



206 W. Sherman Street
Monroe, Iowa 50170-0370
641-259-2319
www.MonroeIA.com

REQUEST FOR PROPOSAL

To be acceptable, all proposals, policies, agents, brokers and coverage providers must meet the requirements set forth. Quotation(s) must comply with all the requirements listed, as well as with all the City of Monroe rules and regulations. The Monroe City Council has the right to refuse any or all bids.

When bidding on the attached coverage specifications – if aggregate limits apply, please be sure to specify the limits.

The Monroe City Council will consider the proposals at the March 9, 2026, regular City Council meeting. The insurance coverage may or may not be awarded on that date.

Questions or concerns, please contact the City of Monroe at 641-259-3490.

General Instructions:

- Request for Proposals must be submitted by 4:00 p.m. on Tuesday, March 3, 2026, in the office of the city clerk. Proposals received after the specified time will not be considered.
- Proposals will be reviewed at the March 9, 2026, council meeting. Proposals may be withdrawn until such time.
- The City reserves the right to reject any or all proposals.
- To receive consideration, proposals must meet or exceed all coverage requirements set forth. All proposals not identical to coverage as specified must explain variances in detail.
- All figures or notations must be typed or printed in ink.
- All proposals must be in a sealed envelope. The envelope must be identified as "Proposals for the City of Monroe Coverage."
- Proposals must specify precise charges per limit of coverage. Charges for optional coverages must be clearly identified.
- It will be the responsibility of the successful bidder to review all schedules provided herein, and to verify accuracy as to the effective date of the policy.
- All coverage shall become effective April 1, 2026.
- Additional information or permission to inspect premises may be obtained at the City of Monroe.

Eligible Carriers:

To be acceptable, all proposals, policies, agents, brokers and coverage providers must meet the requirements set forth in the specifications: Quotations must comply with all the requirements and provisions of these specifications.

- All bidding carriers must provide evidence that they have been granted the highest available rating from a recognized rating organization.
- Specimen copies of all applicable coverage parts and endorsements must be provided.
- Carriers must describe loss control, risk management and other important services provided. Proposals must include the name and address of the company that will handle claims and administration of the city policy.

Eligible Agents:

- All bidding agents must be Iowa licensed with a minimum of three (3) years municipal experience or equivalent experience preferred.
- The agent (or agency) awarded the proposal must act as the servicing agent for the city and serve as liaison between the city and the coverage provider.
- Upon award of the proposal, the agent must provide evidence of agent's Errors & Omissions insurance coverage in the amount greater than or equal to \$1,000,000.
- Successful agents must agree to provide semi-annual "loss summaries" upon request by the city.

MUNICIPAL GENERAL LIABILITY:

A. Eligible Carriers:

1. The coverage shall provide comprehensive broad form liability, covering operations and locations of the City, and shall pay on behalf of the City all sums which the City shall become legally obligated to pay as damages because of:
 - a. Bodily Injury
 - b. Personal Injury
 - c. Property Damage
 - d. Advertising Injury
2. Liability Limits shall not be less than: \$3,000,000 and no more than \$5,000,000 - Each Occurrence Combined Single Limit.

B. Specific Coverage Requirements:

1. Prior Acts Coverage
2. Employee Liability Coverage
3. Special Events Liability
4. Pesticide/Herbicide Applicator Coverage
5. Cemetery Professional Liability
6. Legal Liability for the Property of Others
7. Board and Commissions Coverage
8. Contractual Liability shall include written and oral contracts or agreements.
9. Explosion Hazard Coverage
10. Products and completed operations liability shall be provided.
11. Any fellow employee exclusion shall be eliminated.
12. Personal Injury shall include: libel, slander, and defamation of character, assault and battery, improper detention, false arrest, false imprisonment, malicious prosecution, false or improper service or process, wrongful entry, eviction, or other invasion of Public occupancy, mental injury, anguish, shock, or humiliation.
13. Incidents arising from civil commotion, mob violence or riot shall not be excluded.
14. Include defense coverage for Injunctive Relief.
15. Must include Abuse and Molestation coverage at full policy limits.
16. Include Terrorism Risk and Cyber Security Coverage.

PUBLIC OFFICIALS ERRORS & OMISSIONS LIABILITY

A. Coverage and Limits:

1. The coverage provider shall pay on behalf of the city all sums which the city shall become legally obligated to pay as damages on account of any claim for breach of duty made against the city by reason of a "Wrongful Act."
2. Coverage must be included for misfeasance, malfeasance or nonfeasance or violation of any federal or state civil rights statute, including discrimination.
3. Coverage included for claims brought pursuant to zoning actions.
4. Any exclusion for employment related claims must be deleted.
5. Liability Limits shall not be less than \$5,000,000 Each Claim and with a \$5000.00 Deductible Each Claim.

B. Specific Coverage Requirements:

1. Prior Acts Coverage - \$5,000,000
2. Coverage must be provided for any member of the city council, board or commission, elected or appointed official, all employees and volunteers.
3. Every quotation must include completed "Public Officials Questionnaire" {Page 1a}.

GOVERNMENTAL LAW ENFORCEMENT LIABILITY

A. Coverage and Limits:

1. The coverage provider shall pay on behalf of the city all sums which the city shall become legally obligated to pay as damages because of:
 - a. Bodily Injury
 - b. Personal Injury
 - c. Property Damage

Arising out of the city premises and operations in the performance of or failure to perform official duties.
2. Liability Limits: \$5,000,000 Each Occurrence and with a \$2500.00 deductible Each Claim.

B. Specific Coverage Requirements:

1. Prior Acts Coverage - \$3,000,000 and no more than \$5,000,000.
2. Coverage must be included for violation of federal and state civil rights statutes.
3. Every quotation must include completed Law Enforcement Coverage Questionnaire {Page 2a}.

AUTOMOBILE LIABILITY:

A. Coverage and Limits:

1. Attached is a schedule of vehicles to be covered.
2. Liability Limits: \$2,000,000 Each Accident, deductible \$1000.00 minimum.

PROPERTY

A. Building and Business Personal Property

Blanket building and personal property coverage is to be provided based on the attached statement of values:

1. Values are 100% Replacement Cost.
2. Replacement cost coverage is to be provided for all buildings and contents.
3. 90% Co-insurance is to apply submit to Agreed Amount Clause.
4. Perils insured - "all risks" coverage on buildings and contents.
5. Limit: See existing policy.

BOND

Public Employees Blanket Bond: \$100,000 Blanket Bond

WORKERS' COMPENSATION COVERAGE:

1. **Employees Liability: \$500,000**
2. **Voluntary Compensation Endorsement**
3. **Policy to provide statutory coverage under Iowa Law with employers' liability limit of \$500,000 standard board form, all state endorsements to be attached.**
4. **Workers Compensation policy may be considered separately from the rest of the proposal.**
5. **Proposal for Workers Compensation insurance must be included.**

UMBRELLA

If an Umbrella is required to achieve desired limits, it should follow form of all applicable underlying coverage. There should be no self-insured retention or an annual aggregate for the General Liability, Officials Liability or Law Enforcement Liability. In addition, the following exclusions should not apply:

1. **Bodily injury arising out of Employment Related Practices.**
2. **Bodily injury or property damage, in relation to failing to provide professional services; including but not limited to:**
 - a. Legal, accounting or engineering services.
 - b. Health or therapeutic treatment events.
 - c. Law enforcement or firefighting services.
 - d. Actions relating to a Medical Examiner.
3. **Personal and Advertising injury, in relation to failing to provide professional services; including but not limited to:**
 - a. Legal, accounting or engineering services.
 - b. Health or therapeutic treatment events.
 - c. Law enforcement or firefighting services.
 - d. Actions relating to a Medical Examiner.
4. **Specific Coverage Requirements: General Liability, Public Officials Errors and Omissions, Governmental Law Enforcement Liability, Automobile Liability. All with \$500,000 Prior Acts Coverage. Every quotation must include a completed Umbrella Questionnaire {Page 3a}.**

Officials Questionnaire

Indicate Yes or No if your policy provides coverage for each of the items listed:

COVERAGES:

	<u>Yes / No</u>
A. Prior Acts	_____
B. Discrimination	_____
C. Employment Related Claims	_____
D. Employees as Insureds	_____
E. Violation of Federal or State Civil Right Statutes	_____
F. Claims against City Attorney, Engineer or Architect	_____
G. Zoning Disputes and Antitrust Allegations Pertaining to:	
1. Inverse Condemnation	_____
2. Adverse Possession	_____
3. Dedication by Adverse Use	_____
4. Eminent Domain	_____

Are Defense Costs provided in addition to the limits of liability? _____

Is Coverage provided for suits by public officials or the public entity
against other public officials of the entity? _____

Are past and present public officials covered? _____

Can the policy be cancelled mid-term by the company _____

IDENTIFY any other areas in which your policy deviates from these specifications:

Law Enforcement Questionnaire

Indicate Yes or No if your policy provides coverage for each of the items listed:

COVERAGES:

	<u>Yes / No</u>
A. False arrest, detention or imprisonment	_____
B. Malicious prosecution	_____
C. Wrongful entry, eviction or other invasion of the right of private occupancy	_____
D. Discrimination (law enforcement activities)	_____
E. Humiliation	_____
F. The publication or utterance of libel, slander or other defamatory or disparaging material, or a publication of utterance in violation of an individual's right of privacy	_____
G. Assault and Battery	_____
H. First Aid	_____
I. False or improper service of process	_____
J. Violation of property rights	_____
K. Violation of civil rights	_____
L. Failure to perform	_____
M. Legal fees of successful plaintiff -civil rights cases	_____
N. Moonlighting	_____

Does your policy EXCLUDE:

A. Intentional Acts	_____
B. Coverage for Liability assumed in a Mutual Aid or Reciprocal Law Enforcement Contract	_____

IDENTIFY any other areas in which your policy deviates from these specifications:

Are defense costs paid in addition to policy limits

Umbrella Questionnaire

Indicate Yes or No if your policy provides coverage for each of the items listed:

COVERAGES:

Bodily Injury/Property Damage Liability	<u>Yes / No</u>
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A. Refusal to employ, or termination of employment	_____
B. Employment related practices	_____
C. Discrimination or malicious prosecution	_____
D. Professional services relating to, legal, accounting or engineering duties	_____
E. Inspection services either provided by you or monitored by you	_____
F. Health/therapeutic services/treatment	_____
G. Actions on behalf of the medical examiner	_____
H. Law Enforcement services	_____
I. Firefighting services	_____

Personal and Advertising Injury Liability
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J. Refusal to employ, or termination of employment	_____
K. Employment related practices	_____
L. Discrimination or malicious prosecution	_____
M. Professional services relating to, legal, accounting or engineering duties	_____
N. Inspection services either provided by you or monitored by you	_____
O. Health/therapeutic services/treatment	_____
Actions on behalf of the medical examiner	_____
P. Law Enforcement services	_____
Q. Firefighting services	_____

Commercial Property Declarations

Named Insured

CITY OF MONROE
 PO BOX 370
 MONROE, IA 50170-0370
 DIRECT BILL

Producer

ASSUREDPARTNERS GREAT PLAINS DBA VAN
 GORP-EDWARDS
 723 MAIN ST
 PO BOX 85
 PELLA, IA 50219-0085
 AGENT NO. A5739
 AGENT PHONE: 641-628-4100
 CLAIM REPORTING: 888-362-2255
 SERVICING CARRIER: 515-280-2604

This policy renewal is offered contingent upon the receipt of payment which is due on 05/01/2025.

See attached schedule for description of locations, special interests and deductibles.

Coverages

Coverages Provided	Premium
Personal Property	\$149.00
Blanket ID Number - 1 - See Schedule for Description	\$41,690.00
Canine Coverage Building and Personal Property Coverage Form	\$250.00
Property Premium	\$42,089.00
Total Property Premium	\$42,089.00

Forms Applicable

CP0090(07/88), CP0140(07/06), CP0320(04/18), CP0321(10/12), CP1075(12/20), CP1615A(02/12), CP7001A(02/12),
 CP7121.4(08/18), CP7121(11/23), CP7173(12/19), CP7175(09/24), CP7345(08/17), CP7358(02/17), CP8036(07/21),
 CP8118(02/24), CP8121(10/24), IL0017(11/98), IL0276(09/08), IL0952(01/15), IL7004(03/20), IL7131A(04/01),
 IL7170(09/24), IL7220(05/09), IL7306(08/98), IL8383.2A(12/20), IL8384A(01/08)

Date of Issue: 03/12/2025

Commercial Property Policy Declarations

Endorsement Schedule

Form	Edition Date	Description/Additional Information	Premium
CP 00 90	07 88	Commercial Property Conditions	
CP 01 40	07 06	Exclusion Of Loss Due To Virus Or Bacteria	
CP 03 20	04 18	Multiple Deductible Form (Fixed Dollar Deductibles)	
CP 03 21	10 12	Windstorm Or Hail Percentage Deductible	
CP 10 75	12 20	Cyber Incident Exclusion	
CP 16 15A	02 12	Statement Of Values	
CP 70 01A	02 12	Commercial Property Schedule	
CP 71 21	11 23	Building and Personal Property Coverage Form - Public Entity	
CP 71 21.4	08 18	Property Coverage Part Public Entity	
CP 71 73	12 19	Cannabis Exclusion	
CP 71 75	09 24	Limitations On Coverage For Roof System Location 1 Building 1 Paragraph B Applies Location 2 Building 1 Paragraph B Applies Location 4	

Date of Issue: 03/12/2025



Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025-04/01/2026

Form	Edition Date	Description/Additional Information	Premium
		<p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 5</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 6</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 7</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 8</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 9</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 10</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 10</p> <p>Building 2</p> <p>Paragraph B Applies</p> <p>Location 11</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 12</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 13</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 14</p> <p>Building 1</p> <p>Paragraph B Applies</p> <p>Location 15</p> <p>Building 1</p>	

Date of Issue: 03/12/2025

Form IL7131A Ed. 04-01

04/01/2025

5A27073 2601



Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025-04/01/2026

Form	Edition Date	Description/Additional Information	Premium
		Paragraph B Applies Location 16 Building 1 Paragraph B Applies Location 17 Building 1 Paragraph B Applies Location 17 Building 2 Paragraph B Applies Location 18 Building 1 Paragraph B Applies Location 18 Building 2 Paragraph B Applies Location 18 Building 3 Paragraph B Applies Location 18 Building 4 Paragraph B Applies Location 19 Building 1 Paragraph B Applies	
CP 73 45	08 17	Canine Coverage Building and Personal Property Coverage Form	
CP 73 58	02 17	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)	
CP 80 36	07 21	Commercial Property Valuation Increase	
CP 81 18	02 24	Important Notice To Policyholders	

Date of Issue: 03/12/2025

Form IL7131A Ed. 04-01

04/01/2025

5A27073 2601



Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025–04/01/2026

Form	Edition Date	Description/Additional Information	Premium
CP 81 21	10 24	Important Notice To Policyholders	
IL 00 17	11 98	Common Policy Conditions	
IL 02 76	09 08	Iowa Changes - Cancellation And Nonrenewal	
IL 09 52	01 15	Cap On Losses From Certified Acts Of Terrorism	
IL 70 04	03 20	Mutual Policy Provisions	
IL 71 31A	04 01	Commercial Policy Endorsement Schedule	
IL 71 70	09 24	Actual Cash Value Definition	
IL 72 20	05 09	Iowa Changes- Actual Cash Value	
IL 73 06	08 98	Exclusion Of Certain Computer-Related Losses	
IL 83 83.2A	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act	\$162.00
IL 83 84A	01 08	Terrorism Notice	

Date of Issue: 03/12/2025

Form IL7131A Ed. 04-01

04/01/2025

5A27073 2601



Employers Mutual Casualty Company

POLICY NUMBER: 5A27073 - 26

EFF DATE: 04/01/2025 EXP DATE: 04/01/2026

T E R R O R I S M N O T I C E

THIS INSURANCE MAY INCLUDE COVERAGE FOR CERTIFIED ACTS OF TERRORISM
AS DEFINED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED.

ATTACHED YOU WILL FIND A DISCLOSURE, WHICH IDENTIFIES THE SPECIFIC
CHARGE FOR CERTIFIED ACTS OF TERRORISM.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

FOR ADDITIONAL INFORMATION, PLEASE CONTACT YOUR AGENT

DATE OF ISSUE: 03/12/2025

IL8384A(01-08)

04/01/2025

5A27073

2601

This endorsement is attached to and made part of your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act. This endorsement does not grant any coverage or change the terms and conditions of any coverage under the policy.

Disclosure Pursuant to Terrorism Risk Insurance Act

Schedule

Terrorism Premium (Certified Acts)	\$162.00
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A. Disclosure Of Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rate allocations in accordance with the procedures established by the Secretary of the Treasury.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.



Employers Mutual Casualty Company
Policy: 5A27073 - 26
Policy Term: 04/01/2025-04/01/2026

Commercial Property Schedule

Blanket coverage applies only as indicated by an entry below:

Blanket: 1

Building & Personal Property Combined: Only at Locations/Buildings as indicated in the Schedule below

Blanket Limit of Insurance \$7,114,614 **Coinsurance: 90%**

Locations

For inspection contact: See agent on Dec page

Location 1

107 N Monroe St
Monroe, IA 50170-7736

Building 1	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5 Occupancy: FIRE DEPARTMENT Deductible Per Occurrence: \$2,500 Except: 1% On Windstorm Or Hail					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
	YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

	Description: PROPERTY IN THE OPEN Deductible Per Occurrence: \$2,500 Except: 1% On Windstorm Or Hail					
Special Class 1	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Special Class 2	Description: PROPERTY IN THE OPEN - YOUR BUSINESS PERSONAL PROPERTY Deductible Per Occurrence: \$2,500					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 2

HWY F70 W

MONROE, IA 50170

	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5Y Occupancy: SEWAGE DISPOSAL PLANT - WEST LAGOON Deductible Per Occurrence: \$2,500					
Building 1	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
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Location 3

YORK AND MARION ST
MONROE, IA 50170

Special Class 1	Description: PROPERTY IN THE OPEN - YOUR BUSINESS PERSONAL PROPERTY Deductible Per Occurrence: \$2,500					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Special Class 2	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
	Description: PROPERTY IN THE OPEN Deductible Per Occurrence: \$2,500 Except: 1% On Windstorm Or Hail					
Special Class 2	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 4

107 N Monroe St Rear
Monroe, IA 50170-7736

Building 1	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: AMBULANCE BUILDING Deductible Per Occurrence: \$2,500					

Coverage	Limit of Insurance	Covered Causes of Loss	Coinurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 5

205 W American St
 Monroe, IA 50170-7809

Description: 1 Story Frame Building
In Protection Class: 5
Occupancy: SALT SHED
Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 6

E GRANT ST, BLOCK 65

MONROE, IA 50170

Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building

In Protection Class: 5

Occupancy: LIFT STATION

Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

Location 7

3202 E WASHINGTON ST

MONROE, IA 50170

Description: 1 Story Joisted Masonry - Other Than Reinforced Building

In Protection Class: 5

Occupancy: SEWER PLANT BUILDING & CONTROLS- EAST LAGOON

Deductible Per Occurrence: \$2,500

Except: 1% On Windstorm Or Hail

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
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Location 8

205 W American St
Monroe, IA 50170-7809

Description: 1 Story Joisted Masonry - Other Than Reinforced Building
In Protection Class: 5
Occupancy: MAINTENANCE BUILDING
Deductible Per Occurrence: \$2,500
 Except: 1% On Windstorm Or Hail

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 9

205 W American St Rear
Monroe, IA 50170-7809

Building 1

Description: 1 Story Non-Combustible - Light Steel Building
In Protection Class: 5
Occupancy: METAL POLE STORAGE BUILDING
Deductible Per Occurrence: \$2,500
 Except: 1% On Windstorm Or Hail

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 10

TOWN SQUARE
MONROE, IA 50170

Description: 1 Story Joisted Masonry - Other Than Reinforced Building

In Protection Class: 5Y

Occupancy: BAND STAND W/ ROOF

Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

	Description: 1 Story Frame Building In Protection Class: 5Y Occupancy: CONCESSION STAND Deductible Per Occurrence: \$2,500					
Building 2	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
	YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
	Description: PROPERTY IN THE OPEN Deductible Per Occurrence: \$2,500					
Special Class 1	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 11

507 N Commerce St

Monroe, IA 50170-7724

Location Description: TOOLS POINT

	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: SHELTER Deductible Per Occurrence: \$2,500
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Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Associated to Building: 1					
Description: PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT					
Deductible Per Occurrence: \$2,500					
Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 12

206 W Sherman St
Monroe, IA 50170-7706

Building 1	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: CITY HALL Deductible Per Occurrence: \$2,500 Except: 1% On Windstorm Or Hail
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Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025–04/01/2026

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 13

300 S 128TH AVE W
MONROE, IA 50170

Description: 1 Story Frame Building

In Protection Class: 5Y

Occupancy: LIFT STATION

Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

Location 14

103 S 128TH AVE W
MONROE, IA 50170

	Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building In Protection Class: 5Y Occupancy: LIFT STATION Deductible Per Occurrence: \$2,500					
Building 1	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

Location 15

416 S Buchanan St
Monroe, IA 50170-7889

	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: LIBRARY Deductible Per Occurrence: \$2,500 Except: 1% On Windstorm Or Hail					
Building 1	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
	YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 16

108 E Washington St
 Monroe, IA 50170-7830

Location Description: MADISON FIELD

Description: 1 Story Frame Building
In Protection Class: 5
Occupancy: TWO DUGOUTS
Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

Location 17

100 S Jasper St
 Monroe, IA 50170-7962

Description: 1 Story Non-Combustible - Light Steel Building
In Protection Class: 5
Occupancy: OPEN PARK SHELTER
Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
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Description: 1 Story Non-Combustible - Light Steel Building

In Protection Class: 5

Occupancy: MINIATURE STONE HOUSE

Deductible Per Occurrence: \$2,500

Building 2

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

Location 18

809 S Taylor St

Monroe, IA 50170-1039

Location Description: RECREATION PARK

Description: 1 Story Frame Building

In Protection Class: 5

Occupancy: OLD CONCESSION STAND

Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

	YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: (8) DUGOUTS AT RECREATION PARK Deductible Per Occurrence: \$2,500					
Building 2	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
Building 3	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5 Occupancy: CONCESSION STAND Deductible Per Occurrence: \$2,500					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building 3	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
	YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: 52X84 STORAGE BUILDING Deductible Per Occurrence: \$2,500 Except: 1% On Windstorm Or Hail					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building 4	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000
	Description: PROPERTY IN THE OPEN Deductible Per Occurrence: \$2,500					
Special Class 1	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
	Description: PROPERTY IN THE OPEN Deductible Per Occurrence: \$2,500					
Special Class 2	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Special Class 3	Description: PROPERTY IN THE OPEN Deductible Per Occurrence: \$2,500					

	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Description: PROPERTY IN THE OPEN - YOUR BUSINESS PERSONAL PROPERTY						
Deductible Per Occurrence: \$2,500						
Special Class 4	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Description: PROPERTY IN THE OPEN						
Deductible Per Occurrence: \$2,500						
Special Class 5	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Property In The Open	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 19

300 W LINCOLN ST
MONROE, IA 50170

Building 1	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: LIFT STATION Deductible Per Occurrence: \$2,500
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Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof System Debris Removal \$250,000

Location 20

703 W Washington St
Monroe, IA 50170-1044

Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building
In Protection Class: 5
Occupancy: WATER TREATMENT
Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
YOUR BUSINESS PERSONAL PROPERTY	\$6,713	Special	80%		Actual Cash Value Agreed Value

Location 21

700 W WASHINGTON ST
MONROE, IA 50170

Description: 1 Story Frame Building
In Protection Class: 5
Occupancy: STORAGE
Deductible Per Occurrence: \$2,500

Building 1

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages

Personal Property	\$6,453	Special	80%		Replacement Cost Agreed Value
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Miscellaneous Location Level Coverages

See coverage form for deductible amounts applicable to these coverages.

Location	Coverage	Limit of Insurance
1	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
1	Fire Department Service Charge	\$50,000
2	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
2	Fire Department Service Charge	\$50,000
3	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
3	Fire Department Service Charge	\$50,000
4	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
4	Fire Department Service Charge	\$50,000
5	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
5	Fire Department Service Charge	\$50,000
6	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
6	Fire Department Service Charge	\$50,000
7	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
7	Fire Department Service Charge	\$50,000
8	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
8	Fire Department Service Charge	\$50,000
9	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
9	Fire Department Service Charge	\$50,000
10	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
10	Fire Department Service Charge	\$50,000
11	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
11	Fire Department Service Charge	\$50,000



Employers Mutual Casualty Company
Policy: 5A27073 - 26
Policy Term: 04/01/2025–04/01/2026

Location	Coverage	Limit of Insurance
12	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
12	Fire Department Service Charge	\$50,000
13	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
13	Fire Department Service Charge	\$50,000
14	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
14	Fire Department Service Charge	\$50,000
15	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
15	Fire Department Service Charge	\$50,000
16	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
16	Fire Department Service Charge	\$50,000
17	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
17	Fire Department Service Charge	\$50,000
18	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
18	Fire Department Service Charge	\$50,000
19	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
19	Fire Department Service Charge	\$50,000
20	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
20	Fire Department Service Charge	\$50,000
21	Public Entity Location Additional Coverages and Coverage Extensions	See Coverage Form
21	Fire Department Service Charge	\$50,000

Miscellaneous Policy Level Coverages

Public Entity Line Additional Coverages and Coverage Extensions	See Coverage Form
Canine Coverage Building and Personal Property Coverage Form	See Coverage Form
Unreported Buildings, Structures and Outdoor Fixtures	\$50,000



Employers Mutual Casualty Company
Policy: 5A27073 - 26
Policy Term: 04/01/2025–04/01/2026

Equipment Breakdown Endorsement

See Coverage Form

Coverages

Expediting Expenses	\$100,000
Hazardous Substances	\$100,000
Perishable Goods/Spoilage	\$100,000

Date of Issue: 03/12/2025

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Form CP7001A Ed. 02-12

04/01/2025

5A27073 2601

Statement of Values

Location 1

107 N Monroe St
Monroe, IA 50170-7736

	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5 Occupancy: FIRE DEPARTMENT		
	Coverage	100% Values	Value Type
Building 1	Building	\$878,468.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$342,409.00	Replacement Cost
In Protection Class: 5			
Special Class 1	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN	831,892	Replacement Cost
In Protection Class: 5			
Special Class 2	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN - YOUR BUSINESS PERSONAL PROPERTY	1,423	Replacement Cost

Location 2

HWY F70 W
MONROE, IA 50170

	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5Y Occupancy: SEWAGE DISPOSAL PLANT - WEST LAGOON		
Building 1			

Date of Issue: 03/12/2025



Employers Mutual Casualty Company
Policy: 5A27073 - 26
Policy Term: 04/01/2025–04/01/2026

	Coverage	100% Values	Value Type
Building 1	Building	\$130,244.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$5,073.00	Replacement Cost

Location 3

YORK AND MARION ST
MONROE, IA 50170

	In Protection Class: 5Y		
Special Class 1	Coverage		
	PROPERTY IN THE OPEN - YOUR BUSINESS PERSONAL PROPERTY	711	Replacement Cost
	In Protection Class: 5Y		
Special Class 2	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN	1,000,830	Replacement Cost

Location 4

107 N Monroe St Rear
Monroe, IA 50170-7736

	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: AMBULANCE BUILDING		
Building 1	Coverage	100% Values	Value Type
	Building	\$235,358.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$136,964.00	Replacement Cost

Date of Issue: 03/12/2025

Location 5

205 W American St
Monroe, IA 50170-7809

Building 1	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: SALT SHED		
	Coverage	100% Values	Value Type
	Building	\$32,469.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$6,848.00	Replacement Cost

Location 6

E GRANT ST, BLOCK 65
MONROE, IA 50170

Building 1	Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building In Protection Class: 5 Occupancy: LIFT STATION		
	Coverage	100% Values	Value Type
	Building	\$145,229.00	Replacement Cost

Location 7

3202 E WASHINGTON ST
MONROE, IA 50170

Date of Issue: 03/12/2025

Building 1	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5 Occupancy: SEWER PLANT BUILDING & CONTROLS- EAST LAGOON		
	Coverage	100% Values	Value Type
	Building	\$433,609.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$20,544.00	Replacement Cost

Location 8

205 W American St
Monroe, IA 50170-7809

Building 1	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5 Occupancy: MAINTENANCE BUILDING		
	Coverage	100% Values	Value Type
	Building	\$408,846.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$54,785.00	Replacement Cost

Location 9

205 W American St Rear
Monroe, IA 50170-7809

Building 1	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: METAL POLE STORAGE BUILDING		

Date of Issue: 03/12/2025

	Coverage	100% Values	Value Type
Building 1	Building	\$268,294.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$68,481.00	Replacement Cost

Location 10

TOWN SQUARE
MONROE, IA 50170

	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5Y Occupancy: BAND STAND W/ ROOF		
Building 1	Coverage	100% Values	Value Type
	Building	\$87,868.00	Replacement Cost
		YOUR BUSINESS PERSONAL PROPERTY	\$685.00
Building 2	Description: 1 Story Frame Building In Protection Class: 5Y Occupancy: CONCESSION STAND		
	Coverage	100% Values	Value Type
		Building	\$5,271.00
		YOUR BUSINESS PERSONAL PROPERTY	\$685.00
Special Class 1	In Protection Class: 5Y		
	Coverage	100% Values	Value Type
		PROPERTY IN THE OPEN	6,881
			Replacement Cost

Date of Issue: 03/12/2025



Employers Mutual Casualty Company
Policy: 5A27073 - 26
Policy Term: 04/01/2025–04/01/2026

Location 11

507 N Commerce St

Monroe, IA 50170-7724

Location Description: TOOLS POINT

	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: SHELTER		
Building 1	Coverage	100% Values	Value Type
	Building	\$21,254.00	Replacement Cost
YOUR BUSINESS PERSONAL PROPERTY			\$685.00
Special Class 1	In Protection Class: 5		
	Coverage	100% Values	Value Type
PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT			28,456
			Replacement Cost

Location 12

206 W Sherman St

Monroe, IA 50170-7706

	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: CITY HALL		
Building 1	Coverage	100% Values	Value Type
	Building	\$457,592.00	Replacement Cost
YOUR BUSINESS PERSONAL PROPERTY			\$34,242.00

Date of Issue: 03/12/2025



Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025–04/01/2026

Location 13

300 S 128TH AVE W
MONROE, IA 50170

Building 1	Description: 1 Story Frame Building In Protection Class: 5Y Occupancy: LIFT STATION		
	Coverage	100% Values	Value Type
	Building	\$133,238.00	Replacement Cost

Location 14

103 S 128TH AVE W
MONROE, IA 50170

Building 1	Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Light Steel Building In Protection Class: 5Y Occupancy: LIFT STATION		
	Coverage	100% Values	Value Type
	Building	\$135,705.00	Replacement Cost

Location 15

416 S Buchanan St
Monroe, IA 50170-7889

Building 1	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: LIBRARY		
	Coverage	100% Values	Value Type
	Building	\$655,654.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$246,535.00	Replacement Cost

Date of Issue: 03/12/2025

Form: CP1615A Ed. 2-12

04/01/2025

5A27073 2601

Location 16

108 E Washington St
Monroe, IA 50170-7830

Location Description: MADISON FIELD

Building 1	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: TWO DUGOUTS		
	Coverage	100% Values	Value Type
	Building	\$3,659.00	Replacement Cost

Location 17

100 S Jasper St
Monroe, IA 50170-7962

Building 1	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: OPEN PARK SHELTER		
	Coverage	100% Values	Value Type
	Building	\$8,117.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$685.00	Replacement Cost
Building 2	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: MINIATURE STONE HOUSE		
	Coverage	100% Values	Value Type
	Building	\$24,353.00	Replacement Cost

Date of Issue: 03/12/2025



Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025-04/01/2026

Location 18

809 S Taylor St
Monroe, IA 50170-1039

Location Description: RECREATION PARK

Building 1	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: OLD CONCESSION STAND		
	Coverage	100% Values	Value Type
Building 2	Building	\$6,399.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$685.00	Replacement Cost
Building 3	Description: 1 Story Frame Building In Protection Class: 5 Occupancy: (8) DUGOUTS AT RECREATION PARK		
	Coverage	100% Values	Value Type
Building 3	Building	\$26,206.00	Replacement Cost
	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 5 Occupancy: CONCESSION STAND		
Building 3	Coverage	100% Values	Value Type
	Building	\$121,766.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$685.00	Replacement Cost

Date of Issue: 03/12/2025

Form: CP1615A Ed. 2-12

04/01/2025

5A27073 2601

	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: 52X84 STORAGE BUILDING		
Building 4	Coverage	100% Values	Value Type
	Building	\$457,424.00	Replacement Cost
Special Class 1	In Protection Class: 5		
	Coverage	100% Values	Value Type
Special Class 2	PROPERTY IN THE OPEN	53,630	Replacement Cost
	In Protection Class: 5		
Special Class 3	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN	118,427	Replacement Cost
Special Class 4	In Protection Class: 5		
	Coverage	100% Values	Value Type
Special Class 5	PROPERTY IN THE OPEN - YOUR BUSINESS PERSONAL PROPERTY	105,694	Replacement Cost
	In Protection Class: 5		
	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN	711	Replacement Cost
	In Protection Class: 5		
	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN	14,228	Replacement Cost

Date of Issue: 03/12/2025



Employers Mutual Casualty Company

Policy: 5A27073 - 26

Policy Term: 04/01/2025–04/01/2026

Location 19

300 W LINCOLN ST
MONROE, IA 50170

	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 5 Occupancy: LIFT STATION	
Building 1	Coverage	100% Values

Building \$145,229.00

Total Building \$4,822,252.00 RC

Total Personal Property \$919,991.00 RC

Total Property in the Open \$2,162,883.00 RC

Combined Total \$7,905,126.00

1. Values shown must be 100% actual cash value or replacement cost and should reflect coverage basis for each item of buildings, personal property or both.
2. Value shall be submitted to insurance company, subject to its acceptance.
3. Nothing contained in these instructions shall be construed as changing in any manner the conditions of this policy.
4. 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.

All values submitted are correct to the best of my knowledge and belief.

Signed: _____

Title: _____ Date: _____

Date of Issue: 03/12/2025

Form: CP1615A Ed. 2-12

04/01/2025

5A27073 2601



Employers Mutual Casualty Company
Policy: 5D27073 - 26
Policy Term: 04/01/2025–04/01/2026

General Liability Declarations

Named Insured

CITY OF MONROE
PO BOX 370
MONROE, IA 50170-0370
DIRECT BILL

Producer

ASSUREDPARTNERS GREAT PLAINS DBA VAN
GORP-EDWARDS
723 MAIN ST
PO BOX 85
PELLA, IA 50219-0085
AGENT NO. A5739
AGENT PHONE: 641-628-4100
CLAIM REPORTING: 888-362-2255
SERVICING CARRIER: 515-280-2604

This policy renewal is offered contingent upon the receipt of payment which is due on **05/01/2025**.

Limits of Insurance

Each Occurrence Limit	\$2,000,000
Damage To Premises Rented To You Limit	\$300,000 (any one premises)
Medical Expense Limit	\$5,000 (any one person)
Personal and Advertising Injury Limit	\$2,000,000 (any one person or organization)
General Aggregate Limit	\$4,000,000
Products/Completed Operations Aggregate Limit	\$4,000,000

Coverages Provided

Other Than Products/Completed Operations	\$8,187.00
Total Estimated Policy Premium	\$8,187.00

See attached schedule for location of all premises owned, rented or occupied.

Date of Issue: 03/12/2025

Form CG7000A Ed. 08-99

04/01/2025

5D27073 2601



EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

EFF DATE: 04/01/25

POLICY NO: 5E2-70-73---26
EXP DATE: 04/01/26

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO COVERAGE FORM

SUPPLEMENTARY SCHEDULE

ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

THE LIMIT OF INSURANCE FOR THE COVERAGE SHOWN BELOW IS THE LIMIT OF INSURANCE SHOWN FOR THE STATE WHERE A COVERED 'AUTO' IS PRINCIPALLY GARAGED. REFER TO THE SPECIFIC COVERAGE ENDORSEMENT FOR THE DESCRIPTION OF THE COVERAGE PROVIDED FOR EACH STATE LISTED BELOW.

COVERAGE

UNINSURED MOTORISTS LIMIT OF INSURANCE

"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED ST	"BODILY INJURY" EACH PERSON EACH "ACCIDENT" SINGLE LIMIT	"BODILY INJURY" EACH "ACCIDENT" EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
IA			\$ 1,000,000

UNDERINSURED MOTORISTS LIMIT OF INSURANCE

(WHEN NOT INCLUDED IN UNINSURED MOTORISTS COVERAGE)

"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED ST	"BODILY INJURY" EACH PERSON EACH "ACCIDENT" SINGLE LIMIT	"BODILY INJURY" EACH "ACCIDENT" EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
IA			\$ 1,000,000



PAGE NO: 7

EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25 EXP DATE: 04/01/26

VEH NO 14 TERR: 123
 2017 FORD AMBULANCE ID NO 1FDUF4HT0HEE06778.
 ADDITIONAL INFORMATION:
 COST NEW: 180947 RADIUS:
 AGE: LIAB-d PHYS-D
 AMBULANCE CLASS: 7919
 COVERED AUTOS LIABILITY .\$. 1,610.00
 AUTO MEDICAL PAYMENTS .\$. 8.00
 UNINSURED MOTORISTS .\$. INCLUDED
 UNDERINSURED MOTORISTS .\$. INCLUDED
 COMPREHENSIVE ACV 1000 DED .\$. 326.00
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	. 579.00
		TOTAL VEHICLE PREMIUM	.\$. 2,580.00

VEH NO 15 TERR: 123			.
2019 FORD SUPER DUTY		ID NO 1FTBF2B61KEE83346.	.
ADDITIONAL INFORMATION:			.
COST NEW: 49285 RADIUS: LOCAL		USE: SERVICE	.
AGE: LIAB-B PHYS-B			.
LIGHT TRUCK CLASS: 01499			.
COVERED AUTOS LIABILITY		.\$. 893.00	
AUTO MEDICAL PAYMENTS		.\$. 8.00	
UNINSURED MOTORISTS		.\$. INCLUDED	
UNDERINSURED MOTORISTS		.\$. INCLUDED	
COMPREHENSIVE ACV 1000 DED		.\$. 461.00	
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM			
FOR DETAILS.)			

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	. 458.00
		TOTAL VEHICLE PREMIUM	.\$. 1,877.00

VEH NO 16 TERR: 123			.
2022 DODGE DURANGO		ID NO 1C4RDJFG5NC137124.	.
ADDITIONAL INFORMATION:			.
COST NEW: 40090 RADIUS: LOCAL		USE: SERVICE	.
AGE: LIAB-4 PHYS-4			.
LIGHT TRUCK CLASS: 01499			.
COVERED AUTOS LIABILITY		.\$. 935.00	
AUTO MEDICAL PAYMENTS		.\$. 8.00	
UNINSURED MOTORISTS		.\$. INCLUDED	
UNDERINSURED MOTORISTS		.\$. INCLUDED	



INSURANCE

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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25

EXP DATE: 04/01/26

COMPREHENSIVE ACV 1000 DED . 543.00
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	635.00
		TOTAL VEHICLE PREMIUM	\$.	2,178.00

VEH NO 17 TERR: 123
 2022 GMC\CHEVY 6500HD ID NO 1HTKJPVMXNH763844.
 ADDITIONAL INFORMATION: W/EQUIPMENT
 COST NEW: 220000 RADIUS: USE: NA .
 AGE: LIAB-4 PHYS-4
 FIRE DEPT VEHICLE CLASS: 7909 .
 COVERED AUTOS LIABILITY . \$ 828.00
 AUTO MEDICAL PAYMENTS . 8.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE 220000 1000 DED . 314.00
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
 FOR DETAILS.)

REPLACEMENT COST - REFER TO CA7414

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	220000	1000 DED	.	439.00
REPLACEMENT COST - REFER TO	CA7414			
		TOTAL VEHICLE PREMIUM	\$.	1,646.00

VEH NO 18 TERR: 123
 2022 GMC\CHEVY 5500HD ID NO 1HTKJPVK8NH642910.
 ADDITIONAL INFORMATION:
 COST NEW: 110413 RADIUS: LOCAL USE: SERVICE .
 AGE: LIAB-4 PHYS-4
 MEDIUM TRUCK CLASS: 21499 .
 COVERED AUTOS LIABILITY . \$ 1,061.00
 AUTO MEDICAL PAYMENTS . 8.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED

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CA7001A 02-22 BPPCONTINUED
04/01/25 062 LD 5E27073 2601



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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25 EXP DATE: 04/01/26

COMPREHENSIVE ACV 1000 DED . 833.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	767.00
		TOTAL VEHICLE PREMIUM	\$.	2,726.00

VEH NO 19 TERR: 123				
2016 FORD EXPLORER		ID NO 1FM5K8AR2GGC25982		
ADDITIONAL INFORMATION: POLICE				
COST NEW: 34470 RADIUS:		USE: NA	.	
AGE: LIAB-e PHYS-E			.	
LAW ENFORCEMENT VEH	CLASS: 7912		.	
COVERED AUTOS LIABILITY			\$.	1,289.00
AUTO MEDICAL PAYMENTS			.	8.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE ACV	1000 DED	.		383.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	324.00
		TOTAL VEHICLE PREMIUM	\$.	2,061.00

ITEM 3 PREMIUM SUMMARY				
COVERED AUTOS LIABILITY			\$.	16,440.00
AUTO MEDICAL PAYMENTS			.	148.00
UNINSURED MOTORISTS			.	169.00
UNDERINSURED MOTORISTS			.	890.00
COMPREHENSIVE			.	5,479.00
COLLISION			.	6,574.00

		TOTAL	\$.	29,700.00

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC., WITH ITS PERMISSION.
DATE OF ISSUE 03/12/25 (BPP)

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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

EFF DATE: 04/01/25

POLICY NUMBER 5E2-70-73
EXP DATE: 04/01/26

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM FOUR: SCHEDULE OF HIRED OR BORROWED COVERED AUTO
COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE - COST OF HIRE BASIS
FOR AUTOS **NOT** USED IN YOUR MOTOR

CARRIER OPERATIONS (OTHER THAN MOBILE OR FARM EQUIPMENT)

COVERED AUTOS STATE	ESTIMATED ANNUAL COST OF	RATE	PREMIUM
LIABILITY COVERAGE	HIRE FOR ALL STATES		

EXCESS	IA	IF ANY	100	\$	168.00
FOR 'AUTOS' NOT USED IN YOUR MOTOR CARRIER OPERATIONS, 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 OR 'EMPLOYEES' OR THEIR FAMILY MEMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR CARRIERS OF PROPERTY OR PASSENGERS.					

PHYSICAL DAMAGE COVERAGES - COST OF HIRE RATING BASIS FOR ALL AUTOS
(OTHER THAN MOBILE OR FARM EQUIPMENT)

STATE	COVERAGE	DEDUCTIBLE	RATE	PREMIUM
-----	-----	-----	-----	-----
IA	COMPREHENSIVE	\$ 250 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	.41	\$.00
(A Maximum deductible may also apply. Refer to Coverage Form for details.)				
COLLISION			1.28	\$.00

150.00MP				

FOR PHYSICAL DAMAGE COVERAGES, 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 OR 'EMPLOYEES' OR THEIR FAMILY MEMBERS).
COST OF HIRE DOES NOT INCLUDE CHARGES FOR ANY 'AUTO' THAT IS LEASED, HIRED,
RENTED OR BORROWED WITH A DRIVER.

TOTAL PREMIUM \$ 318.00

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

PREMIUM

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CA7002A

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BPP

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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25

EXP DATE: 04/01/26

VEH NO 12 TERR: 123
2015 CHEVROLET SILVERADO PU ID NO 1GB3KYCG0FZ119528.

ADDITIONAL INFORMATION:

COST NEW: 34940 RADIUS:

AGE: LIAB-f PHYS-F

FIRE DEPT VEHICLE CLASS: 7909

COVERED AUTOS LIABILITY	.\$	828.00	
AUTO MEDICAL PAYMENTS	.\$	8.00	
UNINSURED MOTORISTS	.\$	INCLUDED	
UNDERINSURED MOTORISTS	.\$	INCLUDED	
COMPREHENSIVE	60000	1000 DED	183.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM			
FOR DETAILS.)			

REPLACEMENT COST - REFER TO CA7414

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	60000	1000 DED	299.00
REPLACEMENT COST - REFER TO	CA7414		
TOTAL VEHICLE PREMIUM			.\$ 1,375.00

VEH NO 13 TERR: 123

2017 CHEVY TAHOE 4DR 4WD ID NO 1GNSKDEC5HR282096.

ADDITIONAL INFORMATION:

COST NEW: 50215 RADIUS:

AGE: LIAB-d PHYS-D

LAW ENFORCE PRIV PASS CLASS: 7911

COVERED AUTOS LIABILITY	.\$	905.00	
AUTO MEDICAL PAYMENTS	.\$	10.00	
UNINSURED MOTORISTS	.\$	INCLUDED	
UNDERINSURED MOTORISTS	.\$	INCLUDED	
COMPREHENSIVE	ACV	1000 DED	663.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM			
FOR DETAILS.)			

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	612.00
TOTAL VEHICLE PREMIUM			.\$ 2,280.00

Add 2025 Tahoe
Id No. 1GNSL0UED4SR375051



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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25

EXP DATE: 04/01/26

VEH NO 10 TERR: 123

1996 FORD W82

ID NO 1FDZW82E7TVA13991.

ADDITIONAL INFORMATION:

COST NEW: 59617 RADIUS: LOCAL USE: SERVICE

AGE: LIAB-S PHYS-Z

HEAVY TRUCK CLASS: 31499

COVERED AUTOS LIABILITY

\$ 934.00

8.00

AUTO MEDICAL PAYMENTS

INCLUDED

UNINSURED MOTORISTS

INCLUDED

UNDERINSURED MOTORISTS

332.00

COMPREHENSIVE 39000 1000 DED

\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 39000 1000 DED 535.00

STATED AMOUNT - REFER TO CA9928

TOTAL VEHICLE PREMIUM \$ 1,866.00

VEH NO 11 TERR: 123

ID NO 1FTMF1EM7EKE58163.

2014 FORD F150 PICKUP

ADDITIONAL INFORMATION:

COST NEW: 28855 RADIUS: LOCAL USE: SERVICE

AGE: LIAB-G PHYS-G

LIGHT TRUCK CLASS: 01499

COVERED AUTOS LIABILITY

\$ 726.00

8.00

AUTO MEDICAL PAYMENTS

INCLUDED

UNINSURED MOTORISTS

INCLUDED

UNDERINSURED MOTORISTS

248.00

COMPREHENSIVE ACV 1000 DED

\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED 178.00

TOTAL VEHICLE PREMIUM \$ 1,217.00

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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25

EXP DATE: 04/01/26

VEH NO 8 TERR: 123
2007 FREIGHTLIN M2 106V PUMPER ID NO 1FVACYDC17HY61623.
ADDITIONAL INFORMATION:
COST NEW: 250000 RADIUS:
AGE: LIAB-x PHYS-N
FIRE DEPT VEHICLE CLASS: 7909
COVERED AUTOS LIABILITY . \$ 828.00
AUTO MEDICAL PAYMENTS . 8.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE 250000 5000 DED . 251.00
\$ 5000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

REPLACEMENT COST - REFER TO CA7414

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	250000	5000 DED	. \$ 325.00
REPLACEMENT COST - REFER TO	CA7414		
		TOTAL VEHICLE PREMIUM	. \$ 1,469.00

VEH NO 9 TERR: 123
2010 FREIGHTLIN M2 106V SNOW PLOW ID NO 1FVAC3DJ3ADAP3137.
ADDITIONAL INFORMATION:
COST NEW: 104797 RADIUS: LOCAL USE: SERVICE
AGE: LIAB-K PHYS-K
HEAVY TRUCK CLASS: 31479
COVERED AUTOS LIABILITY . \$ 793.00
AUTO MEDICAL PAYMENTS . 8.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 354.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	. \$ 554.00
		TOTAL VEHICLE PREMIUM	. \$ 1,766.00



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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26

EFF DATE: 04/01/25

EXP DATE: 04/01/26

COMPREHENSIVE ACV 1000 DED . 53.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	88.00
		TOTAL VEHICLE PREMIUM	\$. \$	1,034.00

VEH NO 6 TERR: 123
2003 FORD F-150 ID NO 1FTRF17263NB24848.

ADDITIONAL INFORMATION:

COST NEW: 29955 RADIUS: LOCAL USE: SERVICE .

AGE: LIAB-T PHYS-

LIGHT TRUCK CLASS: 01499 . \$ 601.00

COVERED AUTOS LIABILITY . \$ 8.00

AUTO MEDICAL PAYMENTS . INCLUDED

UNINSURED MOTORISTS . INCLUDED

UNDERINSURED MOTORISTS . INCLUDED

TOTAL VEHICLE PREMIUM . \$ 666.00

VEH NO 7 TERR: 123
2005 FORD E450SD AMBULANCE ID NO 1FDXE45P05HA09234.

ADDITIONAL INFORMATION:

COST NEW: 110666 RADIUS: USE: NA .

AGE: LIAB-X PHYS-Q

AMBULANCE CLASS: 7919 . \$ 1,610.00

COVERED AUTOS LIABILITY . \$ 8.00

AUTO MEDICAL PAYMENTS . INCLUDED

UNINSURED MOTORISTS . INCLUDED

UNDERINSURED MOTORISTS . INCLUDED

COMPREHENSIVE ACV 1000 DED . \$ 145.00

\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	258.00
		TOTAL VEHICLE PREMIUM	\$. \$	2,078.00

DATE OF ISSUE 03/12/25 (BPP)
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EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26
EFF DATE: 04/01/25 EXP DATE: 04/01/26

VEH NO 3 TERR: 123
1989 ELGIN STREET SWEEPER ID NO .
ADDITIONAL INFORMATION:
COST NEW: 32010 RADIUS: USE: NA .
AGE: LIAB-x PHYS-Z .
SPEC MOBILE EQUIPMENT CLASS: 7996 .
COMPREHENSIVE ACV 1000 DED . 84.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	143.00
		TOTAL VEHICLE PREMIUM	\$ 227.00

VEH NO 4 TERR: 123			
2000 GMC\CHEVY C7500	FIRE TK	ID NO 1GDL7H1C6YJ504487.	
ADDITIONAL INFORMATION:			
COST NEW: 85557 RADIUS:	USE: NA		.
AGE: LIAB-x PHYS-W			.
FIRE DEPT VEHICLE	CLASS: 7909		.
COVERED AUTOS LIABILITY			\$ 828.00
AUTO MEDICAL PAYMENTS			8.00
UNINSURED MOTORISTS			INCLUDED
UNDERINSURED MOTORISTS			INCLUDED
COMPREHENSIVE	ACV	1000 DED	94.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			.
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)			.

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	130.00
		TOTAL VEHICLE PREMIUM	\$ 1,117.00

VEH NO 5 TERR: 123			
2002 CHEVROLET 2500	FIRE TRK	ID NO 1GCHK24G22E150746.	
ADDITIONAL INFORMATION:			
COST NEW: 25602 RADIUS:	USE: NA		.
AGE: LIAB-x PHYS-U			.
FIRE DEPT VEHICLE	CLASS: 7909		.
COVERED AUTOS LIABILITY			\$ 828.00
AUTO MEDICAL PAYMENTS			8.00
UNINSURED MOTORISTS			INCLUDED
UNDERINSURED MOTORISTS			INCLUDED

EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NO: 5E2-70-73---26
EFF DATE: 04/01/25 EXP DATE: 04/01/26

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

LOC: 001 206 W SHERMAN ST .
MONROE IA. 50170-7706

VEH NO 1 TERR: 123
1939 DODGE TE32 FIRE TRUCK ID NO 8286997 .

ADDITIONAL INFORMATION:

COST NEW: 10000 RADIUS: USE: NA .

AGE: LIAB-x PHYS-x .

ANTIQUE AUTOMOBILES CLASS: 9625 .

COVERED AUTOS LIABILITY . \$ 115.00

AUTO MEDICAL PAYMENTS . 10.00

UNINSURED MOTORISTS . INCLUDED

UNDERINSURED MOTORISTS . INCLUDED

COMPREHENSIVE 10000 500 DED . 150.00

\$ 500 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO

(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

STATED AMOUNT - REFER TO CA9928

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION 10000 500 DED . 162.00

STATED AMOUNT - REFER TO CA9928 .

TOTAL VEHICLE PREMIUM . \$ 494.00

VEH NO 2 TERR: 123

1988 GMC\CHEVY C7D042 ID NO 1GBL7D1G7JV104750.

ADDITIONAL INFORMATION:

COST NEW: 47000 RADIUS: USE: NA .

AGE: LIAB-x PHYS-Z .

FIRE DEPT VEHICLE CLASS: 7909 .

COVERED AUTOS LIABILITY . \$ 828.00

AUTO MEDICAL PAYMENTS . 8.00

UNINSURED MOTORISTS . INCLUDED

UNDERINSURED MOTORISTS . INCLUDED

COMPREHENSIVE ACV 1000 DED . 62.00

\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO

(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 88.00

TOTAL VEHICLE PREMIUM . \$ 1,043.00

EMPLOYERS MUTUAL CASUALTY COMPANY (15539) PRIOR POLICY: 5H2-70-73-25
RENEWAL INFORMATION PAGE WC000001A
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

THIS INFORMATION PAGE ALONG WITH THE 'POLICY
PROVISIONS' COMPLETES THE NUMBERED POLICY.

* POLICY NUMBER *
* 5 H 2 - 7 0 - 7 3 --26 *

ITEM 1

N A M E D I N S U R E D :

P R O D U C E R :

CITY OF MONROE
PO BOX 370
MONROE IA 50170-0370

ASSUREDPARTNERS GREAT PLAINS
DBA VAN GORP-EDWARDS
723 MAIN ST
PO BOX 85
PELLA IA 50219-0085

DIRECT BILL

AGENT: AA 5739
AGENT PHONE: (641) 628-4100
CLAIM REPORTING: (888) 362-2255
SERVICING CARRIER: (515) 280-2604

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT
WHICH IS DUE ON 04/01/25.

INSURED IS: MUNICIPALITY
BUS DESC: MUNICIPALITY
INTRASTATE ID: 140497177
FED. EMPLOYER'S ID: 426004975
IA UNEMPLOYMENT ACCOUNT NUMBER: 102415 7
SIC CODE: 9011

ITEM 2 POLICY PERIOD: FROM: APR/01/25 TO: APR/01/26
AT 12:01 A.M., STANDARD TIME AT THE INSURED'S MAILING ADDRESS

ITEM 3

- A. WORKERS' COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS' COMPENSATION LAW OF THE STATES LISTED HERE; IA
- B. EMPLOYERS' LIABILITY INS.: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3.A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE
 - BODILY INJURY BY ACCIDENT \$ 500,000 EACH ACCIDENT
 - BODILY INJURY BY DISEASE \$ 500,000 EACH EMPLOYEE
 - BODILY INJURY BY DISEASE \$ 500,000 POLICY LIMIT
- C. OTHER STATES INS: PART THREE OF THE POLICY APPLIES TO ALL STATES EXCEPT ME, ND, OH, WA, WY AND STATES DESIGNATED IN ITEM 3.A SHOWN ABOVE.
- D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES:
0405B(04/24)*, IL7004(03/20)*, IL7131A(04/01)*, IL8383.2A(12/20)*,
IL8576(10/17)*, WC0000000C(01/15)*, WC000303C(10/04)*,
WC000406A(07/95)*, WC000414A(01/19)*, WC000419A(08/22)*,
WC000421F(08/22)*, WC000422C(01/21)*, WC000424(01/17)*,
WC000425(05/17)*, WC340301C(03/10)*, WC7003A(09/86)*, WC7005(07/11)*,
WC7107(04/92)*, WC8130(10/14)*

ITEM 4

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES,
CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS
SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

ESTIMATED

COPYRIGHT 1983 NATIONAL COUNCIL ON COMPENSATION INSURANCE
ISSUED FROM: EMC INSURANCE CO, PO BOX 712, DES MOINES, IA 50306
DATE OF ISSUE: 03/12/25 (BPP) COUNTERSIGNED BY: DATE:
FORM WC7002A 09/86 (BPP) 04/01/25 062 LD 5H27073 2601

EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

POLICY NUMBER: 5H2-70-73---26

EFF DATE: 04/01/25

EXP DATE: 04/01/26

WC000001A

	ANNUAL PREMIUM
SEE CLASSIFICATION OF OPERATIONS SCHEDULE ATTACHED	
PREMIUM SUBTOTAL - SEE SCHEDULE ATTACHED	. \$ 15,187.00
ADJUSTMENT FOR DEBIT/CREDIT SCHEDULE MODIFICATION	. \$ 1,505.00
LESS: ESTIMATED PREMIUM DISCOUNT	. \$ -335.00
EXPENSE CONSTANT	. \$ 160.00
MINIMUM PREMIUM \$1075 IOWA	ESTIMATED POLICY PREMIUM . \$ 16,517.00
<hr style="border-top: 1px dashed black;"/>	
TOTAL ESTIMATED POLICY PREMIUM . \$ 16,517.00	
<hr style="border-top: 1px dashed black;"/>	
INTERIM ADJUSTMENTS WILL BE MADE: ANNUALLY	

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ISSUED FROM: EMC INSURANCE CO, PO BOX 712, DES MOINES, IA 50306
DATE OF ISSUE: 03/12/25 (BPP) COUNTERSIGNED BY:

FORM WC7002A 09/86

(BPP)

DATE:
04/01/25 062 LD 5H27073 2601



EMPLOYERS MUTUAL CASUALTY COMPANY

COMMERCIAL UMBRELLA DECLARATIONS

Policy Period: From 04/01/25 to 04/01/26

* Policy Number *
* 5 J 2 - 7 0 - 7 3 --- 2 6 *

NAMED INSURED

CITY OF MONROE
PO BOX 370
MONROE IA 50170-0370

PRODUCER

ASSUREDPARTNERS GREAT PLAINS
DBA VAN GORP-EDWARDS
723 MAIN ST
PO BOX 85
PELLA IA 50219-0085

DIRECT BILL

AGENT: AA 5739
AGENT PHONE: (641) 628-4100
CLAIM REPORTING: (888) 362-2255
SERVICING CARRIER: (515) 280-2604THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT
WHICH IS DUE ON 04/01/25.

Insured is MUNICIPALITY Business Desc: MUNICIPALITY

C L A I M S M A D E C O V E R A G E

The Following Claims Made Coverage Applies: Excess and Wrongful Act
(Linebacker) Coverage. Please Read Your Policy Carefully.

L I M I T S O F I N S U R A N C E

Each Occurrence Limit (Liability Coverage) \$ 3,000,000

Personal & Advertising Injury Limit \$ 3,000,000
(Any one person or organization)Aggregate Limit (Liability Coverage) \$ 3,000,000
(except with respect to "covered autos")-----
PREMIUM NOT SUBJECT TO AUDIT \$ 5,453.00
-----A \$100 MINIMUM POLICY PREMIUM APPLIES
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE.

EMPLOYERS MUTUAL CASUALTY COMPANY
MONROE CITY OF

Policy Number: - -
Eff Date: 04/01/25 Exp Date: 04/01/26

Forms Applicable:

CU0001(04/13), CU0005(12/23), CU0220(09/00), CU2123(02/02),
CU2130(01/15), CU2136(01/15), CU2171(06/15), CU2186(12/23),
CU2209(04/13), CU2225(09/18), CU2409(03/05), CU2423(12/07),
CU3444(09/22)*, CU3454(05/23), CU3456(12/23), CU7001A(11/15),
CU7276(03/21), CU7290.1(10/23)*, CU7293(08/06), CU7294(08/06),
CU7299(08/06), CU7401(08/06), CU7404.1(10/08), CU7432.1(04/09),
CU7464(07/15), CU7486(10/22), CU7487(07/23), CU8160(12/23),
IL0017(11/98), IL7004(03/20), IL7131A(04/01)*, IL7168(01/22),
IL8383.2A(12/20), IL8384A(01/08), IL8771(10/23)*

Refer to prior distribution(s) for any forms not attached

EMPLOYERS MUTUAL CASUALTY COMPANY

PRIOR POLICY: 5K2-70-73

LINEBACKER PUBLIC OFFICIALS AND
EMPLOYMENT PRACTICES LIABILITY
DECLARATIONS

POLICY PERIOD: FROM 04/01/25 TO 04/01/26

* POLICY NUMBER *
* 5 K 2 - 7 0 - 7 3 - - 2 6 *

NAMED INSURED

PRODUCER

CITY OF MONROE
PO BOX 370
MONROE IA 50170-0370

ASSURED PARTNERS GREAT PLAINS
DBA VAN GORP-EDWARDS
723 MAIN ST
PO BOX 85
PELLA IA 50219-0085

DIRECT BILL

AGENT: AA 5739
AGENT PHONE: (641)628-4100
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (515)280-2604

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT
WHICH IS DUE ON 04/01/25.

INSURED IS: MUNICIPALITY BUSINESS DESC: MUNICIPALITY

* THIS IS A CLAIMS MADE POLICY *
* PLEASE READ CAREFULLY *

LIMITS OF LIABILITY
EACH LOSS \$ 2,000,000
AGGREGATE FOR EACH POLICY TERM \$ 2,000,000
INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) \$ 2,000

RETROACTIVE DATE AND EXCESS EXTENDED REPORTING PERIOD:
THIS INSURANCE DOES NOT APPLY TO WRONGFUL ACTS WHICH OCCUR
BEFORE THE RETROACTIVE DATE SHOWN BELOW.

RETROACTIVE DATE: 07/01/09

AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (5 YEARS)

TOTAL ADVANCE PREMIUM \$ 8,001.00