RESOLUTION #19-2013

BE IT RESOLVED, by authority of the Board of Commissioners of Dauphin County, and it is hereby resolved by authority of the same, that the Chairman of the Board of said Municipality, (designate official title) be authorized and directed to sign the attached grant on its behalf.

ATTEST

(Signature and designation of official title)

Laura E. Evans, Esq., Chief Clerk
Print or type above name and title

(SEAL)

I, Laura E. Evans, Esq., (Name) of Dauphin County (Name of Dauphin County Board of Commissioners), do hereby certify that the foregoing is a true and correct copy of the Resolution adopted at a regular meeting of the Dauphin County Board of Commissioners, (Name of governing body) held the 28 day of August, 2013.

DATE: August 28, 2013

(Signature and designation of official title)

Chief Clerk

Laura E. Evans, Esq., Chief Clerk
Print or type above name/title
PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: IDP-2014-Dauphin-00031
GRANTEE: Dauphin County
COUNTY: Dauphin
TITLE OF GRANT: Dauphin County Sobriety Checkpoint Project

*PROJECT DIRECTOR:

NAME: Jerome P. Wood
TITLE: Detective
ADDRESS: 2 South Second Street, 3rd Floor
         Harrisburg, PA 17108
         Office of the District Attorney - Criminal Investigation Division
TELEPHONE: 717-780-6200
FAX: 717-255-1375
EMAIL ADDRESS: jwood@dauphinc.org

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

APPROVED BY:

DATE: ______________  SIGNATURE: ____________________________
          Authorizing Official

Print or type name: ____________________________

If a change in Project Director or Authorizing Official occurs, please
call (717) 787-6853 or send written notification to:

Bureau of Highway Safety and Traffic Engineering
Safety Management Division
Commonwealth Keystone Building - 6th Floor, 400 North Street
F.O. Box 2047
Harrisburg, PA 17105-2047
ACORD®
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Murray Securus
Murray / Capital Region
4999 Louiese Drive, Suite 201
Mechanicsburg, PA 17055

INSURED
County of Dauphin
2 South Second Street
P.O. Box 1295
Harrisburg, PA 17108-1295

INSURER A: Midwest Employers Casualty Co.

COVERAGE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>LETTER</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excess Work Comp</td>
<td>1,000,000 each acc, 1,000,000 each emp, 1,000,000 pol limit</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Hints Schedule, if more space is required)
PennDot is included as an additional insured under the Excess Workers Compensation covering only Dauphin County employees with respect to the Impaired Driving Grant.
Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include 30 days notice of cancellation except for non payment of premium.

CERTIFICATE HOLDER
PA Dept of Transportation
Bureau of Maintenance & Ops.
400 North Street, 6th Floor
Harrisburg, PA 17120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)
#6284039/M277491

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MMI
CERTIFICATE OF LIABILITY INSURANCE

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Rutherford
1000 Continental Drive
Suite 450
King of Prussia PA 19406

CONTACT

NAME: Kathy Schaeffer
PHONE: 484-588-2110
EMAIL: kathy.schaeffer@rutherford.com
INSURER(S) AFFORDING COVERAGE: NAIC #
INSURER A: State Self-Insurers Risk Retention

INSURED

Dauphin County
2 South Second Street
P. O. Box 1296
Harrisburg PA 17101-2047

CERTIFICATE NUMBER: 1712070271

COVERAGE

COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

INSR. LTR. TYPE OF INSURANCE INSR. SUBR. MDC. POLICY NUMBER POLICY SRC. LIMITS
A GENERAL LIABILITY
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR

POLICY 3/1/2013 3/1/2014

$7,000,000

EXCESS LIABILITY CLAIMS-MADE

A AUTOMOBILE LIABILITY
ANY AU/U ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS

POLICY 3/1/2013 3/1/2014

DUTY LIMIT (Per accident) $600,000

PROPERTY DAMAGE (Per accident) $100,000

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?
(Mandatory in PA)

Y/N N/A

DESCRIPTION OF OPERATIONS below

PDOT is included as Additional Insured as respects Impaired Driving Grant.
Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include at least 30 days notice of cancellation except for non-payment of premium.

CERTIFICATE HOLDER

Pennsylvania Department of Transportation
Bureau of Maintenance and Operations
400 North Street, 6th Floor
Harrisburg PA 17120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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