

RESOLUTION NO. 1997-1
OF THE

VILLAGE OF EAGLE
(Governmental Unit)

RESOLVED, that from and after the 1st day of November, 1996, the
public buildings and other property belonging to the Village of Eagle
(Governmental Unit)
be insured in the Local Government Property Insurance Fund, under Chapter 605, Wis Stats.,
and amendments thereto.

The clerk of the Village of Eagle
(Governmental Unit)
is hereby directed to carry out the provisions of this Resolution.

Dated this 25th day of February, 1997

Adopted this 25th day of February, 1997

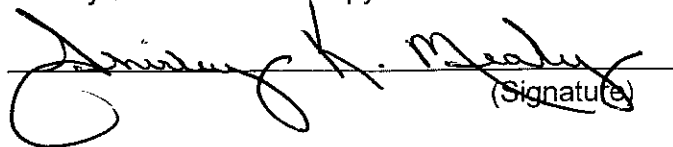
Allen Salmela
President, Chairman or Director

Shirley K. Mealy
Secretary or Clerk

IMPORTANT NOTE:

If specified personal property, such as motor vehicles (autos, trucks, buses, etc.) or moveable road or street equipment is **NOT TO BE INSURED** under the above Resolution, this must be stated in the Resolution.

I certify this to be a true copy of the Resolution


(Signature)

STATEMENT OF VALUES

Insured VILLAGE OF EAGLE

Headquarters Address P O BOX 295
EAGLE WI 53119

Form of Coverage: Actual Cash Value applies to Items
 Replacement Cost applies to Items

Indicate Form Numbers to which these rates are to apply: _____

(Attach Forms and Endorsements which require completion to indicate specific information)

Coinurance 80% 90% 100% Blanket Rate Effective _____

Causes of Loss for which rates are requested:

- Basic Earthquake
 Broad Other _____
 Special (Specify)

State exact wording of the coverage as it will appear on the policy

\$1,000,048 Blanket Buildings & Contents Limit Per Statement Of Values

Policy Number: 160778 Contact Name: Shirley Mealy
 Policy Term: 11/01/1996 to 11/01/1997 Phone Number: 414/594-3400

INSURED	COMPANY, AGENT or BROKER
(Optional with Company)	Statement of Values submitted by: STATE OF WIS.
All values submitted are correct to the best of my knowledge and belief.	Name <u>LOCAL GOVERNMENT PROPERTY INS. FUND</u>
Signed _____	Person to Contact _____
Title <u>Clerk/Treasurer</u>	Street <u>701 CHERRY ST. P O BOX 23004</u>
Date <u>2/18/97</u>	City <u>GREEN BAY</u> State <u>WI</u> ZIP <u>54305-3004</u>

For INSURANCE SERVICES OFFICE use only
 Basic Group I _____ Basic Group II _____ Other _____

TO BE COMPLETED BY COMPANY,
AGENT OR BROKER

Average Rate Calculation -- for INSURANCE SERVICES OFFICE use

Blanket Average Rate 1180% 11 Basic 11 Earthquake Date _____
 Specific Average Rate 1190% 11 Broad 11 Other _____
 100% Special _____
 Calculated by _____

Item No.	Description, Location and Property Covered	Coverages*	Values	Rate Pub. No.	Basic Group I		Basic Group II		Broad		Special		Earthquake		Other	
					Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.
1-1	Water Tower Kettle Moraine Dr.	PIO	363,825													
2-1	Village Garage R126 Main Street	B	71,001													
		YBPP	10,500													
3-1	Pump House 800 E. Main St.	PIO	264,600													
4-1	Pump House 230 Grove Street	PIO	220,500													
5-1	Restroom 310 S. Parkway	B	21,364													
6-1	Municipal Office 108 Grove Street	YBPP	31,500													
TOTALS																

AVERAGE RATES EFFECTIVE _____
 BASIC GROUP I _____ BASIC GROUP II _____ BROAD _____ SPECIAL _____
 EARTH-QUAKE _____ OTHER _____

* B = Building S = "Stock" YBPP = Your Business Personal Property PPO = Personal Property of Others
 Other - Specify Above

TO BE COMPLETED BY COMPANY,
AGENT OR BROKER

Average Rate Calculation -- for INSURANCE SERVICES OFFICE use

Blanket Average Rate 1180% Basic Earthquake Date _____
 Specific Average Rate 1190% Broad Other _____
 100% Special Calculated by _____

Item No.	Description, Location and Occupancy of Property Covered	Coverages*	Values	Rate Pub. No.	Basic Group I		Basic Group II		Broad		Special		Earthquake		Other	
					Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.
7-1	Recreation Bldg 310 S. Parkview	B	16,758													
TOTALS				1,000,048												

AVERAGE RATES EFFECTIVE _____

BASIC GROUP I _____ BASIC GROUP II _____ BROAD _____ SPECIAL _____ EARTH-
 QUAKE _____ OTHER _____

* B = Building S = "Stock" YBPP = Your Business Personal Property PPO = Personal Property of Others
 Other -- Specify Above _____

NOTES

1. The Company, Agent or Broker must complete page 1 and page 2, where indicated, to obtain a blanket average rate. Do not complete the value column if blanket average rate desired for Business Income (And Extra Expense) Coverage Form CP 00 30; Business Income (Without Extra Expense) Coverage Form CP 00 32 or Extra Expense Coverage Form CP 00 50.
2. When separated blanket average rates are desired, such as Buildings only or Personal Property only, submit a separate Statement of Values for each blanket average rate.
3. Values must be rounded to the nearest dollar.
4. Round the premium, per item on the average rate, for each cause of loss, coverage and exposure to the nearest whole dollar.
5. Minimum coinsurance for a blanket average rate is 90%.
6. The Company may require this Statement of Values to be signed by the Insured, or in the case of firms by a partner or an officer.
7. A blanket average rate expires one year from its effective date or when new class or specific rates are applicable, whichever occurs first.
8. This Statement of Values form or its equivalent must be filed annually.
9. A new blanket average rate may be requested if the conditions upon which the average rate is based have materially changed.
10. Attach Class Rate Information Form or equivalent information for all "class rated" property included in the blanket average rate.