Proceedings of the City Council Recessed Meeting of the City of Bay St. Louis, State of Mississippi, taken at a Recessed Meeting held February 23, 2017 in the City Council Chambers at the Bay St. Louis Conference Center at 598 Main Street. The meeting began at 6:30 p.m.

ATTENDANCE:

COUNCIL: Lonnie Falgout President (Ward 6), Mike Favre (Council Member-at-Large), Doug Seal (Ward 1), Bobby Compretta (Ward 4) and Joey Boudin, (Ward 5)

COUNCIL STAFF: Lisa Tilley, Clerk of Council

ADMINISTRATIVE STAFF: Les Fillingame, Mayor, Sissy Gonzales, City Clerk/Comptroller and Trent Favre, City Attorney

ABSENT: Wendy McDonald (Ward 2) and Jeff Reed (Ward 3)

Council Member Favre called the Recessed Meeting of February 23, 2017 to order.

BUDGET AMENDMENTS

City Clerk/Comptroller Gonzales discussed several amendments with the City Council including the DOJ funds, King Land fill in the Public Works line item, adjustment of attorney's fees, payroll savings and approximately $105,000.00 for utilities from October and November of 2015. Total budget amendments will be $563,968.54.

City Clerk/Comptroller Gonzales discussed the insurance renewals for the property insurance and liability insurance.

Motion to authorize Mayor Fillingame to execute the insurance proposal renewals for the property insurance and liability insurance, in the total amount of $183,179.96

Council Member Falgout moved, seconded by Council Member Seal, to authorize Mayor Fillingame to execute the insurance proposal renewals for the property insurance and liability insurance, in the total amount of $183,179.96. (Summary page and email from City Clerk/Comptroller Gonzales as Exhibit "A")

A vote was called for with the following response:

VOTING YEA: Compretta, Favre, Falgout, Boudin and Seal

VOTING NAY: None ABSENT: Reed and McDonald

BAY SAINT LOUIS HARBOR SLIP RATES

Motion to approve the rate increases proposed by the Bay Saint Louis Municipal Harbor Commission for the Bay Saint Louis Municipal Harbor slip rates and utility fees, increase effective April 1, 2017

Council Member Seal moved, seconded by Council Member Boudin, to approve the rate increases proposed by the Bay Saint Louis Municipal Harbor Commission for the Bay Saint Louis Municipal Harbor slip rates and utility fees, increase effective April 1, 2017. (Slip Rates and Utility Fees as Exhibit "B")

A vote was called for with the following response:

VOTING YEA: Compretta, Favre, Falgout, Boudin and Seal

VOTING NAY: None ABSENT: Reed and McDonald

SPECIAL EVENT PERMITS

Motion to rescind the "Motion to place a moratorium on all Special Event Permits beginning February 22, 2017 with no Special Event Permits being

issued without prior Bay Saint Louis City Council approval until an ordinance is written and adopted by the Bay Saint Louis City Council regulating special events" made at the February 21, 2017 City Council meeting and to remove the moratorium on Special Event Permits

Council Member Boudin moved, seconded by Council Member Seal, to rescind the "Motion to place a moratorium on all Special Event Permits beginning February 22, 2017 with no Special Event Permits being issued without prior Bay Saint Louis City Council approval until an ordinance is written and adopted by the Bay Saint Louis City Council regulating special events" made at the February 21, 2017 City Council meeting and to remove the moratorium on Special Event Permits. Motion was rescinded as this action is an Executive branch privilege not a Legislative branch privilege.

A vote was called for with the following response:

VOTING YEA: Compretta, Favre, Falgout, Boudin and Seal

VOTING NAY: None ABSENT: Reed and McDonald

Motion to add amendments to the Noise Ordinance, 42203, effective as an emergency as stated in Mississippi Code Annotated §21-13-11

Council Member Favre moved, seconded by Council Member Seal, to add amendments to the Noise Ordinance, 42203, effective as an emergency as stated in Mississippi Code Annotated §21-13-11 as follows:

- Highlighted section of the Noise Ordinance submitted by Noise Ordinance Committee business owners, *'...audible at the complainant's property above normal conversation levels (as determined by the Environmental Protect Agency); or if the law enforcement officer responding to said complaint questions the level, he/she can then measure the noise with a decibel meter. The noise should not exceed 65 decibels when a commercially zoned noise is affecting a residentially zoned complainant and the noise should not exceed 85 decibels when a commercially zoned noise is affecting a commercially zoned complainant'.*
- 65 decibels is normal conversation 3-5 feet away
- Violations
  - First Violation: Fine - written warning. Action - reduce sounds to acceptable levels if not Shut it Down.
  - Second Violation: Fine - fine according to adopted fines set by the council. Action - reduce sounds to acceptable levels or shut down.
  - Third Violation: Fine - fine according to adopted fines set by the council. Action - sound production to cease for a period of 24 hours.
  - Fourth Violation: Fine - fine according to adopted fines set by the council. Action - hearing before council for 3 month revocation / revoke of permit or rights for outside amplified noise.
  - Violations will be tracked over a 12 month period & will be compounding.
  - Violations will be recorded through citations & will be recorded through the Police Dept.
- Fines to be discussed.

Motion to withdraw "Motion to add amendments to the Noise Ordinance, 42203, effective under emergency as stated in Miss. Code Annotated §21-13-11"

Council Member Favre moved, seconded by Council Member Seal, to withdraw "Motion to add amendments to the Noise Ordinance, 42203, effective under emergency as stated in Miss. Code Annotated §21-13-11".

A vote was called for with the following response:

VOTING YEA: Compretta, Favre, Falgout, Boudin and Seal

VOTING NAY: None ABSENT: Reed and McDonald

ADJOURN

Motion to Adjourn

Council Member Favre moved, seconded by Council Member Falgout, to adjourn.

A vote was called for with the following response:

VOTING YEA: Compretta, Favre, Falgout, Boudin and Seal

VOTING NAY: None

ABSENT: Reed and McDonald

3-7-17

Mike Favre, President – Council Member at Large **Date**

3/7/17

Doug Seal, Council Member -Ward 1 **Date**

Wendy McDonald, Council Member – Ward 2 **Date**

3/7/17

Jeff Reed, Council Member – Ward 3 **Date**

3/7/17

Bobby Compretta, Council Member – Ward 4 **Date**

03/07/17

Joey Boudin, Council Member – Ward 5 **Date**

03/7/17

Lonnie Falgout, Council Member - Ward 6 **Date**

3-7-17

Lisa Tilley, Clerk of Council **Date**

Les Fillingame, Mayor **Date**

Lisa Tilley

From: Sissy Gonzales
Sent: Thursday, February 23, 2017 3:25 PM
To: Lisa Tilley; Linda Garcia
Subject: Meeting tonight

Okay, I have cancelled my plans for tonight so I will be attending the meeting. bLAH BLAH BLAH

Gus McKay brought me the insurance renewals today and they need to have the council authorize the Mayor to sign the renewals for them totalling $183,179.96 vs. 202,591.27 over last year's premiums.

RECEIVED
FEB 23 2017
BY: let via email - SG
mtg 2-23-17

Exhibit "A"
February 23, 2017

Premium Summary

Please let me know ASAP
Need to have City Clerk
Sign Docs

COVERAGE	EXPIRING PREMIUM	RENEWAL PREMIUM
	2016	2017
Property #1	$96,292.27	$91,834.96
Property #2	$57,697.00	$41,708.00
Inland Marine	$29,036.00	$29,036.00
Business Auto	$19,566.00	$20,601.00
Total	**$202,591.27**	**$183,179.96**

$19,411.31 Savings

Property #1 – Named Storm Wind Deductible Buydown Option $5,657.44
The difference between $100,000 per occurrence and $25,000 per occurrence. Subject to a maximum recoverable amount of $75,000 per occurrence.

Les
We added 700,000.00 of TIV.
With the New Community Center.
on Storage.
If you choose to have the
Buy Down Savings 13,753.87

$15,317,310.00 of total TIV.

AGENCY CUSTOMER ID: BAYST-6 OP ID: HG

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

X Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):_____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
JMR III	John M. Rosetti III, CIC, CMS		
APPLICANT'S SIGNATURE		DATE 2/24/2017	NATIONAL PRODUCER NUMBE

JMR III John M. Rosetti III, CIC, CMS (Required in Florida)
APPLICANT'S SIGNATURE DATE 2/24/2017 NATIONAL PRODUCER NUMBE
ACORD 125 (2013/09) Page 4 of 4

AGENCY CUSTOMER ID: BAYST-6 OP ID: HG

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2009/2010	CARRIER			Ironshore	
	POLICY NUMBER			11575U09	
	PREMIUM	$	$	$ 123,041.88	$
	EFFECTIVE DATE			06/13/09	
	EXPIRATION DATE			06/13/10	
2010/2011	CARRIER			Mt Hawley	
	POLICY NUMBER				
	PREMIUM	$	$	$ 104,627.88	$
	EFFECTIVE DATE			06/13/10	
	EXPIRATION DATE			06/13/11	

LOSS HISTORY

X Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE N (Required in Florida)
JMRIII	John M. Rosetti III, CIC, CMS		
APPLICANT'S SIGNATURE		DATE 2/24/2017	NATIONAL PRODUCER NUMB

AmRISC Property Application and Statement of Values

AmRisc

Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be **completed**, signed and returned for underwriter's review and acceptance **within 30 days of inception**. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so **please return as soon as possible.**

Named Insured: City of Bay St Louis **Account ID:** 447643
Mailing Address: P. O Box 2550 Bay St Louis MS 39521
Nature of business: Municipality

Loc No.	Address	City	State	Zip	Building Area (Sq. ft.)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. of buildings	Initial each Section
1	Per Schedule on file									
2	with AmRisc									
3										
4										
5										
6										
Totals:					124,091	34%			68	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	ALS			
Coins:	N/A	N/A	N/A			
Loc No.	Building	BPP	BI			Loc TIV
1	Per Schedule on file					
2	with AmRisc					
3						
4						
5						
6						
Totals:	$14,719,978	$547,332	$0			$15,317,310

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 5 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

Threshold: $5,000

DOL	Description/COL	Incurred	Status (O/C)	DOL	Description/COL	Incurred	Status (O/C)
07/18/14	Water/Lightning	$12,807	C				
06/12/11	Lightning	$6,684	C				

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.)	NO	Has any applicant been convicted of arson in the past 10 years?	NO
Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?	NO	Any bankruptcies or tax credit liens against applicant in prior 5 years?	NO
Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?	NO	Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years.	NO
For apartments, are there any HUD managed or Section 8 developments?	NO	If habitational, is there any aluminum distribution wiring?	NO

Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.

Warranties: None

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.

Applicant Printed Name: City of Bay St. Louis / Les Fikin Game, Mayor
Title
Producer Printed Name

Applicant Signature
Date
Producer Signature
Date

Initial Each Section Above

AR APP 11 09

Confidential

Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY; substantial) civil penalties. In some states insurance benfits may also be denied. By submission of this application the insured and the agent represent that all information is true and correct to the best of their knowledge and that they have not deleted or altered the questions herein.

City of Bay St. Louis — *First Named Insured:

2/26/2017 — Expiration date of existing coverage?

— *Does any location include External Insulation & Finishing Systems (EIFS)

no — *List any locs with aluminum wiring. If so, any type of protection? (Warranted)

none — Describe any gut rehabs, location number, year and extent of rehab.

— Is square footage gross or net leasable?

gross — *Describe any tax credits, Sr. housing or otherwise subsidized properties. (Warrantec

— Are any locations less than 200 ft. apart?

Building 1 and 2, and 10 through 14, and 15 through 18

Yellow = Required
Orange = Required if ACIC submission
Blue = Required if habitational
Green = Required if General Liability submission

								Coinsurance (must be 100% if requested to waive coinsurance):	100%	100%	100%	100%		
								Sum of Values:	$14,719,978	$547,332	$0	$50,000	$15,317,310	
									Building	BPP		EDP		
1	Building	VCJ Boys and Girls Club	310 Old Spanish Trail	Bay St. Louis	2	Joisted Masonry	1	1960	2,500,000	67,540	0	0	2,567,540	Boys and Girls club
2	Building	VCJ Boys and Girls Club	310 Old Spanish Trail	Bay St. Louis	2	Joisted Masonry	1	1960	706,603	0	0	0	706,603	Boys and Girls club
3	Building	City Hall	300 South Second Street	Bay St. Louis	2	Joisted Masonry	2	1941	1,138,091	0	0	0	1,138,091	City Hall
5	Building	Train Depot	1928 Railroad Ave	Bay St. Louis	2	Joisted Masonry	2	1929	1,719,922	0	0	0	1,719,922	Office
6	Building	Senior Citizen Center	601 Bookter Street	Bay St. Louis	1	Brick Veneer	1	2000	1,455,793	0	0	0	1,455,793	Senior Citizen Center
7	Building	Main Office	688 Hwy 90	Bay St. Louis	5	Fire Resistive	2	1970	1,097,081	201,196	0	50,000	1,348,277	Office
8	Building	Police Station	688 Hwy 90	Bay St. Louis	4	Masonry I	1	1970	475,943	140,046	0	0	615,989	Police Station
9	Building	Building Department	688 Hwy 90	Bay St. Louis	1	Frame	1	1970	78,402	0	0	0	78,402	Office
10	Building	Maintenance Building #1	688 Hwy 90	Bay St. Louis	1	Frame	1	1970	48,264	0	0	0	48,264	Storage
11	Building	Maintenance Building #2	688 Hwy 90	Bay St. Louis	3	SIC	1	1970	27,986	0	0	0	27,986	Storage
12	Building	Maintenance Bulding #3	688 Hwy 90	Bay St. Louis	3	SIC	1	1970	25,902	0	0	0	25,902	Storage
13	Building	Maintenance Building #4	688 Hwy 90	Bay St. Louis	3	SIC	1	1970	17,982	0	0	0	17,982	Storage
14	Building	Council Chambers	688 Hwy 90	Bay St. Louis	4	Maonry Noncom	1	1970	395,766	28,550	0	0	424,316	Office
15	Building	North Shop Building	688 Hwy 90 West Side of Main	Bay St. Louis	4	Masonry Noncom	1	1970	125,340	0	0	0	125,340	Shop
16	Building	Center Shop Building	688 Hwy 90 West Side of Main	Bay St. Louis	4	Masonry Noncom	1	1970	70,688	0	0	0	70,688	Shop
17	Building	Police Station Shed	688 Hwy 90	Bay St. Louis	1	Frame	1	1970	23,040	0	0	0	23,040	Storage
18	Building	Public Works Warehouse	688 Hwy 90 West Side of Main	Bay St. Louis	4	Masonry Noncom	1	1970	83,175	0	0	0	83,175	Storage
19	Building	Garden Center	541 Main Street	Bay St. Louis	1	Frame	1	2009	370,000	10,000	0	0	380,000	Office
20	Building	Concessions	Athletic Drive	Bay St. Louis	2	Joisted Masonry	1	2007	80,000	0	0	0	80,000	Storage
21	Building	Bathrooms	Athletic Drive	Bay St. Louis	2	Joisted Masonry	1	2007	80,000	0	0	0	80,000	Restroom
22	Building	Community Center	301 Blaize Avenue	Bay St. Louis	6	Fire Resistive	1	2011	3,500,000	100,000	0	0	3,600,000	Community Center
	Building	Longfellow Community Ce	122 1/2 Court Street	Bay St. Louis	6	Fire Resistive	1	2011	700,000	0	0	0	700,000	Community Center

Signature

Date 2/24/2017

AmRisc, LLC

Flood Notice

AR FN 04 11

If the policy issued by AmRisc, LLC excludes Flood, the following shall apply:

Flood Exclusion Acknowledgement

I understand the policy issued by AmRisc, LLC does NOT provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flooding, including flooding and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

If the policy issued by AmRisc, LLC includes Flood, the following shall apply:

Flood Coverage

I understand the policy issued by AmRisc, LLC does provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by AmRisc, LLC may be cancelled or non-renewed. I have read and I understand the information above.

Named Insured: City of Bay St Louis
Account No.: 447643

Policyholder/Applicant's Signature

Les Fauntgame, Mayor
Print Name

2/24/2017
Date

property

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

INSURED: City of Bay St Louis Account ID: 447643

LIMITS: As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Any coverage you purchase for 'acts of terrorism' shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate unless the TRIA Program is reauthorized or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

☐	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of $4894
☑	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

LEE FILLINGANE
Print Name

2/24/2017
Date

This notice applies to the following carriers and their respective participation quoted herein:

Certain Underwriters at Lloyds
Indian Harbor Insurance Company
QBE Specialty Insurance Co.
Steadfast Insurance Company
General Security Indemnity Company of Arizona
United Specialty Insurance Company
Lexington Insurance Company
Princeton Excess and Surplus Lines Insurance Co
International Insurance Company of Hannover

AGENCY CUSTOMER ID: BAYST-6 OP ID: HG

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

X Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):_____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
JMR III	John M. Rosetti III, CIC, CMS		
APPLICANT'S SIGNATURE		DATE 2/24/2017	NATIONAL PRODUCER NUMBER

BAY ST. LOUIS MUNICIPAL HARBOR

EFFECTIVE APRIL 1, 2017

SLIP RATES AND UTILITY FEES

RECEIVED
FEB 24 2017
BY: Jet email-SG
mtg 2-23-17
w/ corrected data at bottom.

Utility & Clean Marina Fees- All Slips

(Plus Utility Fee)

30 AMP's	$33.00 Per month
(2) 30 AMP's	$66.00 Per month
50 AMP's	$55.00 Per month
(2) 50 AMP's	$110.00 Per month
100 AMP's	$110.00 Per month

Slip Rental Rates – Pier One

(Plus Utility Fee)

In-State Rate	$6.25 Per ft. Per month
Out-of-State	$7.25 Per ft. Per month

Slip Rental Rates – Piers 2, 3, & 4

(Plus Utility Fee)

In-State	$4.10 Per ft. Per month
Out-of-State	$4.50 Per ft. Per month

Transient Rate

(Utilities Included)

$1.25 Per linear foot of the vessel Per night

Email: cfortin@baystlouis-ms.gov

Harbor Office:..... 228-467-4226

Harbor Cell:..... 228-216-1644

Exhibit "B"

Adopted by council on 2/23/2017

February 23, 2017

City Council Meeting – Recessed
Exhibit List – February 23, 2017

1. Exhibit "A": Insurance Renewal packet for property insurance and liability insurance
2. Exhibit "B": Bay Saint Louis Municipal Harbor slip rates and utility rates
3. Exhibit "C": Exhibit List dated February 23, 2017
4. Exhibit "D":
5. Exhibit "E":
6. Exhibit "F":
7. Exhibit "G":
8. Exhibit "H":
9. Exhibit "I":
10. Exhibit "J":
11. Exhibit "K":
12. Exhibit "L":
13. Exhibit "M":
14. Exhibit "N":
15. Exhibit "O":
16. Exhibit "P":
17. Exhibit "Q":

18. Exhibit "R": _____

19. Exhibit "S": _____

20. Exhibit "T": _____

21. Exhibit "U": _____

22. Exhibit "V": _____

23. Exhibit "W": _____

24. Exhibit "X": _____

25. Exhibit "Y": _____

26. Exhibit "Z": _____

27. Exhibit "AA": _____

28. Exhibit "AB": _____

29. Exhibit "AC": _____

30. Exhibit "AD": _____

31. Exhibit "AE": _____

32. Exhibit "AF": _____

33. Exhibit "AG": _____