VOLUNTEER AMBULANCE & RES SQD VOL FIRE CO AMBULANCE & RES SQD VOL FIRE CO AMBULANCE & RES SQ WATERCRAFT LIABILITY LIMITATION AMEND OF POLL EXCL & ENERGY OF PERSONAL & ADVERTISING INJURY MUNICIPAL AMENDATORY ENDORSEM EMPLOYEE BENEFITS LIABILITY L EXCLUSION - LEAD HAZARD AMENDMENT OF EXPECTED OR INTER ADMINISTRATIVE HEARING FUNGI OR BACTERIA EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION CAP ON LOSSES FROM CERT ACTS OF NUCLEAR ENERGY LIABILITY EXCLUSION COMMERCIAL UMBRELLA LIABILITY COMMON POLICY CONDITIONS DISCL PURSUANT TO TERR RISK I	& FAIRS PER CLUSION SQ/WKRS LIM LIAB LIM Q E & O LIM ON PER LIM FRM LIAB ENT IMITATION NDED BI/PD OF TERR USION END BILITY	
	ORMS AND ENDORSEMENTS ARE APPLICE ERBICIDE COVERAGE PART:	CABLE TO THE	
PH 00 05 0196 IL 70 69 0115 IL 79 96 0112 PH 00 01 0107 PH 00 07 0395	DELAWARE CHANGES-TERMINATION I DELAWARE CHANGES - CIVIL UNION PESTICIDE AND HERBICIDE APP CO	PROVISIONS N OVG	
	ORMS AND ENDORSEMENTS ARE APPLICE	CABLE TO THE	
CR 70 26 0292 CR 00 25 0506 CR 02 82 0112 CR 79 24 0116 IL 00 03 0908	GOVERNMENT CRIME COVERAGE FORM DE-INC SPOUSE & CHILDREN OF BI GOVERNMENTAL CRIME ELITEPAC EI	M LDG MANAGER	

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "II." endorsements will be attached in the Common Section of the policy.

Policy Number

MARCH 22,

Attachment #2 FOIA Violation Petition COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Schedule Effective Date:

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL CRIME FIDELITY COVERAGE PART:

Policy Effective Date: FEBRUARY 18, 2017

1198 COMMON POLICY CONDITIONS 0702 EXCL OF CERTAIN COMPUTER-RELATED LOEPES IL 00 17 IL 09 35

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

100021S 1980207384

Policy Number

1980207

02/21/2018

AU0002 OIA Violation Petition SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address	Policy Period
TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018
DEMET BEACH, DE 19971-3207	Endorsement Effective Date:
	MARCH 22, 2017
Producer	Producer Number:
LYONS INSURANCE AGENCY INC	00-04027-00000

COVERAGE PART AFFECTED COMMERCIAL AUTO COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO FORMS ADDED/WERE MISSING FROM PRIOR ENDORSEMENT.
THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND

ARE

CA7057 02/92 AUTO DEC -LOSS PAYEE
CA7058 02/92 COMMERCIAL AUTO DECLARATION PAGE 2
IL7025A 11/89 COMMERCIAL POLICY INFORMATION PAGE

IL7028

03/94

POLICY CHANGES ENDORSEMENT

Forms and End	orsements:
---------------	------------

CA 00 01 **BUSINESS AUTO COVERAGE FORM**

CA 00 01 0310 BUSINESS AUTO COVERAGE FORM
CA 01 77 0412 DEL CHANGES
CA 04 42 0310 EXCL FED EMPLOYEES USING AUTO IN GOV BUS
CA 20 18 1293 PROFESSIONAL SERVICES NOT COVERED
CONTINUED ON SCHEDULE: IL-7035
NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.

D/B - 10

(This premium may be subject to adjustment.)

NIL

Endorsement Premium

Date Issued:

MARCH 28, 2017

Issuing Office: MID ATLANTIC REGION

Authorized Representative

1000215 1980207385

CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER AU0002

FEBRUARY 18, 2017

```
CA 20 54
CA 22 08
CA 22 09
CA 70 38
                                       EMPLOYEE HIRED AUTOS
DELAWARE PERS INJURY PROTECTION
DE ADDED PERS INJURY PROTECTION END
                         1001
                        1197
                         0394
                         0790
                                        PHYSICAL DAMAGE COVERAGE
                                       AUTO DEC -LOSS PAYEE
BUSINESS AUTO COVERAGE DECLARATION PAGE2
LIMITED MOBILE EQUIPMENT COVERAGE
ELITEPAC COMMERCIAL AUTO EXT END
                        0292
0292
CA
      70
              57
CA
      70
      77
78
CA
                         0706
CA
                        0116
              09
                                       EMERG SERV AND GOV ELITEPAC AUTO EXT END COMM AUTO ELITEPAC SCH - EMERG SERV GOV RENTAL REIMBURSEMENT COVERAGE
              10
19
23
CA
      78
                         0116
      78
99
                        0116
0310
CA
                                       RENTAL REIMBURSEMENT COVERAGE
CALCULATION OF PREMIUM
COMMON POLICY CONDITIONS
NUCLEAR ENERGY LIABILITY EXCLUSION
DELAWARE CHANGES-CIVIL UNION
COMMERCIAL POLICY INFORMATION PAGE
ASBESTOS EXCLUSION
FACTS REGARDING PREMIUM AUDIT
IMPORTANT NOTICE ASBESTOS EXCLUSION
EMERG SERV AND GOV ELITEPAC AUTO EXT END
DEL CHANGES-CANC AND NONRENEWAL
DE-UNINSURED MOTORISTS COVERAGE
      00 03
                         0908
ΙL
              17
21
       00
                         1198
IL
      00
                         0908
              51
25A
                        0112
1189
       01
ΙL
ΙL
       70
              56
IL
      89
                         0899
                        0904
0699
      00 03
IN
IN
      00
              68
IN 05 56
                        0116
SCA 02 55
                       1114
SCA 21 10 0114
                                        DE-UNINSURED MOTORISTS COVERAGE
```

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

1000215 1980207386

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date:

FEBRUARY 18, 2017

Coverage Effective Date:

MARCH 22, 2017

Business of Named Insured:

MUNICIPALITY

Item Two - SCHEDULE OF COVERAGES AND COVERED AUTOS. This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos" "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage Schedule								
Coverages	Covered Autos Symbols	L i m i t The Most We Will Pay for Any One Accident or Loss	Premium					
L <mark>iability</mark>	1	\$1,000,000 CSL	\$12,563.00					
Personal Injury Protection (or First Party Benefits)	5	Separately stated in each P.I.P Endorsement	\$2,785.00					
Added Personal Injury Protection (or Added First Party Benefits)	5	Separately stated in each P.I.P Added Endorsement	\$1,136.00					
Auto Medical Payments								
Uninsured Motorists	2	\$1,000,000 CSL	\$4,774.00					
Underinsured Motorists								
Physical Damage Comprehensive Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Each Covered Auto for all Loss except Fire or Lightning.	\$1,457.00					
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less minus \$25 deductible for Each Covered Auto for Loss caused by Mischief or Vandalism.						
Physical Damage Collision Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus the applicable deductible shown on the Auto Schedule for Each Covered Auto.	\$5,364.00					
Physical Damage Towing and Labor Coverage		for Each Disablement of a Private Passenger Auto.						
Hired Auto and Non-Owned Auto Coverage Premium for Endorsement		2000 · 1000	INCL. \$1,538.00					

						Α	uto Sc	hedu	ıle						
No			ade me Year	Body Truck		Ve	hicle Id. No. (VIN)		Size Class	Use/Class Code	s/Radius	List Symbol	Purchas by Insur Year		ost
DE DE DE DE DE DE	1 2 3 4 5 7 8	F0 F0 F0	RL 05 RD 04 RD 04 RD 08 RD 04 RD 10	FLHTP	SUPER VIC VIC VICT LINE	1HD1F 1FDNF 2FAFP 2FAFP 2FAFP	NW1YX5Y6 MW175Y67 21L34EC0 71W04X13 71V08X15 73W54X15 2EW3ADA5	9900 5132 9284 4218 4005	L	7911 7911 S/0149 7911 7911 7911	00 90/L 00 00 00			\$16 \$24 \$26 \$26 \$23	,546 ,546 ,470 ,775 ,690 ,620
No.		Terr.	Liability Insurance Premium	P.I.P.or F.P.B.	Add. P.I.P. or F.P.B	Med. Paymts. Prem.	Um & Uim Motorists Premium	De	ompreh	hysical ensive Prem.	Damage Specified Car of Loss	uses	rance Collis Ded.	ion Prem.	Towing Prem.
DE	1	103	581	145	58		237	1	,000	36			1,000	143	3
DE	2	103	581	145	58		237	1	,000	36			1,000	143	3
DE	3	103	484	64	30		149	1	,000	40			1,000	10	1
DE	4	103	581		58		237	1	000ر.	47			1,000	159	9
DE	5	103	581		58		237	1	,000	61			1,000	22	7
DE	7	103	581		58		237		,000	40			1,000	15	1
DE	8	103	581	145	58		237	1	,000	78			1,000	27	2

Item Three - Schedule of Covered Autos You Own (see Auto Schedule) - Loss Payees Subject to Loss Payable Clause: Vehicle No. Name and Address of Loss Payee

Forms and Endorsements:

Refer to "Commercial Policy Forms and Endorsement Schedule"

Total Premium

\$30,655.00

(This premium may be subject to adjustment.)

CA-7057 (02/92)

Totals \$

1,000

1,000

1,000

1,000

1,000

1,000

101

386

430

430

334

250

5,364

Attachment #2 FOIA Violation Petition _____0

BUSINESS AUTOMOBILE SCHEDULE

							10101				CEE					
						A	uto S	c h e o	lule		-					
1	lo.		ade me Year	Body Typ Truck Siz		Vel	nicle Id. No. (VIN)		Size Class	Use/Class Code	s/Radius	List Symbol	Purch by Ins Year		Co	st
DEE DEE DEE DEE DEE DEE DEE	10 11 12 13 14 15 16 17 18 19 20 21 22 23	0 AM 1 AM 2 CH 3 CH 4 F0 5 AM 6 F0 7 CH 8 BM 9 CH 1 CH 2 RA	EV 13 RD 08 G 90 RD 97 EV 15 Y 91 EV 14 EV 16 EV 16		150 150 IC DU 150 PO OLI OLI V	192078 131646 1GNLC2 1GNLC2 2FAFP7 105206 1FDLE4 1GNLC2 0603NS5 1GNSKI 1GNLCI 1C6RR7	2E07CR20 2E05DR27 1V38X16 7SXVHB9 2EC9FR65 00000250 6U20EL94 DEC4GR32 0EC1GR32 VXT1GS28 2B67GEB1	0000 4732 6675 8937 2237 0380 1359 4883 7740 6496 1477	M H L M	7911 7911 7911 7911 7911 7911 \$/2149 7911 \$/3149 7911 7911 \$/0149 \$/2149	00 00 00 00 00 00 00 90/L 00 00 90/L 90/L				\$38, \$250, \$26, \$26, \$26, \$48, \$40, \$37, \$37, \$37, \$37,	000 000 396 080 690 000 160 000 170 375 477 990
N).	Terr.	Liability Insurance Premium	P.I.P.or P.I	Add. I.P. or I.P.B	Med. Paymts. Prem.	Um & Uim Motorists Premium	I)e	Comprehe	hysical ensive Prem.	Damag Specified C of Loss	auses	rance Coll Ded.	ision Pre		Towing Prem.
DE DE DE DE DE DE DE	9 10 11 12 13 14 15 16	103 103 103 103 103 103 103 103 103	581 581 581 581 581 581 581	145 145 145 145 145 145 145	58 58 58 58 58 58 58 58		237 237 237 237 237 237 237 149	1 1 1 1	1,000 1,000 1,000 1,000 1,000 1,000	8 4 4 8 9 6 6	0 7 7 3 1		1,000 1,000 1,000 1,000 1,000 1,000	0 0 0 0 0	317 151 159 340 364 227 183))) ;
DE	18		501 E87		30 30		149		000	13			1,000		7 01	

1,000

1,000

1,000

1,000

1,000

1,000

37

97

103

103

99

74

1,457

149

237

237

237

149

149

4,774

DE

DE

ĎΕ

DE

DE

Totals \$

103

103

103

103

103

18

19

20

21

22

23 103

587

581

581

581

484

508

12,448

30

58

58

58

30

30

64

145

145

145

64

64

2,785 1,136

OIA Violation Petition

Policy Number

1980207

BUSINESS AUTOMOBILE COVERAGE DECLARATION (Continued)

Policy Effective Date: FEBRUARY 18, 2017 MARCH 22, 2017 Coverage Effective Date:

Item Four - Schedules of Hired or Borrowed Covered Auto Coverage and Premiums. Liability Insurance - Rating Basis, Cost of Hire

Estimated Cost of Hire for Each State

Rate per Each \$100 Cost of Hire

Minimum Premium

Premium

DELAWARE

IF ANY

.854

\$45.00

\$45.00

Total Premium

\$45.00

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including"autos" you borrow or rent from your partners employees or their family members). Cost of hire does not include charges for service performed by motor carriers of property or passengers

Physical Damage Coverage

Coverages	Limit of Insurance	Estimated Annual Cost of Hire	Rate per Each \$100 Annual Cost of Hire	Premium
Comprehens	Actual Cash Value, Cost of Repairs or iveVhichever is Less Minus Ded. for Each Covered Auto For all Loss Except Fire or Lightning			
Specified Causes of Le				
Collision	Actual Cash Value, Cost of Repairs or Whichever is Less Minus Ded. for Each Covered Auto			
			Total Premium	

PHYSICAL DAMAGE INSURANCE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

Item Five - Schedule for Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	0 - 25	\$70.00
other than a soonal set vice regency	Number of Partners		
Social Service Agency	Number of Employees		
Social Service Agency	Number of Volunteers		,-t.
		Total Premium	\$70.00

Item Six - Schedule for Gross Receipts or Mileage Basis - Liability Insurance - Public Auto or Leasing Rental Concerns -

Estimated Yearly	Rates		Premiums	
,	Liability Insurance	Auto Medical Payments	Liability Insurance	Auto Medical Payments
		Total Premiums		

SU0001

Policy Number 1980207

Attachment #2 SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address	Policy Period			
TOWN OF DEWEY BEACH 105 RODNEY AVE	From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018			
DEWEY BEACH, DE 19971-3207	Endorsement Effective Date:			
	MARCH 22, 2017			
Producer	Producer Number:			
LYONS INSURANCE AGENCY INC	00-04027-00000			

COVERAGE PART AFFECTED COMMERCIAL UMBRELLA COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THE FOLLOWING FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

11/89 COMMERCIAL POLICY INFORMATION PAGE

IL7028

03/94

POLICY CHANGES ENDORSEMENT

THE FOLLOWING UMBRELLA FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE: IL7025A 11/89 COMMERCIAL POLICY INFORMATION PAGE

IL7028

03/94

CHANGE ENDORSEMENT

Forms and Endorsements:

COMMERCIAL POLICY INFORMATION PAGE COMMERCIAL EXCESS/UMBRELLA DEC COMMERCIAL UMBRELLA LIAB COVG IL 70 25A 1189

CX 00 03A 0199 CXL 4 0403 CXL 17 1099

CXL 17 1099 ASBESTOS EXCLUSION

CONTINUED ON SCHEDULE: IL-7035

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.

Endorsement Premium

NIL

D/B - 10

(This premium may be subject to adjustment.)

Date Issued:

MARCH 28, 2017

Issuing Office: MID ATLANTIC REGION

Authorized Representative

11.-7028 (03/94)

INSURED'S COPY



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017 Schedule Effective Date: MARCH 22, CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER SU0001 BAZAARS, CARNIVALS, CIRCUSES & FAIRS ERRORS & OMISSIONS-SPECIFIC OPER LAW ENFORCEMENT ACTIVITIES EXCLUSION PROPERTY OF OTHERS EXCLUSION 22 39 0199 CXT CXT 1115 48A 0403 CXL CXL 63A 0199 108 117 INJURY TO VOL FIRE/AMBUL/RES SQ/WKRS LIM 0403 VOLUNTEER AMBULANCE & RES SQD LIAB LIM VOL FIRE CO AMBULANCE & RES SQ E & 0 LIM WATERCRAFT LIABILITY LIMITATION 0403 CXL 118 0199 119 0403 CIVIL RIGHTS LIMITATION
AMEND OF POLL EXCL & ENERGY OPER LIM FRM
PERSONAL & ADVERTISING INJURY LIAB 120 127 132 0403 CXL 0199 0403 MUNICIPAL AMENDATORY ENDORSEMENT EMPLOYEE BENEFITS LIABILITY LIMITATION 1115 CXL 160 211 318 CXL 0403 EXCLUSION - LEAD HAZARD

AMENDMENT OF EXPECTED OR INTENDED BI/PD

ADMINISTRATIVE HEARING

FUNGI OR BACTERIA EXCLUSION

CAP ON LOSSES FROM CERT ACTS OF TERR

NUCLEAR ENERGY LIABILITY EXCLUSION END

EXCL-EMPLOYMENT PRACTICES LIABILITY CXL 0403 0816 321A 374A 0403 0702 0115 0403 CXL 383 CXL 388 400 CXL 453 0413 COMMERCIAL UMBRELLA LIABILITY
COMMON POLICY CONDITIONS
DISCL PURSUANT TO TERR RISK INS ACT
NOTICE - OFFER OF TERR COV AND REJECTION
IMPORTANT NOTICE ASBESTOS EXCLUSION
IMPORTANT NOTICE FUNGI OR BACTERIA EXCL 1115 1198 462 CXL 00 17 IL 09 85A IN 01 29 0115 0116 0699 IN 00 68 IN 01 08 0702

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

From: Jeffrey C. Smith

Sent: Friday, February 2, 2018 10:31 AM

To: TJ Redefer **Cc:** Ashleigh Hudson

Subject: Fwd: Request For Public Records

Dear Mr. Mayor:

Below and attached in pdf is the information we received back from the Town, in response to our FOIA of January 9, 2018. It was incomplete, and we do not know why, so I am reaching out to you.

We had requested in our FOIA: "c) Policy Changes Endorsement d) Schedule of Locations."

We received neither of those, and we received a policy from March 2017, which omitted the item D, the schedule of insured locations, and item C the Policy Changes Endorsement We are 100% sure of the fact, from a former Town employee, that the town's policy was amended in December, 2017 to list the additional storage lot(s) that were added to store the Military surplus equipment.

Could you check into this and see if these omissions were just an oversight, or for some other reason? We were promised the locations at the end of January, anyway, outside the FOIA system. Its a relatively small request, its all on a single page.

Thank you in advance for your assistance in this matter. I have CC'd the Town Clerk on this email as well.

Jeffrey C. Smith Volunteer Coalition Director, Dewey Citizens for Accountablity deweycitizens.org 443-603-2132 Email: jcs@wpa.org



Accessible Expertise.

PROPERTY & CASUALTY INSURANCE COVERAGE PROPOSAL FEBRUARY 18, 2018 TO FEBRUARY 18, 2019

Prepared for:

Town of Dewey Beach

Prepared by:

Jenn Mayer and David F. Lyons, Sr.



EXECUTIVE SUMMARY

Thank you for the opportunity to assist you with your Property & Casualty Insurance program renewal. Renewal coverage is offered by the incumbent, Selective Insurance, through the Selective Municipalities Program.

Package Policy:

The 2018 Selective quote reflected an overall 1% savings from last year's renewal. This quote was based off expiring information since updated renewal information was not provided. When reviewing the proposal, if you feel we need to make any updates, we can do so prior to renewing or by endorsement after the renewal.

Last year, we advised that 1505 Coastal Highway **DOES NOT** have any building coverage. If this is something you would like to add, please provide the value of the building. We would also recommend that you purchase a flood policy for this location as well.

Please review the premium summary page for the breakouts in premium vs. expiring premium.

Town of Desire Beach

PREMIUM SUMMARY

The following premium comparison provides information for each line of insurance.

Line of Coverage	Expiring Program	Renewal Program	Difference
General Liability	\$6,380	\$6,100	-4%
Business Auto	\$30,926	\$30,548	-1%
Property	\$2,257	\$2,425	7%
Crime	\$622	\$596	-4%
Umbrella	\$4,498	\$4,395	-2%
Inland Marine	\$4,521	\$4,521	0%
Pest/Herb	\$559	\$559	0%
Total Premiums	\$49,763	\$49,144	-1%

PAYMENT TERMS

Direct Bill:

20% Down Payment and 9 Installments

Lyons Companies takes very seriously our role as a trusted adviser to our clients. Our compensation is occasionally derived from fees, but is largely made up of commissions paid by insurers. Those commissions are part of the premium quoted and are equal to, or less than, industry norms. We do have arrangements with a number of insurance and financial service companies that provide additional commission or compensation to us for joint advertising efforts, training and professional development of our staff, and growth of our overall book of business. This additional compensation represents less than 1% of the total premium handled in our office.

We believe the important issue is the value-added service, advice and counsel we provide to our clients. Lyons has not, and will never, permit the amount, or source, of our compensation to impact negatively on our responsibility to our clients. We work with the worldwide insurance marketplace to offer 1) the most competitive premium, 2) the broadest terms and conditions, 3) the most effective service, and 4) a financially secure insurer.

To un of Delves Beach

ADDITIONAL COVERAGE CONSIDERATIONS:

- Bonds
- Cyber Liability
- Identity Fraud
- Inland Marine
- Workplace Violence
- Flood

Please note that the coverages listed above are not shown in order of importance, priority or risk magnitude.

***Over the last few years, we have highly suggested the Town purchase cyber liability coverage. This policy would provide you liability in the event that you have a data breach in which personal information such as social security or credit card information has been stolen. We have included an application as well as an outline of what each line of coverage provides.

THE COVERAGE PROPOSAL

The following pages present a brief overview of the coverages that we are proposing to address the insurance needs of your organization. The proposal represents a general description of the program; it does not encompass all the terms, conditions, limitations and exclusions that will encompass the final insurance contracts. The provisions of the insurance contracts, rather than the coverage proposal, will in every case determine how the policies will respond.

The Coverage Proposal is based on our best understanding of the information that you have provided to us. We strongly encourage you to review the proposal carefully to ensure that we have appropriately captured your intentions. We welcome your questions and requests for clarification on the insurance program.

These coverages have not been bound until you receive written confirmation from our office.

PLEASE MAKE US AWARE OF CHANGES YOU WOULD LIKE TO SEE IN THE PROGRAM.

ADDITIONAL COVERAGES AND HIGHER LIMITS MAY BE AVAILABLE AT YOUR REQUEST.

Town of Dower Beach

PROPERTY

Policy Term:

2/18/2018 - 2/18/2019

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Α

Named Insured List

Town of Dewey Beach

Schedule of Insured Locations

Blanket	en (a de calante de			
Subject of Insurance	Blanket	Туре	Amount	Valuation
Blanket	1	• • • • • • • • • • • • • • • • • • • •		
Cause of Loss	1	Building & Contents Co-Ins	\$1,756,707 Deducti	Replacement Cost
Special (Include	ding thoft)			
Special (Illicius	ang thert)	100%	\$1,000	J
Location 1, Building 1				No. of the last of
105 Rodney Avenue, Dewey	Beach, DE	19971		
Subject of Insurance	Blanket	Туре	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductil	ble
Special (Includ	ling theft)	100%	\$1,000)
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductil	,
Special (Includ	ling theft)	100%	\$1,000)
Location 1, Building 2				
105 Rodney Avenue, Dewey	Beach, DE	19971		
Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductil	ole
Special (Includ	ling theft)	100%	\$1,000)

Town of Deliver Beach

Location 1, Building 3				
105 Rodney Avenue, Dewe	•			
Subject of Insurance	Blanket	Туре	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deducti	
Special (Inclu	iding theft)	100%	\$1,00	0
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss	5	Co-Ins	Deducti	ble
Special (Inclu	ding theft)	100%	\$1,00	0
Location 2, Building 1	nl. mm 45	074		
1 Dagsworthy Ave, Dewey				
Subject of Insurance	Blanket	Туре	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deducti	
Special (Inclu	1 -	100%	\$1,000	0
Subject of Insurance	Blanket	Туре	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deducti	ble
Special (Inclu	ding theft)	100%	\$1,000)
Location 2, Building 2				
1 Dagsworthy Ave, Dewey	Posch DE 10	071		
Subject of Insurance	Blanket		Amount	Maluatian
Building	1	Type	Amount	Valuation
Cause of Loss		Building Co-In s	Included	Replacement Cost
160			Deductil	
Special (Inclu Subject of Insurance	Blanket	100%	\$1,000	
-		Type	Amount	Valuation
Business Personal Property Cause of Loss	1	Contents	Included	Replacement Cost
		Co-Ins	Deductil	
Special (Inclu	aing theft)	100%	\$1,000)

				At house, any program only gray the interest of all the programs.	
Location 2, E		b DE 4	0074		
•	y Ave, Dewey B	•			
Subject of Insu	Jrance	Blanket	Type	Amount	Valuation
Building		1	Building	Included	Replacement Cost
	Cause of Loss		Co-Ins	Deducti	
	Special (Includ	•	100%	\$1,000)
Subject of Insu	ırance	Blanket	Type	Amount	Valuation
Business Perso	onal Property	1	Contents	Included	Replacement Cost
	Cause of Loss		Co-Ins	Deductil	ble
	Special (Includ	ing theft)	100%	\$1,000)
Location 2, E	_				
-	y Ave, Dewey B	each, DE 1			
Subject of Insu	ırance	Blanket	Туре	Amount	Valuation
Building		1	Building	Included	Replacement Cost
	Cause of Loss		Co-Ins	Deductil	ole
	Special (Includ	ing theft)	100%	\$1,000)
Subject of Insu	ırance	Blanket	Туре	Amount	Valuation
Business Perso	onal Property	1	Contents	Included	Replacement Cost
	Cause of Loss		Co-Ins	Deductil	ole
	Special (Includ	ing theft)	100%	\$1,000	
					mulata, talana malahatan di Silitan da Albanda da Angara anda da Angara anda da Angara anda da Angara angara a
Location 2, B	Building 5				
1 Dagsworth	y Ave, Dewey B	each, DE 1	9971		
Subject of Insu	irance	Blanket	Type	Amount	Valuation
Building		1	Building	Included	Replacement Cost
	Cause of Loss		Co-Ins	Deductib	ole
	Special (Includ	ing theft)	100%	\$1,000)
Subject of Insu	irance	Blanket	Type	Amount	Valuation
Business Perso	onal Property	1	Contents	Included	Replacement Cost
	Cause of Loss		Co-ins	Deductib	• ***
	Special (Includ	ing theft)	100%	\$1,000)

Location 3, Building 1				
19807 Hebron Road, Rehob	oth Beach, D	E 19971		
Subject of Insurance	Blanket	Туре	Amount	Valuation
Building	1	Building	Included	Replacement Cos
Cause of Loss		Co-Ins	Deducti	ible
Special (Includ	ding theft)	100%	\$1,00	0
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cos
Cause of Loss		Co-Ins	Deducti	•
Special (Includ	ling theft)	100%	\$1,00	0
Lanting A. Duilding 1				
Location 4, Building 1 1505 Coastal Highway, Dew	ey Beach, DE	19971		
Subject of Insurance	Blanket	Туре	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deducti	ble
Special (Includ	ling theft)	100%	\$1,00	0
Wind			5%	

Town of Cawar Secri-

Statement of Values

Loc#	Bldg #	Address	Subject	Value
1	1	105 Rodney Avenue	Building	\$698,974
1	1	105 Rodney Avenue	Business Personal Property	\$244,762
1	2	105 Rodney Avenue	Building	\$3,007
1	3	105 Rodney Avenue	Building	\$2,147
1	3	105 Rodney Avenue	Business Personal Property	\$1,074
2	1	1 Dagsworthy Ave	Building	\$268,423
2	1	1 Dagsworthy Ave	Business Personal Property	\$21,474
2	2	1 Dagsworthy Ave	Building	\$2,361
2	2	1 Dagsworthy Ave	Business Personal Property	\$17,865
2	3	1 Dagsworthy Ave	Building	\$2,411
2	3	1 Dagsworthy Ave	Business Personal Property	\$18,242
2	4	1 Dagsworthy Ave	Building	\$2,361
2	4	1 Dagsworthy Ave	Business Personal Property	\$15,634
2	5	1 Dagsworthy Ave	Building	\$5,100
2	5	1 Dagsworthy Ave	Business Personal Property	\$15,327
3	1	19807 Hebron Road	Building	\$338,229
3	1	19807 Hebron Road	Business Personal Property	\$70,756
4	1	1505 Coastal Highway	Building	\$25,500
4	1	1505 Coastal Highway	Business Personal Property	\$3,060

^{***283} E. 285 - covered for general liability only***

Coverage Enhancements:

- Green Pac Enhancement Endorsement
 - Property: \$25,000 per loss/aggregate
 - Soft Costs: \$25,000 per loss/aggregate
- Crisis Response Coverage
 - Business Income & Extra Expense: \$25,000 per loss/aggregate
 - Crisis Incident Counseling Expense: \$10,000 per loss/aggregate
- Elite Pac for Emergency Services and Governmental Coverage Form
- System Power Pac Emergency Services Endorsement
- Nuclear Energy Liability Exclusion
- Government Entity & Volunteer Fire Organizations Participating Endorsement

Schedule of Vehicles

_		Deductibles	Cost
Description	VIN	(Comp/Coll)	New
2005 Harley Motorcycle	1HD1FNW1YX5Y68350	\$1,000/\$1,000	\$16,646
2005 Harley Flhtpi	1HD1FMW175Y679900	\$1,000/\$1,000	\$16,546
2004 Ford F250	1FDNF21L34EC05132	\$1,000/\$1,000	\$24,470
2004 Ford Crown Victoria	2FAFP71W04X139284	\$1,000/\$1,000	\$26,775
2004 Ford Crown Victoria	2FAFP73W54X154005	\$1,000/\$1,000	\$23,620
2010 Ford Econoline	1FTNE2EW3ADA54001	\$1,000/\$1,000	\$26,250
2011 Ford Expedition	1FMJU1G50DEF36853	\$1,000/\$1,000	\$38,490
1990 AM Military	19207875005700000	\$1,000/\$1,000	\$25,000
1993 AM Military	131646	\$1,000/\$1,000	\$40,000
2012 Chevrolet Tahoe	1GNLC2E07CR204732	\$1,000/\$1,000	\$26,396
2013 Chevrolet Tahoe	1GNLC2E05DR276675	\$1,000/\$1,000	\$39,080
2008 Ford Crown Victoria	2FAFP71V38X168937	\$1,000/\$1,000	\$26,690
1990 AM G HUMWV	105206	\$1,000/\$1,000	\$48,000
1997 Ford E47 Econoline Cutawa	1FDLE47SXVHB92237	N/A	
2015 Chevrolet Tahoe	1GNLC2EC9FR650380	\$1,000/\$1,000	\$40,160
1991 BMY Harsco M925A2	00000000002501359	\$1,000/\$1,000	\$40,000
2016 Chevrolet Tahoe	1GNLCDEC1GR326496	\$1,000/\$1,000	\$34,477
2016 Chevrolet Tahoe	1GNSKDEC4GR327740	\$1,000/\$1,000	\$37,375
2014 Chevrolet Caprice PPV	6G3NS5U20EL944883	\$1,000/\$1,000	\$30,170
2016 Ford/F250 Super Duty	1FTBF2B67GEB19844	\$1,000/\$1,000	\$35,983
2016 Dodge Ram 1500	1C6RR7XT1GS281477	\$1,000/\$1,000	\$27,990

Favor of Drive - Beach

GENERAL LIABILITY

Policy Term:

2/18/2018 - 2/18/2019

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Δ

Named Insured List

Town of Dewey Beach

Coverage Detail

	Coverage Form	Occurrence		
	General Aggregate	\$2,000,000		
		Applies per	Policy:	Yes
	Products & Completed Operations Aggregate	\$2,000,000		
*	Personal & Advertising Injury	\$1,000,000		
•	Each Occurrence	\$1,000,000		
•	Damage to Rented Premises (each occurrence)	\$300,000		
•	Medical Expense (any one person)	\$5,000		
	Employee Benefits Liability	\$1,000,000		
		Retro Date:	2/18/2009)

Deductible

• Employee Benefits Liability

\$1,000

Rating Basis

Location	State	Classification of Operations	Class Code	Exposures	Basis
1.1	DE	Governmental Pop Under 2,500	44100	973,500	Other
2.1	DE	Beaches Bathing Not Commercially Operate	40072	1	Other
2.1	DE	Streets, Roads Highways or Bridges	48727	1	Other

Premium Subject to Audit

LYONS. Accessible Expertise.

BUSINESS AUTOMOBILE

Policy Term:

2/18/2018 - 2/18/209

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Α

Named Insured List

Town of Dewey Beach

Scheduled vehicles owned or leased only by the Named Insureds have coverage under this policy.

Coverage Detail

Coverage	Symbols	Limit/Deductible	
Liability	1	\$1,000,000	CSL
Personal injury protection	5	\$30,000	Ea person
Uninsured motorist	6	\$1,000,000	CSL
Comprehensive/OTC	7	\$1,000	Deductible
Collision	7	\$1,000	Deductible
Coverage is:		Primary	
Towing	3	See Schedule	

COVERED	AUTO	SYMBOLS
---------	------	---------

(2) ALL OWNED AUTOS

(1) ANY AUTO

(4) OWNED AUTOS OTHER THAN PRIVATE

PASSENGER

(5) ALL OWNED AUTOS WHICH REQUIRE NO- (8) HIRED AUTOS

FAULT COVERAGE

(3) OWNED PRIVATE PASSENGER AUTOS

(6) OWNED AUTOS SUBJECT TO

COMPULSORY U.M. LAW

(7) AUTOS SPECIFIED ON SCHEDULE

(9) NON-OWNED AUTOS

Town of Devey Beach

Schedule of Vehicles

Description		Deductibles	Cost
Description	VIN	(Comp/Coll)	New
2005 Harley Motorcycle	1HD1FNW1YX5Y68350	\$1,000/\$1,000	\$16,646
2005 Harley Flhtpi	1HD1FMW175Y679900	\$1,000/\$1,000	\$16,546
2004 Ford F250	1FDNF21L34EC05132	\$1,000/\$1,000	\$24,470
2004 Ford Crown Victoria	2FAFP71W04X139284	\$1,000/\$1,000	\$26,775
2004 Ford Crown Victoria	2FAFP73W54X154005	\$1,000/\$1,000	\$23,620
2010 Ford Econoline	1FTNE2EW3ADA54001	\$1,000/\$1,000	\$26,250
2011 Ford Expedition	1FMJU1G50DEF36853	\$1,000/\$1,000	\$38,490
1990 AM Military	19207875005700000	\$1,000/\$1,000	\$25,000
1993 AM Military	131646	\$1,000/\$1,000	\$40,000
2012 Chevrolet Tahoe	1GNLC2E07CR204732	\$1,000/\$1,000	\$26,396
2013 Chevrolet Tahoe	1GNLC2E05DR276675	\$1,000/\$1,000	\$39,080
2008 Ford Crown Victoria	2FAFP71V38X168937	\$1,000/\$1,000	\$26,690
1990 AM G HUMWV	105206	\$1,000/\$1,000	\$48,000
1997 Ford E47 Econoline Cutawa	1FDLE47SXVHB92237	N/A	
2015 Chevrolet Tahoe	1GNLC2EC9FR650380	\$1,000/\$1,000	\$40,160
1991 BMY Harsco M925A2	00000000002501359	\$1,000/\$1,000	\$40,000
2016 Chevrolet Tahoe	1GNLCDEC1GR326496	\$1,000/\$1,000	\$34,477
2016 Chevrolet Tahoe	1GNSKDEC4GR327740	\$1,000/\$1,000	\$37,375
2014 Chevrolet Caprice PPV	6G3NS5U20EL944883	\$1,000/\$1,000	\$30,170
2016 Ford/F250 Super Duty	1FTBF2B67GEB19844	\$1,000/\$1,000	\$35,983
2016 Dodge Ram 1500	1C6RR7XT1GS281477	\$1,000/\$1,000	\$27,990

PESTICIDE/HERBICIDE APPLICATOR COVERAGE

Policy Term:

2/18/18-2/18/2019

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Δ

Named Insured List

· Town of Dewey Beach

Coverage Detail

Coverage Form:

Retroactive Date

Classification

First Dollar Defense

Claims Made

February 18, 2011

35001 - Municipal (Streets & Roads)

Excluded

Limits of Liability:

General Aggregate

Each Occurrence

Deductible:

\$1,000,000

\$1,000,000

\$1,000

To us of the way Brazilla

UMBRELLA LIABILITY

Policy Term:

2/18/2018 - 2/18/2019

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Α

Named Insured List

Town of Dewey Beach

Coverage Detail

•	Each Occurrence	\$2,000,000
	Aggregate	\$2,000,000
•	Retained Limit	\$0

Schedule of Underlying:

Automobile Liability

	Combined Singl	e Limit - Eac	h Accident	\$1,000,000
-	COMPINED SUBI	e Lillill - Cac	n Accident	21.000.000

General Liability

	Each Occurrence	\$1,000,000
•	General Aggregate	\$2,000,000
•	Products & Completed Operations Aggregate	\$1,000,000
	Personal & Advertising Injury	\$1,000,000

Employee Benefits Liability

	Each Claim	\$1,000,000
	Aggregate Limit	\$2,000,000
•	Retro Date	2/18/2009

INLAND MARINE

Policy Term:

2/18/2018 - 2/18/2019

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Α

Named Insured List

Town of Dewey Beach

Coverage Detail

Coverage Form:

Occurrence

Valuation:

Actual Cash Value

Deductible:

\$500

Unscheduled Equipment

Machine/Equipment Unscheduled

\$25,000

Any one item limit

\$2,000

Virus or Harmful Code

\$50,000

Scheduled Equipment

Miscellaneous Property

\$633,534

Electronic Data Processing

105 Rodney Avenue:

Electronic Data Processing Equipment \$70,000

Property in Transit

\$7,000

1 Dagsworthy Avenue

Electronic Data Processing Equipment \$42,812

Property in Transit

\$4,281

Deductible

\$500

CRIME

Policy Term:

2/18/2018 - 2/18/2019

Insurance Company:

Selective Way Insurance Company

A.M. Best Rating:

Α

Named Insured List

Town of Dewey Beach

Coverage Detail

Employee Dishonesty \$100,000

Forgery or Alteration \$50,000

Money orders/Counterfeit Currency \$50,000

Deductible

\$ 500

Town of Device Beach

ACCEPTANCE OF PROPOSAL

The preceding pages present a synopsis of the coverage that we are proposing to meet the insurance needs of your company. The proposal represents a general description of the program that we are recommending for your consideration. It does not encompass all the terms, conditions, limitations and exclusions that will comprise the final insurance contracts. The provisions of these contracts, rather than the coverage proposal, will in every case determine the applicable coverage.

The Coverage Proposal is based on our best understanding of the information that you have provided to us. We strongly encourage that you review the proposal carefully to ensure that we have appropriately captured your intentions. Please make us aware of changes that you would like to see in the program. Additional coverages and higher limits are available at your request.

Signature below confirms that this Cover terms and conditions as offered.	rage Proposal has been reviewed with me and that I accept the
On behalf of Lyons Companies	On behalf of Town of Dewey Beach
Date:	Date:

TOWN OF DEWEY BEACH COMMERCIAL INSURANCE SERVICE TEAM

Contact	AREA OF EXPERTISE	DIRECT DIAL AND E-MAIL
	DAILY SERVICE AND SOLUTIONS	
Jenn Mayer Senior Account Manager	Current Program, Renewals	(302) 472-2910 jmayer@lyonsinsurance.com
Lisa Darcas Account Manager	Account Support	(302) 472-2911 Idarcas@lyonsinsurance.com
David F. Lyons, Sr Risk Management Advisor	Relationship Manager	(302) 472-2948 dlyons@lyonsinsurance.com
	CLAIMS AND RISK CONTROL	
John Daino Claims Consultant	Workers' Compensation Claims	(302) 472-2935 claims@lyonsinsurance.com
Samantha Rambo, CISR, CPIW Claims Manager	Auto, Property and Liability Claims	(302) 472-2921 claims@lyonsinsurance.com
Matt Forest Director, Risk Control Services	Risk Control	(610) 952-5591 mforest@lyonsinsurance.com
M A White is the second of the	MANAGEMENT	
Kevin Thomas	Chief Operating Officer	(302) 472-2923 kthomas@lyonsinsurance.com
Diane Campanile	Director Human Capital Management	(302) 472-2941 dcampanile@lyonsinsurance.com
Joe Valerio	Executive Vice President	(302) 472-2905 jvalerio@lyonsinsurance.com
David F. Lyons, Sr.	President and CEO	(302) 472-2948 dlyons@lyonsinsurance.com

Emergency Claim Service: For help with a serious claim after hours, please call (302) 472-2099.



POLICY DOCUMENT

S 198020706

INSURED'S COPY

Issued by The Stock Insurance Company

Policy Number

S 1980207

SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

COMMERCIAL POLICY INFORMATION PAGE

Named Insured and Address	Policy Period		
TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	From: FEBRUARY 18, 2016 To: FEBRUARY 18, 2016 12:01 A.M Standard Time At Location of Designated Premises.		
Named Insured is: ASSN/LABOR/RE	Producer Number: 00-04027-00000		
Producer: LYONS INSURANCE AGENCY INC DELAWARE	9		

Schedule of Coverage Schedule Effective Date: JANUARY 24, 2018

COMMERCIAL PROPERTY COVERAGE COMMERCIAL GENERAL LIABILITY COVERAGE COMMERCIAL AUTOMOBILE COVERAGE COMMERCIAL INLAND MARINE COVERAGE COMMERCIAL UMBRELLA COVERAGE PESTICIDE HERBICIDE COMMERCIAL CRIME COVERAGE

Date Issued: JANUARY 25, 2018

Issuing office: MID ATLANTIC REGION

Endorsement Number AU0005

Policy Number S 1980207

SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address TOWN OF DEWEY BEACH 105 RODNEY AVE **DEWEY BEACH, DE 19971-3207**

LYONS INSURANCE AGENCY INC

Policy Period From: FEBRUARY 18, 2017 **FEBRUARY 18, 2018**

Endorsement Effective Date:

JANUARY 24, 2018 Producer **Producer Number:**

00-04027-00000

COVERAGE PART AFFECTED COMMERCIAL AUTO COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VEHICLE ADDED AS FOLLOWS: VEHICLE # 025 2012 BMY HARSCO MILITARY 2901074000000000 HAS BEEN ADDE

VEHICLE # 026 2010 BMY HARSCO C5250172700000000 HAS BEEN ADDED.

TEMPORARY MILITARY VEHICLES ADDED FOR 1/24/18- 1/26/18

THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND ARE

EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

02/92 02/92 CA7057 AUTO DEC -LOSS PAYEE

COMMERCIAL AUTO DECLARATION PAGE 2 COMMERCIAL POLICY INFORMATION PAGE POLICY CHANGES ENDORSEMENT CA7058 IL7025A 11/89 IL7028 03/94

TOTAL AUTOMOBILE ADDL PREMIUM:

Forms and Endorsements:

CA 00 01 0310 BUSINESS AUTO COVERAGE FORM

CA 01 77 0412 DEL CHANGES

CA 04 42 0310 EXCL FED EMPLOYEES USING AUTO IN GOV BUS

CA 20 18 1293 PROFESSIONAL SERVICES NOT COVERED

CONTINUED ON SCHEDULE: IL-7035

NOTICE TO POLICY HOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.

Additional Endorsement Premium

\$137.00

D/B - 10

(This premium may be subject to adjustment.)

Date Issued: JANUARY 25, 2018

Authorized Representative_

Issuing Office: MID ATLANTIC REGION

Policy Number

S 1980207

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date:	FEBRUARY 18, 2017	Schedule Effective Date: JANUARY 24, 2018
CONTINUATION OF I	FORMS FOR ENDORSEMENT NUMBER AU000	S
CA 22 09 0394 CA 70 38 0790 CA 70 57 0292	DELAWARE PERS INJURY PROTECTION DE ADDED PERS INJURY PROTECTION PHYSICAL DAMAGE COVERAGE AUTO DEC -LOSS PAYEE	
CA 77 74 0706 CA 78 09 0116 CA 78 10 0116 CA 78 19 0116	COMM AUTO ELITEPAC SCH - EMERG S	E EXT END
IL 00 03 0908 IL 00 17 1198 IL 00 21 0908 IL 01 51 0112	NUCLEAR ENERGY LIABILITY EXCLUSING DELAWARE CHANGES-CIVIL UNION	
IL 89 56 0899 IN 00 03 0904 IN 00 68 0699 IN 05 56 0116	FACTS REGARDING PREMIUM AUDIT	ION
	DE-UNINSURED MOTORISTS COVERAGE	

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

Previous Policy Number 3 1980207

Policy Number

S 1980207

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: FEBRUARY 18, 2017

Business of Named Insured: MUNICIPALITY

Coverage Effective Date: JANUARY 24, 2018

Item Two - SCHEDULE OF COVERAGES AND COVERED AUTOS. This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Cove	Coverage Schedule							
Coverages	Covered Autos Symbols	Limit The Most We Will Pay For Any One Accident or Loss	Premium					
Liability Personal Injury Protection (or First Party Benefits) Added Personal Injury Protection (or Added First Party Benefits) Auto Medical Payments	1 5 5	\$1,000,000 CSL Separately stated in each P.I.P. Endorsement. Separately stated in each P.I.P. Added Endorsement	\$13,725.00 \$3,075.00 \$1,078.00					
Uninsured Motorists Underinsured Motorists	2	\$1,000,000 CSL	\$5,248.00					
Physical Damage Comprehensive Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Bach Covered Auto for all Loss except Fire or Lightning.	\$1,396.00					
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less minus \$25 deductible for Each Covered Auto for Loss caused by Mischief or Vandalism.						
Physical Damage Collision Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus the applicable deductible shown on the Auto Schedule for Each Covered Auto.	\$5,137.00					
Physical Damage Towing and Labor Coverage		for Each Disablement of a Private Passenger Auto.						
Eired Auto and Hon-Owned Auto Coverage Premium for Endorsement			INCL. \$1,538.00					

						Auto	Sched	ule					
No.	Tra Nai		Body Ty Truck S			cle Id. No. (VIN)	Size Class	Use / Class Co		List Symbol	Purchased Year	by lasured N/U	Cost
DE 1 DE 2 DE 3 DE 4 DE 7 DE 8 DE 9 CON	HAF FOF FOF FOF FOF TINUED	LL 05 DD 04 DD 04 DD 04 DD 10 DD 11	MOTORCY FLHTPI F250 SU CROWN V CROWN V ECONOLI EXPEDIT LE: CA-70	PER IC ICT NE ION	lhd1fmwi lfdnf21] 2fafp71; 2fafp73; lftne2e;	1YX5Y68350 175Y679900 134EC05132 W04X139284 W54X154005 W3ADA54001 50DEF36853	L	791: 791: 8/014: 791: 791: 791: 791:	100 990/L 100 100 100				\$16,54 \$16,54 \$24,47 \$26,77 \$23,62 \$26,25 \$38,49
No.	Terr.	Liability Insurance Premium	P.I.P or F.P.B.	Add. P.I.P. or F.P.B	Med. Paymts. Prem.	Um & Dim Motorists Premium	Comprei Ded.		Physical Dai Specified Lo			lision Prem.	Towin Prem
102 2 02 3 02 3 02 4 03 7 03 9	103 103 103 103 103 103 103	581 581 484 581 581 581 581	145 145 64 145 145 145 145	58 58 30 58 58 58		237 237 149 237 237 237 237	1,000 1,000 1,000 1,000 1,000 1,000	36 36 40 47 40 78 82	30.00 Tab.		1,000 1,000 1,000 1,000 1,000 1,000	143 143 103 159 151 272 317	

Items Three - Schedule of Covered Autos You Own (see Auto Schedule) - Loss Payees Subject to Loss Payable Clause: Vehicle No.

Name and Address of Loss Payee

Forms and Endorsements:

Refer to "Commercial Policy Forms and Endorsement Schedule"

Total Premium

\$32,290.00

(This premium may be subject to adjustment.)

CA-7057 (02/92)

Coverage Effective Date JANUARY 24, 2018

Policy Number S 1980207

BUSINESS AUTOMOBILE SCHEDULE

No. Name		Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use / Class /Radius Code	List	Purchased		
			77001.0123	(VIII)	Class		Symbol	Year	N/U	Cost
DE 10 DE 11 DE 11 DE 14 DE 16 DE 16 DE 16 DE 16 DE 17 DE 16 DE 17 DE 17 DE 17 DE 18 DE 20 DE 20	AM M CHEV CHEV FORD AM G FORD CHEV CHEV CHEV	90 93 12 13 08 90 97 15 91 14	HUMVEE HUMVEE TAHOE C150 TAHOE C150 CROWN VIC HUMWV E SUPER DU TAHOE C150 M925A2 CAPRICE PO TAHOE POLI	19207875005700000 131646 1GNLC2E07CR204732 1GNLC2E05DR276675 2FAFP71V38X168937 105206 1FDLE47SXVHB92237 1GNLC2E09FR650380 00000000002501359 6G3NS5U20E1944883 1GNSKDEC4GR327740	M H	791100 791100 791100 791100 791100 791100 S/214990/L 791100 S/314990/L 791100				\$25,000 \$40,000 \$26,396 \$39,080 \$26,690 \$48,000 \$40,160 \$40,000 \$30,170 \$37,375
DE 2: DE 2: DE 2: DE 2: DE 2:	RAM FORD AM G BMY	16 16 16 95 12 10	TAHOE POLI 1500 SSV F250 SUPER HUMVEE DUMP TRUCK MILITARY T	1GNLCDEC1GR326496 1C6RR7XT1GS281477 1FTBF2B67GEB19844 1625560000000000 29010740000000000 C5250172700000000	L M	791100 S/014990/L S/214990/L 791100 791100 791100				\$34,477 \$27,990 \$35,180

			Liability	P.I.P or	Add.	Med.	Um & Um			Physical Damage Insurance			Towing
N	ło.	Terr.	Insurance	F.P.B.	P.I.P. or	Paymts.	Motorista	Comprehensive Specified Causes of Collision		llision	Prem.		
		L	Premium F.P.B.	Prem.	Premium	Ded.	Prem.	Loss	Ded.	Prem.	1		
Œ	10	103	581	145	58		237	1,000	40		1,000	151	
DE	- 11	103	581	145	58		237	1,000	47		1,000	159	
DE	12	103	581	145	58		237	1,000	87		1,000	340	
DE	13	103	581	145	58		237	1,000	93		1,000	364	
DE	14	103	581	145	58		237	1,000	61		1,000	227	
DE	15	103	581	145	58		237	1,000	61		1,000	183	
DE	16	103	508	64	30		149						
DE	17	103	581	145	58		237	1,000	135		1,000	496	
DΕ	18	103	587	64	30		149	1,000	37		1,000	101	
OΕ	19	103	581	145	58		237	1,000	97		1,000	386	
DE	20	103	581	145	58		237	1,000	103		1,000	430	
0E	21	103	581	145	58		237	1,000	103		1,000	430	
DE	22	103	484	64	30		149	1,000	99		1,000	334	
DE	23	103	508	64	30		149	1,000	74		1,000	250	
DE	24	103	581	145			237						
DE	25	103	581	145			237						
DE	26	103	581	145			237						
To	tals	\$	13,610	3,075	1,078		5,248		1,396			5,137	

00488 2/7 2 03

SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

COMMERCIAL POLICY INFORMATION PAGE

Named Insured and Address TOWN OF DEWEY BEACH	Policy Period From: FEBRUARY 18, 2017				
105 RODNEY AVE DEMEY BEACH, DE 19971-3207	To: FEBRUARY 18, 2018				
	12:01 A.M. Standard Time At Location of Designated Premises.				
Named Insured is:	Producer Number:				
ASSN/LABOR/RE	00-04027-00000				
Producer:					
LYONS INSURANCE AGENCY INC DELAWARE					

Schedule of Coverage Schedule Effective Date: JANUARY 29, 2018

COMMERCIAL PROPERTY COVERAGE
COMMERCIAL GENERAL LIABILITY COVERAGE
COMMERCIAL AUTOMOBILE COVERAGE
COMMERCIAL INLAND MARINE COVERAGE
COMMERCIAL UMBRELLA COVERAGE
PESTICIDE HERBICIDE
COMMERCIAL CRIME COVERAGE

RECEIVED FEB 3 2018

Date Issued:

JANUARY 29, 2018

Issuing office:

MID ATLANTIC REGION

Policy Number S 1980207

2/21/2018

SELECTIVE WAY INSURANCE COMPANY WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address	Policy Period			
TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018			
DEMET DEACH, DE 199/1-320/	Endorsement Effective Date: JANUARY 29, 2018			
Producer LYONS INSURANCE AGENCY INC	Producer Number: 00-04027-00000			

COVERAGE PART AFFECTED COMMERCIAL AUTO COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VEHICLE DELETED AS FOLLOWS:
VEHICLE # 024 1995 AM GENERAL 1625560000000000 HAS BEEN DELETED.
VEHICLE # 025 2012 BMY HARSCO MILITARY 2901074000000000 HAS BEEN DELE VEHICLE # 026 2010 BMY HARSCO C525017270000000 HAS BEEN DELETED.

THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND

ARE

CA7057 02/92 AUTO DEC -LOSS PAYEE
CA7058 02/92 COMMERCIAL AUTO DECLARATION PAGE 2
IL7025A 11/89 COMMERCIAL POLICY INFORMATION PAGE IL7028 03/94 POLICY CHANGES ENDORSEMENT

TOTAL AUTOMOBILE RETURN PREMIUM:

-165.00

orms and Endorsements:	Return Endorsement Premium
CA 00 01 0310 BUSINESS AUTO COVERAGE FORM CA 01 77 0412 DEL CHANGES CA 04 42 0310 EXCL FED EMPLOYEES USING AUTO IN GOV BUS CA 20 18 1293 PROFESSIONAL SERVICES NOT COVERED NTINUED ON SCHEDULE: IL-7035	\$165.00
OTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage in as of the Endorsement Effective Date are listed above. Forms and endorsements added to	D/B - 10
s policy after this date will appear on another Policy Changes endorsement. Please read ur policy and all "Policy Changes" carefully.	(This premium may be subject to adjustment.)

Policy Effective Date: FEBRUARY 18, 2017

Schedule Effective Date:

JANUARY 29, 2018

CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER AU0006

```
CA 20 54
CA 22 08
CA 22 09
CA 70 38
CA 70 58
CA 77 74
CA 78 09
CA 78 19
CA 78 19
CA 78 19
CA 99 23
IL 00 17
IL 00 21
IL 01 51
IL 70 25A
IL 89 56
IN 00 68
                                                                              1001
1197
0394
0790
0292
0292
0706
                                                                                                                            EMPLOYEE HIRED AUTOS
DELAMARE PERS INJURY PROTECTION
DE ADDED PERS INJURY PROTECTION END
PHYSICAL DAMAGE COVERAGE
                                                                                                                         DELAWARE FERS INJURY PROTECTION END
DE ADDED PERS INJURY PROTECTION END
PHYSICAL DAMAGE COVERAGE
AUTO DEC -LOSS PAYEE
BUSINESS AUTO COVERAGE DECLARATION PAGE2
LIMITED MOBILE EQUIPMENT COVERAGE
ELITEPAC COMMERCIAL AUTO EXT END
EMERG SERV AND GOV ELITEPAC AUTO EXT END
COMM AUTO ELITEPAC SCH - EMERG SERV GOV
RENTAL REIMBURSEMENT COVERAGE
CALCULATION OF PREMIUM
COMMON POLICY CONDITIONS
NUCLEAR ENERGY LIABILITY EXCLUSION
DELAWARE CHANGES-CIVIL UNION
COMMERCIAL POLICY INFORMATION PAGE
ASBESTOS EXCLUSION
FACTS REGARDING PREMIUM AUDIT
IMPORTANT NOTICE ASBESTOS EXCLUSION
EMERG SERV AND GOV ELITEPAC AUTO EXT END
DEL CHANGES-CANC AND NONRENEWAL
DE-UNINSURED MOTORISTS COVERAGE
                                                                              0116
0116
                                                                              0116
0310
                                                                               0908
                                                                                1198
                                                                              0908
0112
                                                                              1189
                                                                               0899
                                                                              0904
0699
IN 00 05 0904
IN 00 68 0699
IN 05 56 0116
SCA 02 55 1114
SCA 21 10 0114
```

DE-UNINSURED MOTORISTS COVERAGE

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: FEBRUARY 18, 2017 Coverage Effective Date: JANUARY 29, 2018

Business of Named Insured: MUNICIPALITY

Item Two - SCHEDULE OF COVERAGES AND COVERED AUTOS. This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos" are shown as covered "autos" for a particular coverage by the latry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage Schedule						
Coverages	Covered Autos Symbols	l, i m i t The Most We Will Pay for Any One Accident or Loss	Premium			
Liability	1	\$1,000,000 CSL	\$11,982.00			
Personal Injury Protection (or First Party Benefits)	5	Separately stated in each P.I.P Endorsement	\$2,640.00			
Added Personal Injury Protection (or Added First Party Benefits)	5	Separately stated in each P.1.P Added Endorsement	\$1,078.00			
Auto Medical Payments						
Uninsured Motorists	2	\$1,000,000 CSL	\$4,537.00			
Underinsured Motorists						
Physical Damage Comprehensive Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Each Covered Auto for all Loss except Fire or Lightning.	\$1,396.00			
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less minus \$25 deductible for Each Covered Auto for Loss caused by Mischief or Vandalism.				
Physical Damage Collision Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus the applicable deductible shown on the Auto Schedule for Each Covered Auto.	\$5,137.00			
Physical Damage Towing and Labor Coverage		for Each Disablement of a Private Passenger Auto.				
Hired Auto and Non-Owned Auto Coverage Premium for Endorsement			INCL. \$1,538.00			

						A	uto Sc	hedule					
No			ade me Year	Body Truck		Vel	hicle Id. No. (VIN)	Size Class	Use/Class Code	/Radius Syu	st by Insur		st
DE DE DE DE DE DE DE	8	2 HA 3 FO 4 FO 7 FO 8 FO	NRL 05 NRL 05 NRD 04 NRD 04 NRD 10 NRD 11 UFD ON S	FLHTP F250 CROWN CROWN ECONO	SUPER VIC VICT LINE UTION	1HD1FI 1FDNFI 2FAFPI 2FAFPI 1FTNEI	NW1YX5Y6 MW175Y67 21L34EC0 71W04X13 73W54X15 2EW3ADA5 1G50DEF3	9900 5132 L 9284 4005 4001	7911 7911 S/0149 7911 7911 7911 7911	00 90/L 00 00 00		\$16, \$16, \$24, \$23, \$23, \$26,	,546 ,470 ,775 ,620 ,250
No.		Тегт.	Liability Insurance Premium	P.J.P.or F.P.B.	Add. P.I.P. or F.P.B	Med. Paymts. Prem.	Um & Uim Motorists Premium	Compre Ded.		Damage I Specified Causes of Loss	nsurance Collis Ded.	ion Prem.	Towir Prem
DE	1	103	581	145	58		237	1,000			1,000	143	
DE	2	103	581		58		237	1,000			1,000	143	
DE	3	103	484		30		149	1,000			1,000	101	
DE	4	103	581		58		237	1,000			1,000	159	
DE	7 R	103	581		58		237	1,000			1,000	151	
DE DE	9	103 103	581 581		58 58		237 237	1,000 1,000			1,000 1,000	272 317	

Item Three - Schedule of Covered Autos You Own (see Auto Schedule) - Loss Payees Subject to Loss Payable Clause: Vehicle No. Name and Address of Loss Payee

1	Forms and Endorsements:	Total Premium
	Refer to "Commercial Policy Forms and Endorsement Schedule"	\$29,300.00
	•	(This premium may be subject to adjustment.)

BUSINESS AUTOMOBILE SCHEDULE

						A	uto Sc	hedul	е				
N	o.		ade me Year	Body Truck			cle Id. No. (VIN)	Siz Cla		Radius	List Symbol	Purchased by Insured Year N/U	Cost
DE	10		IER 90	HUMVE	E	1920787	5005700	000	79110	0		<u>+</u>	\$25,0
DE	13	l AM	M 93	HUMVE	=	131646			79110				\$40,0
DE	12		EV 12	TAHOE	C150		E07CR204	732	79110				\$26,3
DE	1.		EV 13	TAHOE	C150		05DR276		79110				\$39,0
DE	- 14		RD 08	CROWN	VIC	2FAFP71	V38X168	937	79110				\$26,6
DE	1:		IG 90	HUMMV		105206			79110				\$48.0
DE	- 10		RD 97	E SUPI	ER DU	1FDLE47	SXVHB92	237 M	S/21499	0/L			,
DE	17		EV 15	TAHOE	C150	1GNLC2E	C9FR650	380	79110				\$40,1
DE	- 18			M925A2	2	0000000	0002501	359 H	S/31499	0/L			\$40.0
DE	19		EV 14	CAPRIC	CE PO	6G3NS5U	J20EL 944	883	79110	0			\$30,1
DE	21		EV 16	TAHOE	POLI	1GNSKDE	C4GR327	740	79110	Ŏ			\$37,3
DE	2:	l CH	EV 16	TAHOE	POLI	1GNL CDE	C1GR326	496	79110				\$34,4
)E	22	2 RA	M 16	1500 3	SSV	1C6RR7)	(T1GS281	477 L	S/01499				\$27,9
)E	2	3 F0	RD 16	F250 S	SUPER		67GEB19						\$35,1
No	<u> </u>	Terr.	Liability Insurance	P.I.P.or			Um & Uim Motorists	Physical Damage Inst				Collicion	
	-	1	Premium	F.P.B.	F.P.B	Paymts. Prem.	Premium	Ded.	Prem.	of Loss			rem.
	-												
E	10	103	581				237	1,00				1,000	151
E	11	103	581				237	1,00				1,000	159
E	12	103	581				237	1,00				1,000	340
E	13	103	581				237	1,00				1,000	364
E	14	103	581				237	1,00				1,000	227
E	15	103	581				237	1,00	0 61			1,000	183
E	16	103	508				149						
E	17	103	581				237	1,00		;		1,000	496
E	18	103	587	-			149	1,00	0 37	•		1,000	101
-	19	103	581	. 14!			237	1,00	0 97	,		1,000	386
_	20	103	581	. 14!	5 58	1	237	1,00	0 103	;		1,000	430
E													
)E	21	103	581	14!	5 58	1	237	1,00	0 103			1,000	430
DE DE DE DE		103 103 103	581 484				237 149	1,00 1,00				1,000 1,000	430 334

```
Subject:
                RE: Violation Of FOIA Petition
```

From: "Dewey Citizens for Accountability" <news@deweycitizens.org>

Date: Thu, February 22, 2018 9:44 am

To: "OpenGovernment (DOJ)" < OpenGovernment@state.de.us>

Cc: heather_spurlock@icloud.com

Priority: Normal

Read Receipt: Requested [Send Read Receipt Now]

Ms. Siegel

Please find the attachments that you have requested in response to my petition.

- 1) PDF of email from Dewey FOIA Coordinator acknowledging FOIA Request of January 9, 2018 (Attachment 1 in original Petition)
- 2) PDF of email from Dewey FOIA Coordinator responding to FOIA Request of January 9, 2018 - January 30, 2018 (Attachment 2 in original Petition)
- 3) PDF of email from Dewey FOIA Coordinator responding to FOIA Request of January 9, 2018 - January 31, 2018 (Attachment 2 in original Petition)
- 4) Photo referenced in Email of February 2, 2018 to Dewey Mayor. (Attachment 3 in original Petition)
- 5)PDF of Email from Dewey Mayor to Email of February 2, 2018 (Attachment 3 in original Petition)
- 6)PDF of Email from Town of Dewey Staff further responding to FOIA Request - February 6, 2018 (Attachment 4 in original Petition)

Please do not hesitate to contact me if you should have any further questions.

Regards

```
Jeffrey C. Smith
Volunteer Coalition Director, Dewey Citizens for Accountability
deweycitizens.org
443-603-2132
Email: jcs@wpa.org
```

> To: OpenGovernment (DOJ) < OpenGovernment@state.de.us>

```
On Thu, February 22, 2018 8:21 am, OpenGovernment (DOJ) wrote:
> Thank you, Mr. Smith. Please provide all correspondence between you and
> the Town related to your requests. I note that you indicated a photograph
> was sent but I did not see that in this submission. Any emails or letters
> from the Town that accompanied the documents should also be submitted.
> Sincerely,
>
> Kim Siegel, MPA
> FOIA Coordinator
> Delaware Department of Justice
>
> ----Original Message----
> From: Dewey Citizens for Accountability [mailto:news@deweycitizens.org]
> Sent: Wednesday, February 21, 2018 4:20 PM
```

```
> Subject: Violation Of FOIA Petition
> February 21, 2018
> Delaware Department of Justice
> Attn: Kim Siegel, FOIA Coordinator
> 820 N. French Street
> Wilmington, DE 19801
> <u>opengovernment@state.de.us</u>
> Dear Ms. Siegel,
> Please find attached a petition for investigation for a FOIA violation by
> the Town of Dewey Beach and documentation.
 Please acknowledge receipt of this petition.
> Regards
>
> Jeffrey C. Smith
> Volunteer Coalition Director, Dewey Citizens for Accountability
> deweycitizens.org 443-603-2132
> Email: jcs@wpa.org
```

Attachments

FOIA EMail 011018 Attachment 1.pdf application/pdf 145 KiB FOIA EMail 013018 Attachment 2.pdf application/pdf 141 KiB FOIA EMail 013118 Attachment 2.pdf application/pdf 901 KiB Reply 020218 Attachment 3.pdf application/pdf 98 KiB Photo-Attachment 3.jpg 94 KiB image/jpeg FOIA EMail 020618 Attachment 4.pdf application/pdf 774 KiB From: Ashleigh Hudson ashleigh@townofdeweybeach.com

Subject: RE: Request For Public Records Date: January 10, 2018 at 12:37 PM To: heather@drugfreevessel.com



Good Afternoon Jeffrey Smith,

I am writing this email as a receipt of acknowledgment to your FOIA Request submitted on January 9, 2018. I will be in touch if there are any additional questions, or when your FOIA response is ready.

Thank You, Ashleigh Hudson Dewey Beach Town Clerk/ FOIA Coordinator Dewey Beach Town Hall (302)227-6363

From: heather@drugfreevessel.com [mailto:heather@drugfreevessel.com]

Sent: Tuesday, January 09, 2018 3:32 PM

To: Ashleigh Hudson

Subject: Request For Public Records

Request For Public Records

First Name: Jeffrey Last Name: Smith

Email: <u>heather@drugfreevessel.com</u>

Phone: 4436032132

Address: 409 Chester Ave Ste 102

City: Annapolis State: MD

Zip Code: 21403

Question: The current Insurance Policy for the Town of Dewey Beach including, but not limited to, a) Commercial Policy Common Declarations b) Commercial Policy Information Page c) Policy Changes Endorsement d) Schedule of Locations e) Additional Insured-Land

Leased f) General Liability Coverage Declaration

Date Of Request: 01/09/2018

Please contact me if costs will be greater than \$: 15.00

User IP: 72.81.245.119

Time Sent: 3:31 PM January 9, 2018

Ticket: https://www2.team-logic.com/dewey/index.cfm?

teamLogic=tickets.detail&ticketID=201545

Note: A duplicate user was found, based on the email entered, the existing user was used.

Attachment #2 FOIA Petition Response for Supplemental Information

From: Ashleigh Hudson ashleigh@townofdeweybeach.com

Subject: RE: Request For Public Records
Date: January 30, 2018 at 4:05 PM
To: heather@drugfreevessel.com



TO: Jeffrey Smith

RE: Freedom of Information Act (FOIA) Request submitted to Dewey Beach Town Hall on January 9, 2018.

The FOIA Request you submitted on January 9, 2018 at 3:32pm (below) is complete.

Total pages: 13. There is no fee for the first 20 pages. Total due: \$0.00

Administrative time: less than one hour. There is no charge for the first hour of administrative time.

Total due for administrative time: \$0.00

Total Amount Due: \$0.00

Please let me know if you will be picking up this FOIA, or if you would like it mailed or emailed.

Thank You, Ashleigh Hudson Dewey Beach Town Clerk/FOIA Coordinator Dewey Beach Town Hall

From: heather@drugfreevessel.com [mailto:heather@drugfreevessel.com]

Sent: Tuesday, January 09, 2018 3:32 PM

To: Ashleigh Hudson

Subject: Request For Public Records

Request For Public Records

First Name: Jeffrey Last Name: Smith

Email: heather@drugfreevessel.com

Phone: 4436032132

Address: 409 Chester Ave Ste 102

City: Annapolis State: MD

Zip Code: 21403

Question: The current Insurance Policy for the Town of Dewey Beach including, but not limited to, a) Commercial Policy Common Declarations b) Commercial Policy Information Page c) Policy Changes Endorsement d) Schedule of Locations e) Additional Insured- Land

Attachment #2 FOIA Petition Response for Supplemental Information

02/22/2018

Leased f) General Liability Coverage Declaration

Date Of Request: 01/09/2018

Please contact me if costs will be greater than \$: 15.00

User IP: 72.81.245.119

Time Sent: 3:31 PM January 9, 2018

Ticket: https://www2.team-logic.com/dewey/index.cfm?
teamLogic=tickets.detail&ticketID=201545

Note: A duplicate user was found, based on the email entered, the existing user was used.

Attachment #3 FOIA Petition Response for Supplemental Information

From: Ashleigh Hudson ashleigh@townofdeweybeach.com

Subject: RE: Request For Public Records Date: January 31, 2018 at 2:10 PM

To: Heather Spurlock heather@drugfreevessel.com



Good Afternoon Jeffrey Smith,

The response to your FOIA request is attached

Please do not hesitate to contact me if you have any questions.

Thank You, Ashleigh Hudson Dewey Beach Town Clerk/FOIA Coordinator Dewey Beach Town Hall

From: Heather Spurlock [mailto:heather@drugfreevessel.com]

Sent: Tuesday, January 30, 2018 7:52 PM

To: Ashleigh Hudson

Subject: Re: Request For Public Records

Ashleigh

Please email the results of the foia.

On Jan 30, 2018, at 4:05 PM, Ashleigh Hudson <<u>ashleigh@townofdeweybeach.com</u>> wrote:

TO: Jeffrey Smith

RE: Freedom of Information Act (FOIA) Request submitted to Dewey Beach Town Hall on January 9, 2018.

The FOIA Request you submitted on January 9, 2018 at 3:32pm (below) is complete.

Total pages: 13. There is no fee for the first 20 pages. Total due: \$0.00

Administrative time: less than one hour. There is no charge for the first hour of administrative time.

Total due for administrative time: \$0.00

Total Amount Due: \$0.00

Please let me know if you will be picking up this FOIA, or if you would like it mailed or emailed

Thank You, Ashleigh Hudson Dewey Beach Town Clerk/FOIA Coordinator Dewey Beach Town Hall

From: <u>heather@drugfreevessel.com</u> [<u>mailto:heather@drugfreevessel.com</u>]

Sent: Tuesday, January 09, 2018 3:32 PM

To: Ashleigh Hudson

Subject: Request For Public Records

Request For Public Records

First Name: Jeffrey Last Name: Smith

Email: <u>heather@drugfreevessel.com</u>

Phone: 4436032132

Address: 409 Chester Ave Ste 102

City: Annapolis State: MD

Zip Code: 21403

Question: The current Insurance Policy for the Town of Dewey Beach including, but not limited to, a) Commercial Policy Common Declarations b) Commercial Policy Information Page c) Policy Changes Endorsement d) Schedule of Locations e) Additional Insured- Land Leased f) General Liability

Coverage Declaration

Date Of Request: 01/09/2018

Please contact me if costs will be greater than \$: 15.00

User IP: 72.81.245.119

Time Sent: 3:31 PM January 9, 2018

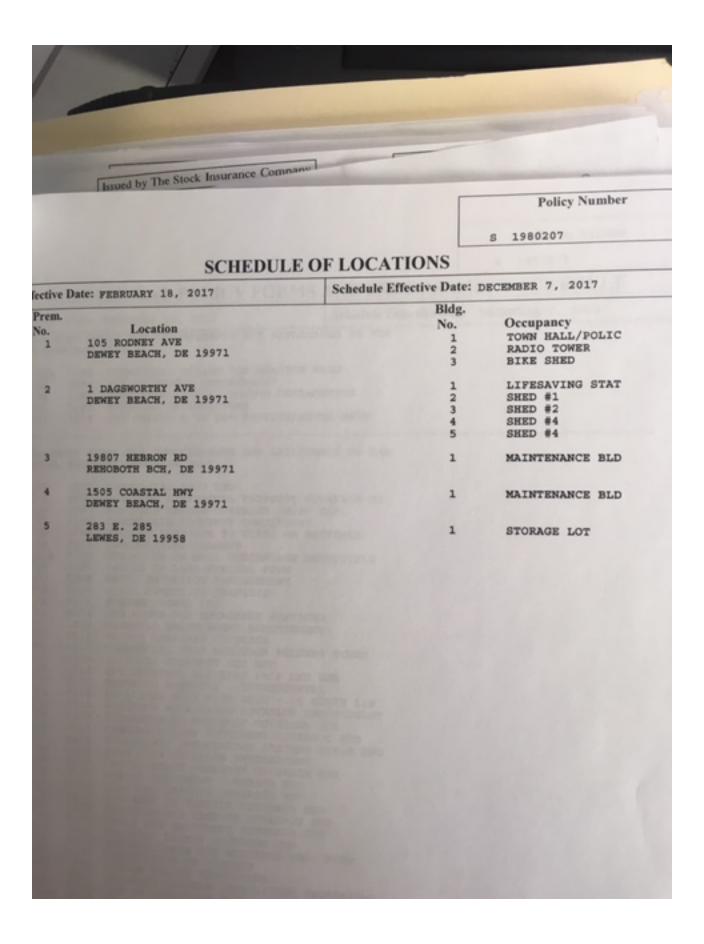
Ticket: https://www2.team-logic.com/dewey/index.cfm?

teamLogic=tickets.detail&ticketID=201545

Note: A duplicate user was found, based on the email entered, the existing user was used.



Jeffrey Smith FOIA re...ce.pdf



Attachment #5

02/22/2018

FOIA Petition Response for Supplemental Information

Date: February 2, 2018 at 12:05:07 PM EST **To:** "Jeffrey C. Smith" < jcs@wpa.org>

Cc: 'Dale Cooke' < dalehcooke@townofdeweybeach.com>

Subject: RE: Request For Public Records

Hello Mr. Smith,

I am not the FOIA coordinator, but I will forward your request.

Your note expressed "facts" from a former employee that sounds like you may have stumbled on yet another failure of from the past that may have been corrected by my administration. That is very good news, but I have no idea if this information is a "fact" or not.

Then you ask about locations of equipment, but as you know;

We are moving equipment to a new offsite location in rural Lewes Delaware. The town owns a location in West Rehoboth where equipment is stored. There is also equipment stored at the LSS, and at Town Hall.

Other equipment is in use.

Mayor John E. Redefer III

Town of Dewey Beach 302 542-1808 cell

From: Jeffrey C. Smith [mailto:jcs@wpa.org] Sent: Friday, February 2, 2018 10:31 AM To: TJ Redefer < ti@townofdeweybeach.com >

Cc: Ashleigh Hudson <ashleigh@townofdeweybeach.com>

Subject: Fwd: Request For Public Records

Dear Mr. Mayor:

Below and attached in pdf is the information we received back from the Town, in response to our FOIA of January 9, 2018. It was incomplete, and we do not know why, so I am reaching out to you.

We had requested in our FOIA: "c) Policy Changes Endorsement d) Schedule of Locations."

We received neither of those, and we received a policy from March 2017, which omitted the item D, the schedule of insured locations, and item C the Policy Changes Endorsement We are 100% sure of the fact, from a former Town employee, that the town's policy was amended in December, 2017 to list the additional storage lot(s) that were added to store the Military surplus equipment.

Attachment #5

Could you check into this and set times some stress of well full and design, digner some of realist of the locations at the end of January, anyway, outside the FOIA system. Its a relatively small request, its all on a single page.

Thank you in advance for your assistance in this matter. I have CC'd the Town Clerk on this email as well.

Jeffrey C. Smith Volunteer Coalition Director, Dewey Citizens for Accountablity deweycitizens.org 443-603-2132

Email: jcs@wpa.org

Attachment #6 FOIA Petition Response for Supplemental Information

02/22/2018

From: Jim Dedes jdedes@townofdeweybeach.com & Subject: FOIA Request January 9, 2018 addendum

Date: February 6, 2018 at 11:59 AM
To: heather@drugfreevessel.com

Cc: Ashleigh Hudson ashleigh@townofdeweybeach.com

JD

Mr. Smith,

Attached is the additional information requested that was provided by our Town Insurance Carrier. I have taken the liberty to have the documents scanned. Should you wish us to print them up please advise.

Thank you,

Jim Dedes



DOC002.pdf