

PURCHASE ORDER
Huerfano County

Purchase Order#: 66

Purchase OrderDate: 3/1/2023

Vendor: IOA / 7511

% WALSENBURG INSURANCE CENTER PO BOX 1130
WALSENBURG, CO 81089

Ship To: 401 Main Street -
Walsenburg CO, 81089

Order Description:

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL COST	LEDGER
Spanish Peaks Airfield Insurance	1	\$3,629.00	\$3,629.00	001-46400-51301
		TOTAL:	\$3,629.00	

NOTES:

APPROVALS:

Approving Authority:

Budget Officer:

0014640051301



TOKIOMARINE
HCC

U.S. Specialty Insurance Company

7950 Legacy Drive, Suite 600, Plano, Texas 75024
main: 469-633-7400 facsimile: 469-633-7470

AIRPORT LIABILITY INSURANCE QUOTE

Insured: Huerfano County Government Spanish Peaks Airfield
Underwriter: Cheryl Matzek
Agency: Insurance Office of America, Inc. - CO
Submitter: Joe Kozlowicz

Q-Bus Num: 2641368
Reference: AP2001729-00
Effective Date: 04/23/2023

TOTAL QUOTE PREMIUM: \$3,629

Please note, unless an exposure is addressed in this quote, no coverage exists. Any unreported loss, DUI, or felony will render this quote invalid. The following surcharge will apply based on risk location in the following states: West Virginia: .055%, New Jersey: .6% (.5% effective 10/1/2022), Florida: .7% An additional FL FIGA surcharge of 1.3% will apply to all policies effective 7/1/2022 or later, Kentucky: 1.8% on policies effective 4/1/2023 or later.

[FOR TERRORISM COVERAGE INFORMATION CLICK HERE](#)

Location: 4V1, Spanish Peaks Airfield, County Courthouse, Walsenburg, CO

	<u>Per Person</u>	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Premium</u>
Premises Liability:	CSL	1,000,000	2,000,000	\$2,875

COVERAGES APPLYING TO ALL LOCATIONS

Product / Completed Operations Coverages:

<u>Product Classification</u>	<u>Per Person</u>	<u>Per Occurrence</u>	<u>Aggregate</u>	<u>Premium</u>
Sale of Fuel and Oil	CSL	1,000,000	1,000,000	\$714

Airport Medical Pay Coverages:

	<u>Per Person</u>	<u>Per Occurrence</u>	<u>Premium</u>
Medical Payments:(Included in Total)	1,000	5,000	\$40

FORMS APPLYING TO ALL LOCATIONS

<u>Form</u>	<u>Per Person</u>	<u>Per Occurrence</u>	<u>Premium</u>
Autos Within Airport Operations Area (20039)	1,000,000	1,000,000	\$0
Contractual Liability - Reporting Basis (20038)	1,000,000	1,000,000	\$0
Personal And Advertising Injury Liability (20032)	1,000,000	1,000,000	\$0



SYNOVUS

Domestic and International Incoming Wire Transfer Instructions

Required information for Deposit Accounts:

- Receiving Bank: Synovus
- Receiving Bank ABA / Routing #: 061100606
- Bank Address: 1048 Broadway, Columbus Ga 31901
- SWIFT CODE: FICOUS44 Synovus Bank, Birmingham, AL
(To be used for international transactions only)

Beneficiary Account Information:

- Beneficiary Name: Insurance Office of America, Inc.
- Beneficiary Account Number: 3084988800
- Beneficiary Address: 1855 W. State Road 434
Longwood, FL 32750-5069