

**BE IT REMEMBERED** that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 26<sup>th</sup> day of August, 2010, at 9 00 o'clock a m , and present were, Floya McKee, President of the Board, R B Davis, Vice-President, Shelton Deanes, Luke Lummus and Lynn Horton Also present at said meeting were Harmon A Robinson, Clerk of the Board, and Laddie Huffman, Sheriff, when and where the following proceedings were had and determined, to-wit

NO \_\_\_\_\_

IN THE MATTER OF ACCEPTING QUOTES FOR LIABILITY, FIRE AND CASUALTY INSURANCE FOR 2010-2011

---

There came on this day for consideration the matter of accepting quotes for liability, fire and casualty insurance for 2010-2011

It appears two quotes have been submitted and they are, to wit,

- |   |  |              |
|---|--|--------------|
| 1 | Galloway Chandler McKinney Insurance<br>Representing Travelers Insurance | \$178,684 00 |
| 2 | Lyon Insurance representing Beacon One Insurance                         | \$137 065 00 |

After motion by Mr Davis and second by Mr Lummus this Board doth vote unanimously to take said bids under advisement

SO ORDERED this the 26<sup>th</sup> day of August, 2010

  
PRESIDENT



**Clay County Board of Supervisors**

Coverages	Travelers-Expiring 9/1/2009-9/1/2010		Travelers Renewal 9/1/2010-9/1/2011	
	Coverages	Premiums	Coverages	Premiums
<u>General Liability</u> Deductible Per Occurrence	500 000/1mill No Deductible	\$27,827	500 000/1mill No Deductible	\$28 013
<u>Employee Benefits Liability</u> Deductible Per Wrongful Act	1mill/3mill \$1 000	\$381	1mill/3mill \$1 000	\$381
<u>Public Entity Management Liab</u> Deductible Per Wrongful Act	1mill/1mill \$5 000	\$1,865	1mill/1mill \$5 000	\$1,835
<u>Employment Practices Liab</u> Deductible Per Offense	1mill/1mill \$15 000	\$9,640	1mill/1mill \$15 000	\$9,644
<u>Auto Liability</u> - Option 1 Deductible Per Accident Non-Stacking" UM Option 2	750 000 No Deductible \$750 000 CSL	\$60,983	750 000 No Deductible \$750 000 CSL \$1 000 000 CSL	\$51,005  +\$1 001
<u>Auto Physical Damage</u> Comp/Collision Deductible	149 units \$500/\$500	\$18 883	108 units \$500/\$500	\$17,853
<u>Commercial Crime</u> Deductible Theft of Money (in & out)	\$100 000 \$500 100 000 incl	\$954	\$100 000 \$500 100 000 incl	Incl
<u>Equip Breakdown/Boiler Mach</u> Deductible	\$13 865 688 \$2 500	\$1 434	\$19 175 988 \$2 500	\$2 470
<u>Equipment</u> - Marine Deductible Boiler Equipment Contractors Equipment Misc Equipment Inscheduled Equipment Inscheduled Equip Deductible	\$500 \$511 729 \$2 220 400 \$25 700 \$50 000 \$1 000	\$13,663	\$500 \$504 500 \$2 242 304 \$25 700 \$50 000 \$1 000	\$12,997
<u>Property</u> Buildings Contents Deductible Deductible-Wind/Hail Valuable Papers Extra Expense (Court House)	\$16 450 988 \$2 725 000 \$2 500 \$2 500 \$225 000 \$250 000	\$30,076	\$16 450 988 \$2 725 000 \$2 500 \$2 500 \$225 000 \$250 000	\$27,756
<u>Law Enforcement</u> 2mill/2mill Deductible Per Wrongful Act	2mill/2mill \$10 000	\$28,190	2mill/2mill \$10 000	\$26 730
<b>TOTALS</b>		<b>\$193,896</b>		<b>\$178 684</b>

Note Federal Terrorism Act coverage is available for an additional \$1 652

5 Year Premium/Claims Info

Prem Paid	Claims Paid
2005-2010 \$986 059	\$2 013 168
5 yr Loss Ratio + 200%	
Average Annual Premium Paid \$197 212	
Average Annual Claims Paid \$402 634	

5 Year Premium History

2010 2011	\$178 684
2009-2010	\$193 896
2008 2009	\$220 870
2007 2008	\$205 720
2006 2007	\$183 859

Companies which declined to quote

- 1) Zunch      2) Trident      3) Stone Oak      4) CNA



**PROPOSAL OF INSURANCE**

**FOR**

**CLAY COUNTY BOARD OF SUPERVISORS**

**SEPTEMBER 1, 2010 – SEPTEMBER 1, 2011**

**GIL LYON  
LYON INSURANCE AGENCY, INC.  
P O BOX 762  
WEST POINT, MS 39773  
662-494-5576  
FAX 662-494-2247  
gil@lyoninsurance.com**

## COMMERCIAL PROPERTY

CARRIER OneBeacon America Insurance Company

A M BEST RATING A XIV

LIMITS \$11,140,688 Blanket Buildings  
\$ 2,725,000 Blanket Contents  
Included Equipment Breakdown  
Business Income & Extra Expense – Same limit as  
Building/Contents  
\$ 50,000 Transit Coverage

VALUATION Replacement Cost / Functional Building / Contents

PERILS Special,  
Premier Vantage Form (outline on following page)

DEDUCTIBLE \$ 2,500 All Perils except ✓

PREMIUM \$30,882

TERRORISM \$ 1,275 Additional Premium

*\*Please review attached schedule \**

NOTE *Optional quote on Earthquake - \$5 000,000 Limits  
\$ 50 000 Deductible  
\$ 2 773 Premium*

*Optional quote on Flood - \$5,000 000 Limits  
\$ 50 000 Deductible  
\$ 1 387 Premium*

**OneBeacon**  
GOVERNMENT RISKS

@Vantage Property for Government Risks

Coverage – *Premier Form (see following)	Limits
Blanket Building	\$11,140,688
Blanket Contents	\$2,725,000
<ul style="list-style-type: none"> <li>• Replacement Cost</li> <li>• 90% Coinsurance</li> <li>• Deductible</li> </ul>	\$2,500
Blanket Earthquake	\$5,000,000 with \$50,000 deductible
Blanket Flood (excluding Zones A & V)	\$5,000,000 with \$50,000 deductible
Employee Theft	\$100,000 with \$500 deductible
Forgery & Alteration	\$100,000 with \$500 deductible
Money & Securities – Inside (including Funds Transfer Fraud)	\$100,000 with \$500 deductible
Money & Securities – Outside	\$100,000 with \$500 deductible
Computer Fraud	\$100,000 with \$500 deductible
Hardware and Media	\$444,500 with \$500 deductible
Electronic Data Loss of Income	\$10,000 with 72 hour waiting period
Accounts Receivable	\$100,000 with \$500 deductible
Contractor's Equipment – Scheduled	\$2,345,348 with \$500 deductible
Contractor's Equipment – Unscheduled	\$50,000 with \$1,000 deductible
Fine Arts	\$50,000 with \$500 deductible
Equipment Breakdown	Included
Data Breach	\$100,000 with \$1,000 deductible

Coverage	Premium
Property and Inland Marine	\$35,282 → INCLUDE EQ + FLOOD
TRIA	\$1,275

Detailed information will be included in the Policyholder Disclosure Notice of Terrorism Insurance Coverage included in the actual policy

**678**

**OneBeacon**  
GOVERNMENT RISKS

**@Vantage Property for Government Risks Additional Features**

Coverage	Standard	Plus	Premier
<b>Building</b>			
Ordinance or Law – Coverages A, B & C combined	\$100,000 (Combined A, B & C)	\$250,000 (Combined A, B & C)	\$500,000 (Combined A, B & C)
Fungus, Wet Rot, Dry Rot, Bacteria (Mold)	\$15,000 aggregate	\$15,000 aggregate	\$15,000 aggregate
Newly Acquired Buildings	\$250,000 90 Days	\$1,000,000 120 Days	\$2,000,000 180 Days
Pollutant Cleanup and Removal	\$10,000	\$25,000	\$100,000
Debris Removal	\$25,000	\$50,000	\$250,000
<i>Building coverage includes</i>	<i>Foundations &amp; Retaining Walls Glass – Internal &amp; External</i>		<i>Signs &amp; Outdoor Property Underground Pipes, Flues or Drains</i>
<b>Business Personal Property</b>			
Newly Acquired Business Personal Property	\$250,000 90 Days	\$500,000 120 Days	\$1,000,000 180 Days
Business Personal Property at Other Locations	\$5,000	\$25,000	\$50,000
<i>Business Personal Property coverage includes</i>			
<ul style="list-style-type: none"> <li>• Accounts Receivable</li> <li>• Patterns, Dies &amp; Mold</li> <li>• Electronic Hardware &amp; Media</li> <li>• Personal Effects</li> <li>• Fine Arts</li> <li>• Personal Property of Others</li> <li>• Improvements &amp; Betterments</li> <li>• Scientific &amp; Professional Equipment</li> <li>• Installation Tools &amp; Equipment</li> <li>• Valuable Information Property</li> </ul>			
<b>Bucket Limit</b>	\$25,000 per occurrence	\$250,000 per occurrence	\$500,000 per occurrence
Accounts Receivable	Included	Included	Included
Consequential Loss or Damage to Stock	Included	Included	Included
PP Sold by you Conditional Sale	Included	Included	Included
Fine Arts Coverage	Included however a \$1,000 per item limit applies	Included however a \$5,000 per item limit applies	Included however a \$10,000 per item limit applies
Outdoor Property Trees, Shrubs & Plants	Included	Included	Included
Personal Effects of Officers, Partners & Employees	Included	Included	Included
Outdoor Property Other (includes fences, radio/TV antennas & satellite dishes)	Included	Included	Included
Valuable Information Property	Included	Included	Included
Tenants Improvements or Betterments	Included	Included	Included
Electronic Equipment & Hardware PD	Included	Included	Included
Fire Protection Equipment Recharge Costs	Included	Included	Included
Fire Department Service Charge	Included	Included	Included

OneBeacon Government Risks – 1000 IH 10 West Suite 1045 San Antonio, TX 78250  
www.onebeacon.com

**OneBeacon**  
GOVERNMENT RISKS

<b>Business Income</b>			
Extended Period of Indemnity	90 Days	90 Days	90 Days
Off Premises Power or Communications Failure	\$5 000	\$10 000	\$25 000
Business Income from Dependent Properties	\$5 000	\$50 000	\$100 000
Extra Expense	\$25 000	\$50 000	\$100 000
Newly Acquired Property Business Income	\$100 000 90 Days	\$100 000 120 Days	\$250 000 180 Days
<b>CyberVandalism</b>			
Electronic Data Cyber Risk/Vandalism	PD \$2,500 aggregate TE \$2 500 aggregate	PD \$5 000 aggregate TE \$5 000 aggregate	PD \$10 000 aggregate TE \$10 000 aggregate
Electronic Data Denial of Service	\$2 500 aggregate	\$5 000 aggregate	\$10 000 aggregate
<b>Transit</b>			
Property in Transit	\$5 000	\$25 000	\$50 000
Free On Board Extension	Included in Transit Limit	Included in Transit Limit	Included in Transit Limit
<b>Equipment Breakdown</b>	Follows Policy Limits	Follows Policy Limits	Follows Policy Limits
Expediting Expenses	\$25 000	\$100 000	\$100 000
Hazardous Substance	\$25 000	\$100 000	\$100 000
Perishable Goods	\$25 000	\$100 000	\$100 000
CFC Refrigerants	\$25 000	\$100 000	\$100 000
<b>Crime</b>	\$5 000 Bucket Limit	\$10 000 Bucket Limit	\$25 000 Bucket Limit
Employee Dishonesty	Included	Included	Included
Forgery & Alteration	Included	Included	Included
Money & Securities - On & Off Premises	Included	Included	Included
Money Orders & Counterfeit Paper Currency	Included	Included	Included
ERISA	\$5 000 per occurrence	\$10 000 per occurrence	\$25 000 per occurrence
<b>Additional Coverages</b>			
Rewards	\$5 000	\$25 000	\$50 000
Contract Penalties	\$5 000	\$25 000	\$50 000
Backup of Sewers & Drains (Excluding Flood)	25 000	Policy Limit	Policy Limit
Lock Replacement	\$1 000	\$5 000	\$10 000
Expediting Expense	\$10 000	\$25 000	\$50 000
Soft Costs	\$5 000	\$10 000	\$25 000
Temporary Relocation of Property	\$25 000 90 Days	\$50 000 90 Days	\$100 000 90 Days
<i>Available Valuation Options include Cost</i>	<i>Actual Cash Value</i>	<i>Functional Replacement</i>	
	<i>Agreed Amount</i>	<i>Replacement Cost</i>	
	<i>Coinsurance</i>	<i>Stated Value</i>	



## Clay County Board of Supervisors

<b>PROPERTY SCHEDULE</b>
--------------------------

Loc	Bldg #	Address	City	Occup	Building	Contents	Total
1	1	205 Court St	West Point MS	Court House	\$4 004 000	\$500,000	\$4 504,000
1	2	205 Court St	West Point MS	Courtroom	\$114 400	\$100 000	\$214,400
2	1	Hwy 46/ Rt 1	West Point MS	Voting Bldg/Cairo	\$28 600	\$20 000	\$48,600
3	1	Hwy 47	West Point MS	Voting Bldg/Siloam	\$28,600	\$20 000	\$48,600
4	1	Colony Rd	Montpelier MS	Voting/Pine Bluff	\$28,600	\$20,000	\$48 600
5	1	Hwy 50 W	Pheba MS	Voting/Pheba	\$57 200	\$20,000	\$77,200
5	2	Hwy 50 W	Pheba MS	Fire Dept/Pheba	\$57 200	\$20 000	\$77 200
5	3	Hwy 50 W	Pheba MS	Garage-Dist 5	\$85,800	\$25 000	\$110,800
5	4	Hwy 50 W	Pheba MS	Mfg Bldg	\$205 920	\$0	\$205 920
5	5	Hwy 50 W	Pheba MS	Comm Club	\$45,760	\$0	\$45,760
5	6	Hwy 50 W	Pheba MS	Warehouse	\$114 400	\$0	\$114,400
6	1	R B Rd	West Point MS	Voting/Dist 4	\$28 600	\$20,000	\$48,600
6	2	Brand Una Rd	West Point MS	Fire Dept	\$57,200	\$20 000	\$77 200
6	3	R B Rd	West Point MS	Garage-Dist 4	\$85 800	\$25 000	\$110 800
7	1	Brand Una Rd	West Point MS	Voting/Cara dine	\$28,600	\$20,000	\$48,600
8	1	Tibbee Rd	West Point MS	Voting Bldg	\$28,600	\$20 000	\$48,600
8	2	Tibbee Rd	West Point MS	Fire Dept	\$57,200	\$20,000	\$77 200
9	1	Barton Ferry Rd	West Point MS	Voting/Grg/ Dist 1	\$68 640	\$25,000	\$93 640
10	1	Waverly Rd	West Point MS	Voting/Fire	\$68 640	\$20 000	\$88 640

## Clay County Board of Supervisors

				Dept	<i>buildings</i>	<i>Content</i>	<i>Total</i>
11	1	Hazelwood Rd	West Point MS	Fire Dept #100	\$57 200	\$20,000	\$77,200
12	1	Hwy 46	West Point MS	Fire Dept #300	\$57 200	\$20,000	\$77,200
12	2	Hwy 46	West Point MS	Fire Dept/Montpelier	\$57 200	\$20,000	\$77,200
13	1	Hwy 46	West Point MS	Garage-Dist 3	\$85 800	\$25 000	\$110 800
14	1	Old Tibbee Rd	West Point, MS	Garage-Dist 2	\$114 400	\$25,000	\$139 400
15	1	218 W Broad St	West Point MS	Off/Jail/Justice Crt	\$2 974 400	\$500 000	\$3 474 400
16	1	Unnamed Locations	West Point MS		\$114 400	\$0	\$114 400
17	1	451 Cooper St	West Point MS	Home for Children	\$446 160	\$0	\$446 160
18	1	Hwy 46 E/S	West Point MS	Barn Dist 3	\$54 912	\$0	\$54,912
19	1	330 W Broad St	West Point, MS	Sheriff's Off	\$411 840	\$350 000	\$761 840
20	1	360 Washinton St	West Point MS	DHS	\$949 520	\$400,000	\$1 349 520
21	1	138 S Division	West Point MS	Ellis Clinic	\$286 000	\$0	\$286 000
22	1	Pine Grove & Hwy 50	West Point, MS	Fire Dept #9	\$91 520	\$20 000	\$111 520
23	1	Barton Ferry Rd	West Point MS	Garage-Dist 1	\$85 800	\$25,000	\$110 800
24	1	Hwy 47	West Point MS	Una/Palo Alto Fire St	\$95 576	\$25,000	\$120 576
25	1	972 E Broad St	West Point MS	E911 Building	\$65 000	\$400 000	\$465 000
					<b>\$11,140,688</b>	<b>2,725 000</b>	<b>13,865,688</b>

## GENERAL LIABILITY

CARRIER	OneBeacon America Insurance Company
A M BEST RATING	A XIV
LIMITS	\$ 500,000 Each Occurrence
	\$1,000,000 General Aggregate
	\$1,000,000 Products / Completed Operations Aggregate
	\$ 500,000 Personal & Advertising Injury
	\$ 500,000 Damage to Premises Rented to You
	\$ 500,000 Health Care & Social Services (for First Responders only)
	\$ 300,000 Sexual Abuse Coverage
PREMIUM	\$17,726

- Note*
- (1) Sewer Back-up is equal to bodily injury and property damage limit*
  - (2) No automatic designated operations and premises*
  - (3) Appears you presently do not have sexual abuse coverage as stated in Expected or Intended Bodily Injury on Property Damage page 18 of 29 of "Public Entity General Liability Protection"*
  - (4) Additional Insured*
    - 1 Clay County District 4 (UNA)*
    - 2 East Clay County Grading District*
    - 3 Pheba Fire Grading District*
    - 4 Tibbee Fire Protection Grading District*
    - 5 West Central Clay Fire Grading District*

We'll apply this exclusion to any obligation of the protected person to share damages with or repay someone else who must pay damages for such bodily injury to

- that employee or
- the spouse or any child, parent, brother or sister of that employee

For example

*Your employee is injured in a printing press accident. She receives workers compensation benefits. Later she and her husband sue the manufacturer of the printing press alleging that her injury happened because the press didn't have enough guarding devices on it. In that suit her husband seeks compensation for her care and loss of services and for physical harm he has sustained as a result of his wife's injuries. If the manufacturer in turn sues you alleging that your faulty maintenance of the press - not the lack of guarding devices - resulted in the employee's injury we won't protect you.*

But we won't apply this exclusion to the liability of another to pay damages for bodily injury if you have assumed such liability under a covered contract made before the bodily injury happens.

We explain the terms

- covered contract in the Contract liability exclusion and
- employee in the Employees and volunteer workers section

**Employment-related practices** We won't cover personal injury to any protected person's current, former or prospective employee, leased temporary worker or independent contractor that results from any

- refusal to hire that person,
- termination of that person's employment, leased temporary worker status or independent contractor status or
- other act, omission, policy or practice related to that person's current, former or prospective employment, leased temporary worker status or independent contractor status and applied to that person such as coercion, demotion, discipline, discrimination, evaluation, harassment, humiliation, libel, reassignment or slander or violation of the person's right of privacy.

For example

*You terminate an employee for falsifying business travel expenses. You explain the reason for the termination of that employee to one of your customers. If your former employee later sues you for slander we won't protect you.*

Nor will we cover personal injury to the spouse or any child, parent, brother or sister of that employee, worker or independent contractor which results from the personal injury to that employee, worker or independent contractor.

We'll also apply this exclusion to any obligation of the protected person to share damages with or to repay someone else who must pay damages for such personal injury to

- that employee, worker or independent contractor or
- the spouse or any child, parent, brother or sister of that employee, worker or independent contractor

We'll consider any protected person's prospective employee, leased temporary worker or independent contractor to include any person who applies or seeks to be any protected person's employee, leased temporary worker or independent contractor.

*Independent contractor* means any person who

- has a contract with the protected person to perform for the protected person certain duties related to the conduct of the protected person's business and
- isn't the protected person's employee, leased temporary worker or volunteer worker.

We explain the terms employee, leased temporary worker and volunteer worker in the Employees and volunteer workers section.

**Expected or intended bodily injury or property damage** We won't cover bodily injury or property damage that's expected or intended by the protected person.

Nor will we cover medical expenses that result from such bodily injury.

But we won't apply this exclusion to bodily injury, property damage or medical expenses

CC 000 D559

05 I 000 T 001

\* M 05 I 000 T 001

\* 2 C O 2 GP09313017 3951



that result from the use of reasonable force to protect persons or property

**Failure to supply service** We won't cover bodily injury or property damage or medical expenses that result from the failure of any protected person to adequately supply electricity gas oil, steam or water service

However we won't apply this exclusion if the failure to supply results from accidental damage to tangible property owned or used by any protected person to obtain produce process or transmit such service

Nor will we apply this exclusion if there is a Failure to supply limit greater than zero shown in the Coverage Summary

**False material** We won't cover personal injury or advertising injury that results from false material that

- was made known by or for the protected person and
- the protected person knew was false when it was made known

**Health care professional services** We won't cover injury or damage or medical expenses that result from the performance of or failure to perform health care professional services

But we won't apply this exclusion to any protected person who

- isn't a medical doctor or nurse and
- is acting as a good samaritan in response to an accident or public emergency

**Health care professional services** includes

- any dental, medical mental nursing surgical x-ray or other health care professional service including any advice instruction food or beverage provided with such service
- the dispensing of drugs or medical or dental supplies and appliances and
- the handling or treatment of corpses including autopsies organ donations and other postmortem procedures

**Impaired property** We won't cover property damage to impaired property or to property that isn't physically damaged that results from

- your products that are faulty or dangerous
- your completed work that is faulty or dangerous or

- a delay or failure in fulfilling the terms of a contract or agreement

But we won't apply this exclusion to the loss of use of property other than your products or your completed work that results from sudden and accidental physical damage to

- your products after they've been put to their intended use or
- your completed work after it has been put to its intended use

For example

*You buy smoke detectors and give them to residents and organizations in your area who qualify for them. One of those organizations is a food shelf. Several weeks after the food shelf's smoke detector is installed it breaks during the routine daily test required for its safe operation. Due to your life safety code, the food shelf can't use its building until the smoke detector is repaired or replaced. That work takes several days. To continue operating during that period of time the food shelf incurs extra costs to use space in a nearby building. If the food shelf sues you to recover those costs we won't apply the exclusion. However if the food shelf discovers while the smoke detector is being installed that it is broken we won't protect you*

**Impaired property** means tangible property other than your products or your completed work, that can be restored to use by nothing more than

- an adjustment repair replacement or removal of your products or your completed work that forms a part of such tangible property or
- your fulfilling the terms of a contract or agreement

We explain the terms your products and your completed work in the Products and completed work total limit section

**Injury to volunteer firefighters** We won't cover bodily injury personal injury or medical expenses to any volunteer firefighter that results from his or her duties as a volunteer firefighter for you or anyone else

**Volunteer firefighter** includes an emergency medical services first aid or rescue squad volunteer

**General Liability for Government Risks**

This policy is comprised of multiple insuring agreements designed to pay all sums the government entity is legally obligated to pay as damages because of

- bodily injury or property damage
- personal injury and advertising injury
- injury arising out of a health care and social services wrongful act

Additionally if elected an additional insuring agreement to pay medical expenses for bodily injury is also available

**Features and Benefits**

- ***Broad "Who is an Insured" provision***
  - the government entity
  - operating authorities, boards, commissions districts or any other governmental units provided they are operated controlled and funded by the named insured
  - trusts and trustees
  - current or previously elected or appointed officials of the named insured
  - current or previously elected or appointed officials of operating authorities boards, commissions districts or any other governmental units
  - employees
  - volunteer workers
  - partnership or joint ventures
  - limited liability companies
- ***Expected or Intended Injury or Damage*** if resulting from the use of reasonable force to protect persons or property
- ***Pollution Liability coverage for***
  - water treatment
  - propane gas used in certain operations
  - pesticide and herbicide application
  - emergency response services and training
  - hostile fire, heat, fumes or smoke
- ***Watercraft liability for***
  - non owned watercraft exposure (no size limitation)
  - personal watercraft and owned watercraft with 100 horsepower or less
- ***Broad form contractual for covered contracts***
- ***Host liquor liability***
- ***Products and completed operations***
- ***Premises Damage legal liability***
- ***Broadened definition of bodily injury and property damage***
- ***Defense costs in addition to policy limits and outside deductible application***
- ***Unless specifically excluded, sewer back up coverage arising from a negligent act, provided to policy limits***

## AUTOMOBILE

CARRIER	OneBeacon America Insurance Company	
A M BEST RATING	A XIV	
LIMITS	\$750,000	Combined Single Limit Liability
	\$750,000	Uninsured/Underinsured Motorist BI & PD
	N/A	Medical Payments
	\$ 500	Comprehensive Deductible (107 Vehicles)
	\$ 500	Collision Deductible (107 Vehicles)
	Included	Non-Owned & Hired Auto Liability
	Included	Hired Auto Physical Damage
PREMIUM	\$65,768	

*Note*                      *Quote is for 107 vehicles per attached schedule please review for accuracy if coverage is bound*



### Automobile Liability and Physical Damage for Government Risks

This agreement is designed to pay all sums the insured is legally required to pay as damages caused by an accident as a result of the ownership, maintenance or use of a covered auto.

#### Features and Benefits

##### General

- **Broad "Who is an Insured" provision**
  - Government entity
  - elected or appointed officials
  - employees
  - volunteers/workers
  - persons or organizations with whom there is a written agreement
  - any permitted user
  - owner of commandeered auto
- **Notice of occurrence provision** for officers, legal department or designated employee in event of accident, claim, suit or loss

##### Liability

- **Broadened bodily injury** provision that includes mental anguish
- **Commandeered Autos** automatically included
- **Expected or Intentional bodily injury and property damage** caused by a covered auto and the use of reasonable force in order to protect people or property
- **Fellow Employee Exclusion** automatically deleted
- **Supplementary Payments Broadened** – Cost of bail bonds is \$3,500; expenses incurred is \$500 per day

##### Physical Damage

- **Airbag Discharge** – resetting or replacement of an airbag that accidentally discharges if physical damage is purchased
- **Auto Theft Reward** \$2,000 Limit
- **Customized Vehicles** additional repair or replacement cost for customized auto elements such as emergency lights, light bars and sirens, paint and decals, permanently installed radios and computer equipment
- **Electronic Equipment Coverage** for installed audio, visual communications or radar equipment
- **Extra Expense Coverage** broadened coverage for return of a stolen vehicle
- **Freezing Coverage for Emergency Vehicles**
- **Glass repair – Waiver of Deductible** for glass that is repaired instead of replaced
- **Hired auto Physical Damage Coverage** – up to \$50,000 limit
- **Hired Auto – Worldwide Coverage Territory**
- **Lease Gap Coverage** – pays for the difference between the actual cash value of a covered auto at the time of loss and the remaining balance of a lease, provided conditions met
- **Physical Damage – Transportation Expenses Coverage** – broadened to provide \$75 per day with maximum of \$1,800
- **Towing Covered Autos** - limit of \$100 (if requested)



## Clay County Board of Supervisors

### AUTO SCHEDULE

#	Year	Make	Model	Serial Number	Cost New
1	1989	International	Truck	6684	\$59,000
2	2003	Ford	F150	9430	\$21,173
3	1997	Trail Boss	Trailer	10032	\$6,250
4	2001	Chevrolet	PU	2815	\$13,500
5	2000	Dodge	1500	5138	\$16,972
6	1996	Mack	5th Wheel Truck	2701	\$22,900
7	1989	Mack	Truck	7945	\$20,000
8	2006	Chevrolet	Silverado	8726	\$16,300
9	1995	Ford	F250	10058	\$4,500
10	2000	Palmer	Trailer	3730	\$19,200
11	1976	Palmer	Trailer	1129	\$3,000
12	1976	Ford	Dump Truck	1470	\$28,800
13	2004	Ford	F250	4275	\$20,067
14	1975	International	Dump Truck	2075	\$20,793
15	2000	International	Truck	1481	\$63,400
16	2006	International	Dump Truck	3468	\$41,772
17	2004	GMC	C1500	1957	\$15,700
18	1989	International	Dump Truck	8398	\$59,000
19	1996	Ford	PU	8070	\$12,000
20	1998	Ford	Dump Truck	6994	\$18,400
21	1997	GMC	K1600	6062	\$3,495
22	2000	Trail Boss	Trailer	2469	\$17,750
23	1968	International	Tractor	9870	\$28,000
24	1992	Fontaine	Dump Truck	1517	\$15,000
25	1998	Roadrunner	Trailer	5T20	\$5,000
26	1984	White	Truck	9201	\$28,000
27	1988	Chevrolet	C10	5553	\$8,000
28	2000	Dodge	1500 PU	3601	\$16,972
29	1990	International	Tractor Truck	2348	\$17,500
30	1993	International	Tractor Truck	2240	\$15,460
31	2006	Chevrolet	Silverado	5393	\$23,832
32	1989	International	Dump Truck	7794	\$4,500
33	1982	Ford	Truck	40791	\$88,000
34	2000	Dodge	1500 PU	6233	\$15,941
35	1986	White	1500 Truck	10484	\$30,000
36	1987	International	Truck	1248	\$35,000
37	1995	Mack	CH613	2762	\$22,706

## Clay County Board of Supervisors

38	2001	Palmer	Trailer	3818	\$19 200
39	2001	Palmer	Trailer	A003808	\$19 200
40	1995	Mack	Truck	2768	\$22,706
41	2004	GMC	Sierra PU	8964	\$16 000
42	2009	Ford	F250	7541	\$30 000
43	2008	Chev/Rosen	CC8C042	3349	\$162 200
44	1988	International	Fire Truck	6096	\$60 000
45	1992	GMC	Fire Truck	10871	\$87,855
46	1987	International	Fire Truck	7895	\$57 667
47	1987	International	Fire Truck	7897	\$57,667
48	1966	Kaiser Jeep	Jeep	2337	\$41,822
49	1995	International	Fire Truck	1591	\$106 000
50	1981	International	Fire Truck	3313	\$35 000
51	1998	Cavalier	Travel Trailer	8311	\$9,500
52	1998	Cavalier	Travel Trailer	8497	\$9 500
53	2000	GMC	Pumper	6087	\$117 035
			S34		
54	1988	Ford	Ambulance	1973	\$3,000
55	1977	Dodge	M882	4017	\$8,512
56	1982	International	Fire Truck	6098	\$20 000
57	1997	International	Fire Truck	4540	\$111,450
58	1992	GMC	Fire Truck	500699	\$87,856
59	1970	Amer Gen	Cargo	4G10201	\$58 832
60	2002	GMC	Truck	1205	\$122,398
61	2002	GMC	Truck	1228	\$122 398
62	2004	GMC	Pumper	1099	\$121 927
		American			
63	1986	General	Fire Truck	15434	\$73,827
64	1986	Tanker	5000 Gallon	2064	\$15 064
65	2007	GMC	Fire Truck	7462	\$140,382
66	2007	GMC	Fire Truck	7509	\$140 382
67	2007	International	Fire Truck	7179	\$70 989
68	2008	Ford	CV	2441	\$24,649
69	2008	Ford	CV	2440	\$24,649
70	2008	Ford	CV	2439	\$24 649
71	2000	Ford	CV	7390	\$19 734
72	1996	Ford	CV	4193	\$12 000
73	1988	Ford	Ranger PU	5217	\$2,800
74	1998	Ford	CV	2408	\$19,323
75	2008	Ford	CV	2438	\$24,649
76	2003	Ford	Taurus	1561	\$18,000
77	2000	Ford	CV	7389	\$19,734
78	2000	Ford	Explorer	50467	\$26,555
79	2000	Ford	Explorer	50468	\$19,796

## Clay County Board of Supervisors

80	2003	Ford	CV	3937	\$4 995
81	2004	Ford	Expedition	8603	\$26 654
82	1998	Dodge	150 PU	1214	\$9,500
83	2004	Ford	CV	6379	\$23 069
84	2004	Ford	CV	6377	\$23,069
85	2004	Ford	CV	6378	\$23 069
86	1995	Ford	CV	1322	\$19 000
87	1994	Ford	CV	1397	\$1 150
88	2001	Ford	Ranger PU	3673	\$16 000
89	2002	Sterling	LT7500	1309	\$83 689
90	2003	GMC	T255042	2284	\$50 800
91	1986	Chevrolet	C10	1167	\$3 000
92	1994	Ford	Compactor	1572	\$35 000
93	2008	Ford	F250	1458	\$15,391
94	2008	Mack	Truck	2155	\$92 000
95	2007	Palmer	Trailer	3719	\$24 000
96	2009	International	7400	9612	\$65,640
97	2003	Ford	PU	5928	\$24 000
98	2008	International		9857	\$38 978
99	2003	Mack	CH613	9301	\$43 850
100	2011	Mack	CH613	6871	\$100 000
101	2002	Chev	PU	6852	\$5 950
102	1985	Chev	Diesel	3213	\$3,500
103	2010	Mack	CH613	6417	\$97 531
104	1984	Palmer	Trailer	348	\$11 774
105	2010	Freightliner	M2 Chasis	6778	\$169 841
106	1967	Kaiser Jeep	MFC84994	6385	\$56 832
107	1970	Cargo 6X6	MFC85827	2257	\$41,822

## LAW ENFORCEMENT

CARRIER	OneBeacon America Insurance Company
A M BEST RATING	A XIV
LIMITS	\$2,000,000 Each Wrongful Act
	\$2,000,000 Aggregate
RETRO DATE	9/1/2000
DEDUCTIBLE	\$10,000 ✓
PREMIUM	\$14,192

**Law Enforcement Liability for Government Risks**

This insurance agreement is designed to pay all sums the insured becomes legally obligated to pay as damages caused by law enforcement wrongful acts that arise in the course of official law enforcement operations. Such acts can include

- false arrest, detention or imprisonment
- violation of civil rights
- Improper service of process
- Improper conduct of jail operations
- Actions involved in support of mutual aid agreements

**Features and benefits**

- **Broad "Who is an Insured" provision**
  - Government entity
  - Current or previously elected or appointed officials
  - As designated in mutual aid agreements
  - Employees
  - Volunteer workers
  - Owners of commandeered equipment
- **Automatic coverage for property in the care custody and control** of insured subject to a \$25,000 limit
- **Broad definition of law enforcement wrongful act** Any actual or alleged act error misstatement, misleading statement omission neglect or breach of duty by an insured arising from a law enforcement activity
- **Limited Criminal Acts Exclusion** – requires a judgment or final adjudication
- **Employee to Third party harassment coverage**
- **Sanctioned off-duty coverage**
- **Coverage for prosecuting attorneys and staff** other than public defenders or criminal defense attorneys
- **Judicial operations coverage** – includes premises of law enforcement operations
- **Coverage for bodily injury, property damage, personal injury mental anguish emotional distress or humiliation**
- **Non owned Watercraft**
- **Owned Watercraft** – 100 horsepower or less
- **Other**
  - Defense costs in addition to policy limits and inside deductible
  - Pay on behalf and duty to defend basis
  - Punitive damages covered if allowed by law
  - Canine or equine exposure coverage available
  - Reimbursement up to \$1,000 per day for loss of earnings to assist in trial and investigation of claims

**PUBLIC OFFICIALS LIABILITY  
EMPLOYMENT PRACTICES LIABILITY**

CARRIER	OneBeacon America Insurance Company
A M BEST RATING	A XIV
LIMITS	Public Officials Errors & Omissions Liability \$1,000,000 Each Wrongful Act \$1,000,000 Aggregate  Employment Practices Liability \$1,000,000 Each Employment Practices Offense \$1,000,000 All Employment Practices Offense
RETRO DATE	9/1/1997
DEDUCTIBLE	\$5,000
PREMIUM	\$8,007

*NOTE      Appears Travelers 2009-2010 policy has deductible of \$15 000 for  
Employment Practices Liability per page 1 of 2 "Public Entity  
Employment Practice Liability Protection"*

This Coverage Summary shows the limits of coverage deductible and the retroactive date that apply to your Public Entity Employment Practices Liability Protection - Claims-Made. It also lists those endorsements if any that must have certain information shown for them to apply.

Limits Of Coverage		Retroactive Date
		09/01/97
Each wrongful employment practice offense limit	\$1,000,000	<b>Important Note</b> If no date is shown above we will consider the retroactive date to be the same as the beginning date of this insuring agreement.
<b>Total limit</b>	\$1,000,000	
Each wrongful employment practice offense deductible	\$15,000	←

**Named Endorsement Table**

**Important Note** Only endorsements that must have certain information shown for them to apply are named in this table. The required information follows the name of each such endorsement. Other endorsements may apply too. If so they're listed on the Policy Forms List.

<b>Name of Insured</b>	<b>Policy Number</b> GP09313017	<b>Effective Date</b> 09/01/09
CLAY COUNTY BOARD OF SUPERVISORS		<b>Processing Date</b> 09/10/09 11 59 001

**Public Officials Errors and Omission for Government Risks**

This policy is comprised of multiple agreements designed to pay all sums the insured becomes legally obligated to pay as damages as a result of wrongful acts. Damages do not include bodily injury, property damage. Damages do not include personal injury and advertising injury, except personal and advertising injury when resulting from a covered employment practices offense.

Insuring agreements each with dedicated limits include:

- A Liability for Wrongful Acts
- B Liability for Employment Practices Offenses
- C Liability for Employee Benefit Administration Offenses

**Features and Benefits**

- ***Coverage can be written on a claims-made or occurrence basis***
- ***Broad "Who is an Insured" provision***
  - Governmental entity
  - Current or previously elected or appointed officials
  - Any authorities, boards, commission, councils, districts or other governmental units of the named insured and their employees, if controlled, funded and operated as part of the total operating budget
  - Employees
  - Volunteer workers
  - Person or organization providing services under mutual aid or similar agreements
- ***Reimbursement up to \$1,000 per day for loss of earnings to assist in trial and investigation of claims***
  
- ***Coverage A extensions***
  - Employee to third party harassment coverage
  - Privacy regulation violations
  - Network security violations
- ***Coverage B extensions***
  - EEOC Defense
  - Third party to employee harassment coverage
  - Front pay and back pay
- ***Other***
  - Defense cost in addition to policy limits and inside deductible
  - Pay on behalf of and duty to defend basis
  - Punitive damages covered, if allowed by law
  - No exclusions for architects, attorneys or engineers



EMPLOYEE BENEFIT PLANS ADMINISTRATION  
LIABILITY

LIMIT	\$1,000,000	Each Wrongful Act
	\$3,000,000	Aggregate
	\$ 1,000	Deductible
PREMIUM	Included in Public Officials Premium	

## INLAND MARINE

CARRIER	OneBeacon America Insurance Company	
A M BEST RATING	A XIV	
LIMITS	\$2,345,348	Contractors Equipment (Scheduled)
	\$ 500	Deductible
	\$ 50,000	Contractors Equipment (Unscheduled)
	\$ 1,000	Deductible
	\$ 444,500	Electronic Hardware & Media
	\$ 500	Deductible
	\$ 10,000	Electronic Data Loss of Income
	72	Hour waiting period
	\$ 100,000	Data Breach
	\$ 1,000	Deductible
	\$ 50,000	Fine Arts
	\$ 500	Deductible
	\$ 25,700	Miscellaneous Scheduled Property
	\$ 500	Deductible
PREMIUM	\$ 490	

## Clay County Board of Supervisors

<b>EQUIPMENT SCHEDULE</b>
---------------------------

MAKE	DESCRIPTION	ID#	LIMIT
Bush Hog	Cutter	12 0828	1 650
International	Dozier	4429U06097	25 000
Dumped	Dry Body	OB401536AL	5 212
Steele-Wheel	Roller	400T 8584118	24 393
Ford	3930 Tractor	095092B	14 500
Wobble Wheel	Packer	W122130K	2 000
Alamo	Mower	AB05126	18 912
Ford	Tractor	B061940	18 000
Caterpillar	Motor Grader	2ZK05208	155 886
Bush Hog	Cutter	1200414	7 800
Caterpillar	Wheel Loader	2XB01297	25 000
Caterpillar	Excavator Trackhoe	8JR00917	61 000
New Holland	Tractor	362908M	19,834
Dura patcher	Pothole Patcher	1497	26 000
Caterpillar	Backhoe 420 D	BLN05853	80 528
Tailgate	Spreader Box	D1042	1 575
Alamo	Ditcher	D1139	5 400
Alamo	Rotary Cutter	14494	1 000
20 Boom	Mower	4689	15 732
New Holland	Tractor	089363B	13 514
Sweeper	D2010	12193	2 100
Caterpillar	Grader	9D3180	69 500
Hugh H50	Front End Loader	J004513	15 000
Ford	Backhoe 555E	31024738	39 565
Grace	Pneumatic Roller	3128	2 500
Durapatcher	Pothole Patcher	1500	26 000
Bush Hog	Rotary Cutter	1211403	3 115
Bush Hog	Front End Loader	1203565	2 200
Ford	Tractor	2X351780	16 300
Alamo	5 Versa Mower	576003	15 884
Ford	Tractor 5610	4025610E20616	16 500
Alamo	Ditcher	1391	6 729
John Deere	Tractor	405804-T	5 000
Side Boom	Mower	43975	5 000
Dresser	Front End Loader	D042666	25 000
Rotary	Cutter	16303	1 000
Caterpillar	Motor Grader	2ZK01024	135 000
Caterpillar	Tractor	8PB01501	43 500
Ford	Tractor	019389B	17 000
Bush Hog	Cutter	12 02901	4 975
Kobelco	Excavator	YMU1581	62 500
Ford	Tractor	1234308	18 518
Caterpillar	Motor Grader	2ZK06822	158 973

## Clay County Board of Supervisors

Ford	Backhoe	417628	18 000
Caterpillar	Backhoe	FDP20312	51 274
Pot Hole	Patcher	1355	31 855
Sprayer	500 Gallon		1 375
Rotary	Cutter	121126	1 613
Caterpillar	Front End Loader	41K9328	25 000
Galion	Road Grader	1DF10656	20 000
A Boom	Cutter	TBD	2 500
Ford	Tractor	BD56388	12 000
Ford	Tractor	355237M	22 000
Caterpillar	Backhoe Loader	5YN02104	38 561
Bush Hog	Cutter	12 03477	2 283
Spreader	Grader	4582 8	2 650
Kobelco	Excavator	YPU2009	62 500
Caterpillar	Bulldozer	9613127	20 000
Caterpillar	Motor Grader	2ZK02900	112 000
Durapatcher	Pothole Patcher	1501	26 000
Rotary	Cutter	TW72	1 500
Ford	Tractor	0365955B	14 500
Paving Machine	D5053	TBD	1 000
Caterpillar	Excavator	X9HR02427569K	65 000
Bush Hog	Cutter	12-00309	7 000
Boom Mower	20	1559	18 000
New Holland	Tractor	360723M	20 500
Caterpillar	Motor Grader	13K5143	25 000
Caterpillar	Bulldozer	104K1046	20 000
Backhoe	Loader	332172124	21 500
Caterpillar	Motor Grader	2ZK05207	155 586
Bush Hog	406	1103650	2 000
Caterpillar	Front End Loader	6456	20 000
Caterpillar	Backhoe	BLN05812	80 528
Bush Hog	2610	1201901	10 275
Bush Hog	EL296	1201546	2 551
Sheepsfoot	D3006	6166	500
2 wheel 5x8 Trailer	D3070		395
Mobile Fuel Tank	D3089		200
Silage Cutter	D3096		200
New Holland Tractor	TD80D	HFD055323	23 978
Flexwing Rotary Cutter		1200032	7 290
Tank 500 Gallon		914410227	443
Ford Tractor	5610	BD02796	13 600
New Holland Tractor	TS110	097269B	24 115
Boom Mower		TB4261	4 920
Bush Hog Legend Cutter		1201918	6 167
5x8 Trailer		GF017	475

## Clay County Board of Supervisors

---

6 x12 Trailer	D1133	M000356	3,850
Alamo Ditcher	D1139	1088	5,400
Roscoe Roller	D2053	5505606	10,000
Ford Tractor	70HP	358237M	18,225
Rudolph Towboat		BC24386	2,000
OX Bodies Dump Trailer		28398	5,043
Palmer Dump Trailer		3410	18,000
Fisher Marine	Boat &	SD457	700
Utility Trailer	Utility Trailer	GF031	450
Mobile	Camera System	SD854	23,000
TP2000 WEC	Workstation	3002-527P	47,051
		Total	2,345,348

## EMPLOYEE DISHONESTY

CARRIER	OneBeacon America Insurance Company	
A M BEST RATING	A XIV	
LIMITS	\$100,000	Employee Dishonesty
	\$100,000	Forgery or Alteration
	\$100,000	Money & Securities – Inside (including Funds Transfer Fraud)
	\$100,000	Money & Securities – Outside
	\$100,000	Computer Fraud
	\$100,000	ID Fraud
	\$100,000	Accounts Receivable
DEDUCTIBLE	\$	500
PREMIUM	Included in Property Premium	

*NOTE Computer fraud and ID fraud for a limit of \$100,000 are included in this quote These boxes are not "x" on St Paul Policy 2009-2010 page 1 of 2 of Government Crime Protection Coverage Summary See next page for description of coverage*

CC 000 D559  
 001  
 05 I  
 \* M  
 \* 2 C O O 2 GP09313017 4149

**GOVERNMENT CRIME PROTECTION COVERAGE SUMMARY**



This Coverage Summary shows the coverages and limits of coverage that apply to your Crime Protection

**Coverages Limits Of Coverage And Deductibles**

Coverage applies only to those coverages indicated by  and when a limit of coverage is shown

	Limit Of Coverage Per Crime Loss	Deductible Amount Per Crime Loss
<input checked="" type="checkbox"/> 1 Employee Theft - Per Loss	\$100,000	\$500
<input type="checkbox"/> 2 Employee Theft - Per Employee	\$	\$
<input checked="" type="checkbox"/> 3 Forgery Or Alteration	\$100,000	\$500
<input checked="" type="checkbox"/> 4 Loss Inside Your Building - Theft Of Money And Securities	\$100,000	\$500
<input type="checkbox"/> 5 Loss Inside Your Building - Robbery Or Safe Burglary Of Other Property	\$	\$
<input checked="" type="checkbox"/> 6 Loss Outside Your Building	\$100,000	\$500
<input type="checkbox"/> 7 Computer Fraud	\$	\$
<input type="checkbox"/> 8 Funds Transfer Fraud	\$	\$
<input type="checkbox"/> 9 Money Orders And Counterfeit Paper Currency	\$	\$

Employee Benefit Plan(s) included as named insureds

**Named Endorsement Table**

**Important Note** Only endorsements that must have certain information shown for them to apply are named in this table. The required information follows the name of each such endorsement. Other endorsements may apply. If so, they're listed on the Policy Forms List.

**Name of Insured** CLAY COUNTY BOARD OF SUPERVISORS  
**Policy Number** GP09313017  
**Effective Date** 09/01/09  
**Processing Date** 09/10/09 11 59 001

C0025 Rev 4-03 Printed in U S A Coverage Summary  
 ©St Paul Fire and Marine Insurance Co 2003 All Rights Reserved Page 1 of 2

## **Computer Fraud**

We'll pay for loss of or damage to money, securities and other property that result directly from computer fraud

*Computer fraud* means using a computer to fraudulently transfer money, securities or other property from inside your building or a bank to

- A person, other than a messenger, outside your building or a bank, or
- A place outside your building or a bank

## **Funds Transfer Fraud**

We'll pay for loss of money and securities resulting directly from a fraudulent instruction that directs a financial institution to transfer, pay or deliver money and securities from your transfer account

*Fraudulent instruction* means

- An electronic instruction that claims to have been transmitted by you, but was fraudulently transmitted by someone else without your knowledge or consent,
- A written instruction, other than those described in the Forgery or Alteration coverage section, that was issued by you and forged or altered by someone else without your knowledge or consent,
- A written instruction that claims to have been issued by you, but was fraudulently issued without your knowledge or consent, or
- An electronic or written instruction that you received and that claims to have been transmitted by an employee, but was fraudulently transmitted by someone else without your or the employee's knowledge or consent

*Electronic instruction* includes any telegraphic, cable, teletype, telefacsimile, or telephone instruction

*Transfer account* means an account maintained by you at a financial institution from which you can initiate the transfer, payment, or delivery of money and securities by means of

- Electronic instruction communicated directly through an electronic funds transfer system, or
- Written instructions, other than those described in the Forgery or Alterations coverage section establishing the conditions under which such transfers are to be initiated by such financial institution through an electronic funds transfer system



## PREMIUM SUMMARY

Property Coverages	\$ 30,882
Liability Coverages	\$ 17,726
Automobile Coverages	\$ 65,768
Law Enforcement Liability	\$ 14,192
Public Officials Liability	\$ 8,007
Inland Marine	\$ 490
Annual Premium (Excluding Terrorism)	<u>\$137,065</u>

<i>Earthquake Optional</i>	\$ 2,773
<i>Flood Optional</i>	\$ 1,387
<i>Terrorism Additional Premium</i>	\$ 1,275



## PAYMENT OPTIONS

(4) Pay - Equal Quarterly Installments

### OPTION #1

\$137,065  
Excluding Terrorism

\$34,266, 25 September 1, 2010  
\$34,266, 25 December 1, 2010  
\$34,266, 25 March 1, 2011  
\$34,266, 25 June 1, 2011

### OPTION #2

\$138,340  
Including Terrorism

\$34,585 00 September 1, 2010  
\$34,585 00 December 1, 2010  
\$34,585 00 March 1, 2011  
\$34,585 00 June 1, 2011

### OPTION#3

\$142,500  
Including Terrorism,  
Earthquake & Flood

\$35,625 00 September 1, 2010  
\$35,625 00 December 1, 2010  
\$35,625 00 March 1, 2011  
\$35,625 00 June 1, 2011



**OneBeacon**  
INSURANCE

OneBeacon American Insurance Company  
OneBeacon Line  
Canton, MA 02071-1020

Insured Name and Address  
CLAY COUNTY BOARD OF SUPERVISORS

Quote Number 1144850-2

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act (the Act) as amended 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. 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 certain air carriers or vessels 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.

COVERAGE TO BE PROVIDED BY THE POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM AS DEFINED IN THE ACT MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT IN ACCORDANCE WITH A FORMULA ESTABLISHED UNDER THE ACT. UNDER THE FORMULA THE UNITED STATES GOVERNMENT WOULD PAY 85% OF COVERED TERRORISM LOSSES THAT EXCEED THE STATUTORILY IMPOSED DEDUCTIBLE FOR WHICH THE INSURANCE COMPANY IS RESPONSIBLE. THE PREMIUM TO BE 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.

THE ACT 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 EXCEEDS \$100 BILLION IN ANY ONE CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION YOUR COVERAGE MAY BE REDUCED.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

The prospective premium required for your terrorism coverage is \$ 1,275. If you wish to reject this offer of coverage you should check the box below, sign this notice and send it to your agent. An exclusion of terrorism losses as defined by the Act will then be made part of your policy.

If you wish to reject this offer of coverage you should check the box below, sign this notice and send it to your agent. An exclusion of terrorism losses as defined by the Act will then be made part of your policy.

<input type="checkbox"/>	I hereby reject the offer of terrorism coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined in the Act.
--------------------------	---

**Possibility of Additional or Return Premium**

The premium shown above is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act. The federal program established by the Act is scheduled to terminate at the end of 12/31/14. If the federal program terminates or if the level or terms of federal participation change, the estimated premium shown above may not be appropriate.

If this policy contains a Conditional Exclusion, continuation of coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion. If this policy does not contain a Conditional Exclusion, coverage for certified acts of terrorism will continue. In either case when disposition of the federal program is determined, we will recalculate the estimated premium shown above and will charge additional premium or refund excess premium, if indicated.

If we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

707

If your policy includes Property Coverage in one or more of these states CA, CT, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, VA, WA, WI, or WV the following statement applies

The terrorism exclusion makes an exception for (and thereby continues your coverage for) property fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism. The coverage in your policy for such fire losses will continue. If such a loss occurs and is certified under the Act, the loss will be reimbursed by the United States under the formula detailed above.

The portion of your policy premium attributable to terrorism (fire only) coverage in all of the states listed above in which your policy provides property coverage is \$ 0. This amount is included in your policy premium and cannot be rejected.

_____	OneBeacon America Insurance Company
Policyholder/Applicant's Signature	Insurance Company
_____	_____
Print Name	Date

If you have any questions about this notice, please contact your agent.

708

# Clay County Board of Supervisors

## CLIENT AUTHORIZATION TO BIND COVERAGE

After careful consideration of your proposal dated August 19 2010 we accept your insurance program subject to the following changes

Please check the desired coverages

- OneBeacon Quote
  - Include TRIA
  - Exclude TRIA

In addition, we request that you attempt to obtain quotes or additional information on the following coverage considerations

We confirm the values schedules and other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately

- Property Schedule contained in Proposal is correct
- Equipment/Inland Marine Schedule contained in Proposal is correct
- Automobile Schedule contained in Proposal is correct

It is understood this proposal provides only a summary of the details the policies will contain the actual coverages

Please note that signing this document does not immediately bind coverage with non admitted carriers (see A M Best page) You will receive notification from us in the form of a binder or confirmation of insurance that will show when coverage is effective

Please check here if you wish to only receive your policies in electronic form Forward policies in electronic form to the following e mail address \_\_\_\_\_

\_\_\_\_\_  
Agent Signature

X  
\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

IN THE MATTER OF PAYING THE CLAY COUNTY MISSISSIPPI CONSTABLES  
ACCORDING TO SB2860 BASED UPON THEIR GROSS FEE INCOME

---

There came on this day for consideration the matter of paying the Clay County Mississippi Constables according to SB2860 based upon their gross fee income

It appears to this Board that the attached exhibit A reflects the gross fee income of constables Sherman Ivy and Lewis Stafford for the month of August 2010 submitted by the Justice Court Clerk and

It appears that the attached exhibit B represents the calculations of estimated contributions due the Public Employees Retirement System for each constable and the net fee income to be paid each constable

After motion by Mr. Deane and second by Mr. Davis this Board doth vote unanimously to have the Chancery Clerk transfer \$459.<sup>25</sup> to the payroll clearing account to be remitted to the Public Employees Retirement System on behalf of the Clay County Constable and to pay Sherman Ivy \$1650.<sup>95</sup> and Lewis Stafford \$2064.<sup>80</sup> as net fee income after Public Employees Retirement System deduction withheld for the month of August 2010

SO ORDERED this the 26 day of August 2010

Floyd J. ...  
PRESIDENT

**Clay County, Ms**  
**Calculation of Estimated Contributions/Wages For Constables**  
**As of August 20, 2010**

**Calculation**

	<b>Lewis Stafford</b>	<b>Sherman Ivy</b>	
Gross Fee Income *	\$2,320 00	\$1,855 00	(Input)
Minimum Withholding Rate	11%	11%	
Estimated Contributions	<u>\$255 20</u>	<u>\$204 05</u>	
Estimated Contributions	\$255 20	\$204 05	
Divided by PERS EE/ER	21 00%	21 00%	
Estimated Wages To Be Reported To PERS	<u>\$1 215 24</u>	<u>\$971 67</u>	
Estimated Wages	\$1,215 24	\$971 67	
Multiplied by PERS EE Rate	9 00%	9 00%	
Estimated PERS EE Contributions	<u>\$109 37</u>	<u>\$87 45</u>	
Estimated Wages	\$1,215 24	\$971 67	
Multiplied by PERS ER Rate	12 00%	12 00%	
Estimated PERS ER Contributions	<u>\$145 83</u>	<u>\$116 60</u>	

**\*\*Summary of Wages and Contributions to be reported to PERS For Constables \*\***

Estimated Wages	\$1,215 24	\$971 67
Estimated PERS EE Contributions	\$109 37	\$87 45
Estimated PERS ER Contributions	\$145 83	\$116 60
Total Estimated Contributions	<u>\$255 20</u>	<u>\$204 05</u>

**\*\*Funds to be Paid to Constables\*\***

Gross Fee Income	\$2,320 00	\$1,855 00
Less Total Estimated PERS EE/ER Contril	<u>\$255 20</u>	<u>\$204 05</u>
Net Gross	<u>\$2,064 80</u>	<u>\$1,650 95</u>

Need an order to transfer to Payroll Clearing fund \$ 459 25 to remit with Retirement Contributions

711

Exhibit A

NO \_\_\_\_\_

IN THE MATTER OF MOVING INTO EXECUTIVE SESSION TO DISCUSS A  
PERSONNEL ISSUE

---

Mr Davis made the motion and Mr Lummus seconded the motion to move into executive session to discuss the personnel issue A unanimous vote was taken after called for by the President

Mr Davis made the motion to return to open session and Mr Horton seconded the motion A unanimous vote was taken

No action was taken on the issue discussed in executive session and the Board voted to recess until 9 a m on August 26<sup>th</sup>, 2010

  
PRESIDENT



IN THE MATTER OF PERMITS FOR HEAVY HAULING ON COUNTY ROADS

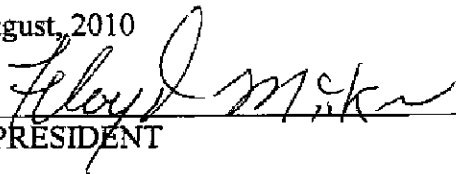
---

There came on this day for consideration the matter of permits for heavy hauling on county roads

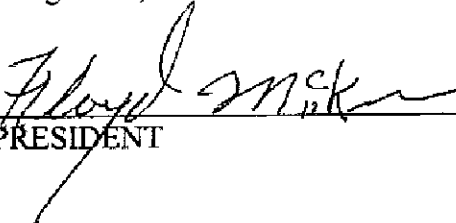
It appears that the questions of the requiring of a bond for hauling is being considered with District 4 wanting a bond and the other Supervisor's Beats not wanting that requirement for their beats

Mr Deanes made the motion to table any action until an Attorney General's opinion can be obtained Mr Horton seconded the motion and a unanimous vote was taken

SO ORDERED this the 26<sup>th</sup> day of August, 2010

  
\_\_\_\_\_  
PRESIDENT

This Board doth recess until 9 a m on August 30, 2010

  
\_\_\_\_\_  
PRESIDENT

**BE IT REMEMBERED** that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 30<sup>th</sup> day of August, 2010, at 9 00 o'clock a m , and present were, Floyd McKee, President of the Board, R B Davis, Vice-President, Shelton Deanes, Luke Lummus and Lynn Horton Also present at said meeting were Harmon A Robinson, Clerk of the Board, and Laddie Huffman, Sheriff, when and where the following proceedings were had and determined, to-wit

NO \_\_\_\_\_

IN THE MATTER OF LIABILITY, FIRE AND CASUALTY INSURANCE  
FOR 2010-2011

---

There came on this day for consideration the matter of liability, fire and casualty insurance for 2010-2011

It appears to this Board that two quotes were received on August 26, 2010 and taken under advisement and they were, to wit,

- 1 Galloway Chandler McKinney Insurance representing Travelers Insurance Company the quote being \$178,684 00
- 2 Lyon Insurance representing Beacon One Insurance the quote being \$137,065 00

It also appears that Shelton Deanes District Four Supervisor has recused himself from any discussions of this matter and has left the Boardroom during these deliberations and voting

Mr McKinney then asked to present an amended quote being somewhat lower than their original quote, President McKee said he would not entertain said amendment and asked the Board to vote on the quotes as received at the August 26, 2010 meeting Mr McKee moved to accept the Lyon Insurance quote and Mr Davis seconded the motion The President called for a vote and the votes were as follows, to with,

Mr Horton	No
Mr McKee	Yes
Mr Lummus	No
Mr Davis	Yes

Their being a tie vote Mr McKee moved that the Board go into closed session to determine the issue of whether or not to declare an executive session under Section 25-41-7(2) and Mr Lummus seconded the motion and a unanimous vote was taken to close

the meeting for a preliminary determination of the necessity of an executive session

The vote being seconded, to wit,


Mr Horton	Yea
Mr McKee	Yea
Mr Lummus	Yea
Mr Davis	Yea

While in the closed determination, Mr McKinney sent word to the Board that Galloway Chandler McKinney wished to withdraw their quote

The Board then moved to open session before determination was made and proceeded to take open action on the question of insurance coverage for 2010-2011. The vote was unanimous to move back into open session following Mr Lummus' motion and second of Mr Davis

Mr Davis moved that the bid of Lyon Insurance of \$137,065.00 be accepted and Mr McKee seconded the motion. A unanimous vote was taken to accept Lyon's quote with Mr Deanes not taking part in said vote

SO ORDERED this the 30<sup>th</sup> day of August, 2010

  
\_\_\_\_\_  
PRESIDENT

PETITION FOR REDUCTION OF ASSESSMENT

Property of Mt. Herman M. B. Church School Dist West Point Road Dist 5110

STATE OF MISSISSIPPI

COUNTY OF CLAY

Now comes Teretha Rupert and applies for a reduction in the assessments against the petitioners on the Real Assessment Roll for the year 2009  
(Tax Assessor-Affiant-Taxpayer)  
(Real or Personal)

PER ATTACHED FORM 60-606 TOTAL \_\_\_\_\_

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Page	Line	Parcel	Land	Improvements	Total Value	Change
		082D415B 01200 00	1598	-0-	1598	1598

Owner \_\_\_\_\_ Reason for change pt. of Church's Yard

Application is hereby made by, or on behalf of, the taxpayer named for change or reduction of assessment, and the parties signed below swear to and certify that all facts stated are true

AFFIANT \_\_\_\_\_ TAXPAYER \_\_\_\_\_

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

TAX ASSESSOR \_\_\_\_\_

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

It appearing to the Board of Supervisors from evidence, both oral and documentary offered in support of said application that the assessment should be changed or reduced

IT IS, THEREFORE, ORDERED by the Board of Supervisors of Clay County, Mississippi, that a total reduction of the assessment on said roll of \$ 1598.00 and said changes being for the year 2009

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission. The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office, and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order, and the Tax Collector be given the proper credit therefor, including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 30<sup>th</sup> day of August, 20 10

Felbyl Mink  
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I, Herman A. Robinson, Clerk of the Board of Supervisors of Clay County, State of Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors, passed on the day 30 of August 20 10 as the same appears on Page \_\_\_\_\_ of Minute Book \_\_\_\_\_ of said Board, now on file in the office of said Clerk in the City of West Point in said County

Witness my hand and official seal, this the 30 day of Aug., 20 10

Herman A. Robinson  
Clerk of the Board of Supervisors of said County



### PETITION FOR REDUCTION OF ASSESSMENT

Property of Polaris Industries School Dist West Point Road Dist \_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Teretha Rupert and applies for a reduction in the assessments  
(Tax Assessor Affiant Taxpayer)

against the petitioners on the Personal Assessment Roll for the year 2009  
(Real or Personal)

PER ATTACHED FORM 60-606 TOTAL \_\_\_\_\_

#### AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF CLAY

Page	Line	Parcel	Land xxxxx	Improvements xxxxxx	Total Value	Change
		533000505	67176	22235	89411	22235

Owner \_\_\_\_\_ Reason for change \_\_\_\_\_

Application is hereby made by, or on behalf of, the taxpayer named for change or reduction of assessment, and the parties signed below swear to and certify that all facts stated are true

AFFIANT Sonny Jamison TAXPAYER Remove the penalty as we did render a

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_ rendition 20\_\_\_\_\_

TAX ASSESSOR \_\_\_\_\_

#### ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

#### ORDER

It appearing to the Board of Supervisors from evidence both oral and documentary offered in support of said application that the assessment should be changed or reduced,

IT IS, THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi, that a total reduction of the assessment on said roll of \$ 22,235.00 and said changes being for the year 2009

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission The Clerk of this Board is hereby authorized and directed to change the Original Assessment Roll in his office, and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor, including district taxes, and Homestead Exemption if any, be adjusted

ORDERED AND ADJUDGED this the 30<sup>th</sup> day of August, 2010  
Floyd Miller  
(President of Board of Supervisors)

#### CLERK'S CERTIFICATE

I, Harmon A. Robinson, Clerk of the Board of Supervisors of Clay County, State of Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors, passed on the day 30 of August 2010 as the same appears on Page \_\_\_\_\_ of Minute Book \_\_\_\_\_ of said Board, now on file in the office of said Clerk in the

City of West Point in said County  
Witness my hand and official seal, this the 30<sup>th</sup> day of August, 2010  
Harmon A. Robinson  
Clerk of the Board of Supervisors of said County



PETITION FOR REDUCTION OF ASSESSMENT

Property of Mr. Herman M. B. Church School Dist West Point Road Dist 5110

STATE OF MISSISSIPPI

COUNTY OF CLAY

Now comes Teretha Rupert and applies for a reduction in the assessments against the petitioners on the Real Assessment Roll for the year 2009  
(Tax Ass sso Affian Taxpayer)  
Real o P rson li

PER ATTACHED FORM 60-606 TOTAL \_\_\_\_\_

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Page	Line	Parcel	Land	Improvements	Total Value	Change
		082D415B 01200 00	1598	-0-	1598	1598

Owner \_\_\_\_\_ Reason for change Pr of Church's Yard

Application is hereby made by, or on behalf of the taxpayer named for change or reduction of assessment, and the parties signed below swear to and certify that all facts stated are true

AFFIANT \_\_\_\_\_ TAXPAYER \_\_\_\_\_

Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

TAX ASSESSOR \_\_\_\_\_

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

ORDER

It appearing to the Board of Supervisors from evidence both oral and documentary, offered in support of said application that the assessment should be changed or reduced

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi that a total reduction of the assessment on said roll of \$ 1598.00 and said changes being for the year 2009

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission. The Clerk of this Board is hereby authorized and directed to charge the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to charge the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 30<sup>th</sup> day of August 20 10  
Floyd Mink  
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I, Herman A. Robinson, Clerk of the Board of Supervisors of Clay County State of Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors, passed on the day 30 of August 20 10 as the same appears on Page \_\_\_\_\_ of Minute Book \_\_\_\_\_ of said Board, now on file in the office of said Clerk in the City of West Point in said County

Witness my hand and official seal this the 30 day of Aug., 20 10  
Herman A. Robinson  
Clerk of the Board of Supervisors of said County





PETITION FOR REDUCTION OF ASSESSMENT

Property of Polaris Industries School Dist West Point Road Dist \_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF Clay

Now comes Teretha Rupert and applies for a reduction in the assessments against the petitioners on the Personal Assessment Roll for the year 2009

PER ATTACHED FORM 60-606 TOTAL \_\_\_\_\_

AFFIDAVIT FOR CHANGE

STATE OF MISSISSIPPI

COUNTY OF CLAY

Page	Line	Parcel	Land	<del>Improvements</del>	Total Value	Change
		533000505	67176	22235	89411	22235

Owner \_\_\_\_\_ Reason for change \_\_\_\_\_

Application is hereby made by, or on behalf of, the taxpayer named for change or reduction of assessment and the parties signed below swear to and certify that all facts stated are true

AFFIANT Sonny Jamison TAXPAYER Remove the penalty as we did render a rendition  
Witness my signature this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

TAX ASSESSOR \_\_\_\_\_

ORDER OF BOARD OF SUPERVISORS

STATE OF MISSISSIPPI  
COUNTY OF Clay

ORDER

It appearing to the Board of Supervisors from evidence both oral and documentary offered in support of said application that the assessment should be changed or reduced

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County, Mississippi, that a total reduction of the assessment on said roll of \$ 22,235.00 and said changes being for the year 2009

IT IS FURTHER ORDERED that the Clerk of this Board certify two copies of this order to the State Tax Commission. The Clerk of this Board is hereby authorized and directed to charge the Original Assessment Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order and the Tax Collector be given the proper credit therefor including district taxes, and Homestead Exemption if any be adjusted

ORDERED AND ADJUDGED this the 30<sup>th</sup> day of August, 2010  
Floyd Miller  
(President of Board of Supervisors)

CLERK'S CERTIFICATE

I, Harmon A. Robinson Clerk of the Board of Supervisors of Clay County, State of Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors, passed on the day 30 of August, 2010 as the same appears on Page \_\_\_\_\_ of Minute Book \_\_\_\_\_ of said Board, now on file in the office of said Clerk in the City of West Point in said County  
Witness my hand and official seal this the 30<sup>th</sup> day of August, 2010  
Harmon A. Robinson  
Clerk of the Board of Supervisors of said County



COPY

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Teretha Rupert, Tax Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2009 Homestead Exemption Supplemental Roll as shown in said petition

And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County Mississippi, that the adjustment(s) on the other side of this form be adopted for the year 2009

IT IS FURTHER ORDERED that the Clerk of this Board certify two copies of this order to the State Tax Commission for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession, to conform with the provisions of this order

Ordered and adjudged this the 30<sup>th</sup> day of August, 2010  
signed Floyd Mike

CLERK'S CERTIFICATE

I, Harmon A. Bohannon Clerk of the Board of Supervisors of Clay County, Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors

Witness my hand and official seal this the 30<sup>th</sup> day of August 2010

Harmon A. Bohannon  
Clerk of the Board of Supervisors

**PETITION TO ADJUST EXEMPTION ON  
HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL**

YEAR 2009

FORM 11000 (R) 2004  
1-1-07

MARK THE TYPE OF ADJUSTMENT ONLY ONE TYPE OF ADJUSTMENT PER PAGE ONLY ONE MUNICIPALITY PER PAGE

ADDITION ( )

DELETIONS (  )

COUNTY CLAY

SCHOOL DISTRICT WEST POINT

MUNICIPALITY \_\_\_\_\_

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
Chandler Emma Lee	010-08-00600 00							House gone
Heard Walter Robert	014-22-01000 00							Both applicants deceased
Holcombe Albert E	084D-17A-00200 00							Deeded property away
Parker John H	089-25-02700 00							John Parker deceased change Elsie Parker
Reed Wendelle W	086-13-03011.00							Applicant sold property
Williams Eddie Lee	092C-26A-01400.00							Deeded property away

725

**INSTRUCTIONS**

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to **ADD** an entry to the Homestead Exemption Supplemental Roll fill out the above information as it **SHOULD** appear on the original supplemental roll

If this page is being used to **DELETE** an entry from the Homestead Exemption Supplemental Roll fill out the above information **EXACTLY** as it appears on the original supplemental roll

**FORMSIC USE ONLY**

Total Net Effect  
of adjustments

(Initial & date)

**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

DELETION (  ) CORRECTION (  )

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY

YEAR 2009

NAME 1 Chandler Emma Lee \_\_\_\_\_  
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>West Point</u>		
NAME 1 <u>Chandler</u> <u>Emma</u> <u>Lee</u> (LAST) (FIRST) (MIDDLE)			SSN _____		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)			SSN _____		
ADDRESS <u>10175</u> <u>Brand Una Rd</u> (STREET)			EXEMPTION CODE NO _____		
<u>Prairie</u> <u>Ms.</u> <u>39756</u> (CITY) (STATE) (ZIP)			1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>010 08 00600.00</u>			<u>House gone</u>		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30<sup>th</sup> day of August 2010

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION**

FOR MSTC USE ONLY

of the  
**HOMESTEAD EXEMPTION APPLICATION**

DELETION ( X ) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2010 2009

NAME 1 Heard Walter Robert [REDACTED]  
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

OR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Heard</u> LAST	<u>Walter</u> (FIRST)	<u>Robert</u> (MIDDLE)	SSN <u>[REDACTED]</u>	
NAME 2 <u>Heard</u> LAST	<u>Isabella</u> (FIRST)	<u>Randle</u> (MIDDLE)	SSN <u>42 [REDACTED]</u>	
ADDRESS <u>11474 Moon Heard Rd</u> (STREET)			EXEMPTION CODE NO _____	
<u>Prairie</u> (CITY)	<u>Ms</u> (STATE)	<u>39756</u> (ZIP)	1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION	
1 <u>014 22 01000.00</u>			<del>Both applicants are deceased</del>	
2 _____			_____	
3 _____			_____	
4 _____			_____	
5 _____			_____	

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30 day of August 2010

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**  
DELETION (  ) CORRECTION ( )

FOR MSTC USE ONLY


INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY

YEAR 2010 2009

NAME 1 holcombe Albert E \_\_\_\_\_  
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.  
FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>
NAME 1 <u>holcombe Albert E.</u> (LAST) (FIRSTS) (MIDDLE)		
NAME 2 <u>holcombe Joyce Patterson</u> (LAST) (FIRSTS) (MIDDLE)		
ADDRESS <u>4051 Hwy 50 East (P. O. Box 1498)</u> (STREET)	EXEMPTION CODE NO _____	
<u>West Point</u> <u>Ms.</u> <u>39773</u> (CITY) (STATE) (ZIP)	1 Regular      4 Dr Cert 2 Over 65    5 DAV 3 Letter      6 Comb Reg & Add	
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW	REASON FOR CORRECTION/DELETION	
1 <u>084D 17A 00200.00</u>	<u>Deeded property away.</u>	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

**AUTHORIZATION**

(FOR A CORRECTION)  
Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)  
Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30<sup>th</sup> day of August 2010

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	





**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

**FOR MSTC USE ONLY**

DELETION (  ) CORRECTION (  )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY  
YEAR 2018 2009

NAME 1 Reed Wendell W Jr \_\_\_\_\_  
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____			SCHOOL DISTRICT <u>West Point</u>		
NAME 1 <u>Reed</u>	<u>Wendell</u>	<u>W Jr</u>	SSN _____		
(LAST)	(FIRST)	(MIDDLE)			
NAME 2 <u>Reed</u>	<u>Patricia</u>		SSN _____		
(LAST)	(FIRST)	(MIDDLE)			
ADDRESS _____			EXEMPTION CODE NO _____		
(STREET)			1 Regular 4 Dr Cert		
<u>West Point</u>	<u>Ms</u>	<u>39773</u>	2 Over 65 5 DAV		
(CITY)	(STATE)	(ZIP)	3 Letter 6 Comb Reg & Add		
PARCEL NUMBER(S)			REASON FOR CORRECTION/DELETION		
IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR			Applicant sold property with		
LIST CORRECTED NUMBER BELOW			the house on it		
1	<u>086 13</u>	<u>03011 00</u>			
2					
3					
4					
5					

**AUTHORIZATION**

(FOR A CORRECTION)  
Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)  
Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30 day of August 2010

SIGNED 

<b>FOR MSTC USE ONLY</b>	APPROVED _____	REJECTED _____
	Why rejected _____	

CORRECTION/DELETION of the HOMESTEAD EXEMPTION APPLICATION

FOR MSTC USE ONLY

DELETION ( X ) CORRECTION ( )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO COUNTY CLAY YEAR 2018 2009

NAME 1 Williams Eddie Lee Jr. (last name) (first name) (middle name)

FOR A CORRECTION ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY SCHOOL DISTRICT West Point
NAME 1 Williams Eddie Lee Jr. SSN
NAME 2 SSN
ADDRESS P O Box 1920 EXEMPTION CODE NO
West Point Ms 39773
PARCEL NUMBER(S) REASON FOR CORRECTION/DELETION
1 092C 26A 01400 00 Deed property away

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30th day of August 2010

SIGNED

FOR MSTC USE ONLY APPROVED REJECTED Why rejected

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of Supervisors of Clay County, Mississippi, petition of Teretha Rupert, Tax Assessor for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said 2009 Homestead Exemption Supplemental Roll as shown in said petition

And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of Clay County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year 2009

IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission, for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order

Ordered and adjudged this the 30 day of August, 2010  
signed Floyd M. Miller

CLERK'S CERTIFICATE

I, Harmon A. Robinson Clerk of the Board of Supervisors of Clay County, Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors

Witness my hand and official seal, this the 30 day of August, 2010  
Harmon A. Robinson  
Clerk of the Board of Supervisors

**PETITION TO ADJUST EXEMPTION ON  
HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL**

YEAR 2009

FD-1170 (0-1-1999) (REV. 3/04)  
FD-1170 (0-1-1999)

MARK THE TYPE OF ADJUSTMENT. ONLY ONE TYPE OF ADJUSTMENT PER PAGE. ONLY ONE MUNICIPALITY PER PAGE.

ADDITION ( )

DELETIONS (X)

COUNTY CLAY

SCHOOL DISTRICT CLAY COUNTY

MUNICIPALITY \_\_\_\_\_

NAME	PARCEL NUMBER	NO OF ACRES	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
Griddle Loretta Dendy	024-02-02500 00	10	785	2549		3342	-----	Sold Property
Cummings Frances	074-09-01200 00	60	1949	-0-	-0-	1949		Sold Property
Washington General	101-28-00500 00	9	892	2844		3536		Both Applicants are deceased
Washington Ricky D	101-28-00501 00	1	650	4273	4923	-0-	-0-	Applicant move to California
Owens Josie Brisco	101-21-02800 00	1.60	782	4940	-0-	5722	-0-	Applicant no longer lives in house

733

**INSTRUCTIONS**

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to **ADD** an entry to the Homestead Exemption Supplemental Roll fill out the above information. It **SHOULD** appear on the original supplemental roll.

If this page is being used to **DELETE** an entry from the Homestead Exemption Supplemental Roll fill out the above information **EXACTLY** as it appears on the original supplemental roll.

**FOR MSIC USE ONLY**  
Total Net Effect  
of adjustment

(Initial & date)

CORRECTION DELETION  
of the  
**HOMESTEAD EXEMPTION APPLICATION**  
DELETION ( X )      CORRECTION ( )

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY  
YEAR 2010-2009  
NAME 1 Criddle                      Lorette                      Dendy                      \_\_\_\_\_  
(last name)                      (first name)                      (middle name)                      (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>CLAY COUNTY</u>		
NAME 1 <u>Criddle</u> <u>Lorette</u> <u>Dendy</u> (LAST)                      (FIRST)                      (MIDDLE)		SSN			
NAME 2 _____ (LAST)                      (FIRST)                      (MIDDLE)		SSN _____			
ADDRESS <u>Box 94</u> (STREET)			EXEMPTION CODE NO _____		
<u>Montpelier</u> (CITY)		<u>Ms</u> (STATE)	<u>39755</u> (ZIP)		1 Regular                      4 Dr Cert 2 Over 65                      5 DAV 3 Letter                      6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>024 02 02500 00</u>			<u>Sold properly</u>		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30<sup>th</sup> day of August 2010

SIGNED

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

DELETION (  )      CORRECTION (    )

**FOR MSTC USE ONLY**

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY  
YEAR ~~2010~~ 2009

NAME 1 Cummings      Frances      Redmond      \_\_\_\_\_  
(last name)                      (first name)                      (middle name)                      (taxpayer identification number)

**FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.**

**FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.**

MUNICIPALITY _____			SCHOOL DISTRICT <u>CLAY COUNTY</u>		
NAME 1 <u>Cummings</u> (LAST)	<u>Frances</u> (FIRST)	<u>Redmond</u> (MIDDLE)	SSN		
NAME 2 _____ (LAST)	_____ (FIRST)	_____ (MIDDLE)	SSN _____		
ADDRESS <u>2021 Vail Rd</u> (STREET)			EXEMPTION CODE NO <u>2</u>		
<u>Pheba</u> (CITY)	<u>Ms</u> (STATE)	<u>39755</u> (ZIP)	1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>074-09-01200.00</u>			<u>SOLD LAND</u>		
2 _____			_____		
3 _____			_____		
4 _____			_____		
5 _____			_____		

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30 day of August 2010

SIGNED

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

DELETION ( X )      CORRECTION (   )

**FOR MSTC USE ONLY**

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY

YEAR 2010 2009

NAME 1 Washington      General      \_\_\_\_\_  
(last name)      (first name)      (middle name)      (social security no)

**FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.**

**FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.**

MUNICIPALITY _____			SCHOOL DISTRICT <u>CLAY COUNTY</u>		
NAME 1 <u>Washington</u> <u>General</u> (LAST)      (FIRSTS)      (MIDDLE)			SSN _____		
NAME 2 <u>Washington</u> <u>Obera</u> <u>Brown</u> (LAST)      (FIRSTS)      (MIDDLE)			SSN _____		
ADDRESS _____ (STREET)			EXEMPTION CODE NO <u>2</u>		
<u>Pheba</u> <u>Ms</u> <u>39755</u> (CITY)      (STATE)      (ZIP)			1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter      6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>101-28-00500 00</u>			<u>Both applicants are deceased</u>		
2 _____			<u>prior to the year 2010.</u>		
3 _____			_____		
4 _____			_____		
5 _____			_____		

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30<sup>th</sup> day of August 20 10

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	



**CORRECTION/DELETION**  
of the  
**HOMESTEAD EXEMPTION APPLICATION**  
DELETION (  ) CORRECTION (    )

**FOR MSTC USE ONLY**

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY

YEAR 2010 2009

NAME 1 Washington Ricky D \_\_\_\_\_  
(last name) (first name) (middle name) (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT <u>CLAY COUNTY</u>
NAME 1 <u>Washington</u> <u>Ricky</u> <u>D</u> (LAST) (FIRST) (MIDDLE)		[REDACTED]
NAME 2 <u>Washington</u> <u>Nita</u> _____ (LAST) (FIRST) (MIDDLE)		
ADDRESS <u>Street One</u> (STREET)		EXEMPTION CODE NO <u>1</u>
<u>Pheba</u> <u>Ms</u> <u>39755</u> (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 EAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW		REASON FOR CORRECTION/DELETION
1 <u>101-28-00501.00</u>		<u>Applicant moved to</u>
2 _____		<u>California</u>
3 _____		_____
4 _____		_____
5 _____		_____

**AUTHORIZATION**

(FOR A CORRECTION)  
Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)  
Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30<sup>th</sup> day of August 2010

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

DELETION ( X )      CORRECTION (   )

FOR MSTC USE ONLY

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR 2010 2009

NAME 1 Owens Josie Brisco  
(last name) (first name) (middle name) (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>CLAY COUNTY</u>		
NAME 1 Owens Josie Brisco (LAST) (FIRST) (MIDDLE)	SSN <span style="background-color: black; color: black;">XXXXXXXXXX</span>				
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		EXEMPTION CODE NO <u>2</u>		
ADDRESS <u>279 Street 5</u> (STREET)			1 Regular      4 Dr Cert		
Pheba	Ms	39755	2 Over 65      5 DAV		
(CITY)	(STATE)	(ZIP)	3 Letter      6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW			REASON FOR CORRECTION/DELETION		
1 <u>101-21-02800-00</u>			<u>Applicant no longer lives</u>		
2 _____			<u>in the house-no electricity</u>		
3 _____			_____		
4 _____			_____		
5 _____			_____		

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30 day of August 2010

SIGNED *Hanna L. Roberts*

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S)  
LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of  
Supervisors of Clay County, Mississippi,  
petition of Jeretta Rupert  
for adjustment(s) in the homestead exemption(s) previously granted to  
said taxpayer(s) on the page and line on said 2009 Homestead  
(year)  
Exemption Supplemental Roll as shown in said petition

And it appearing to the Board of Supervisors from the evidence,  
both oral and documentary offered in support of said adjustment(s)  
that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of  
Clay County Mississippi that the  
adjustment(s) on the other side of this form be adopted for the year  
2009

IT IS FURTHER ORDERED that the Clerk of this Board certify two  
copies of this order to the State Tax Commission for its approval or  
disapproval and if the foregoing order be approved by the State Tax  
Commission the Clerk of this Board is hereby authorized and directed  
to change the copy of the Homestead Exemption Supplemental Roll in his  
office and the Tax Collector of this County is hereby authorized and  
directed to change the copy in his possession to conform with the  
provisions of this order

Ordered and adjudged this the  
30 day of August 20 10  
signed Floyd Mick

CLERK'S CERTIFICATE

I Harmon A. Robinson Clerk of the Board of  
Supervisors of Clay County, Mississippi do  
hereby certify that the foregoing is a true and correct transcript of  
an order of said Board of Supervisors

Witness my hand and official seal, this the 30<sup>th</sup> day of  
August 20 10  
Harmon A. Robinson  
Clerk of the Board of Supervisors



**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

**FOR MSTC USE ONLY**

DELETION (  ) CORRECTION (    )

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO \_\_\_\_\_

YEAR ~~2010~~ 2009

NAME 1 Kelley Katrina                       
(last name) (first name) (middle name) (social security no )

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>WEST POINT</u>		
NAME 1 <u>Kelley</u> <u>Katrina</u> (LAST) (FIRST) (MIDDLE)			SSN <u>                    </u>		
NAME 2 <u>Kelley</u> <u>Leon</u> (LAST) (FIRST) (MIDDLE)			SSN <u>                    </u>		
ADDRESS <u>133 Hill Street</u> (STREET)			EXEMPTION CODE NO _____		
<u>West Point</u> <u>Ms</u> <u>39773</u> (CITY) (STATE) (ZIP)			1 Regular    4 Dr Cert 2 Over 65   5 DAV 3 Letter    6 Comb Reg & Add		
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW  1 <u>083B211C 08800 00</u>  2 _____  3 _____  4 _____  5 _____			REASON FOR CORRECTION/DELETION  <u>Applicant moved to new</u>  <u>location and receives</u>  <u>homestead on new parcel</u>  _____  _____		

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30 day of August 20 10

SIGNED                     

<b>FOR MSTC USE ONLY</b>	APPROVED _____	REJECTED _____
	Why rejected _____	_____

ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF Clay

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S)  
LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of  
Supervisors of Clay County, Mississippi,  
petition of Teretha Rupert, Tax Assessor  
for adjustment(s) in the homestead exemption(s) previously granted to  
said taxpayer(s) on the page and line on said 2007 Homestead  
(year)  
Exemption Supplemental Roll as shown in said petition

And it appearing to the Board of Supervisors from the evidence  
both oral and documentary offered in support of said adjustment(s)  
that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of  
Clay County, Mississippi, that the  
adjustment(s) on the other side of this form be adopted for the year  
2007

IT IS FURTHER ORDERED that the Clerk of this Board certify two  
copies of this order to the State Tax Commission for its approval or  
disapproval and if the foregoing order be approved by the State Tax  
Commission the Clerk of this Board is hereby authorized and directed  
to change the copy of the Homestead Exemption Supplemental Roll in his  
office and the Tax Collector of this County is hereby authorized and  
directed to change the copy in his possession to conform with the  
provisions of this order

Ordered and adjudged this the  
30<sup>th</sup> day of August, 2010  
signed Floyd M. Kirk

CLERK'S CERTIFICATE

I Harmon A. Robinson Clerk of the Board of  
Supervisors of Clay County, Mississippi do  
hereby certify that the foregoing is a true and correct transcript of  
an order of said Board of Supervisors

Witness my hand and official seal this the 30<sup>th</sup> day of  
August 2010  
Harmon A. Robinson  
Clerk of the Board of Supervisors

**PETITION TO ADJUST EXEMPTION ON  
HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL**

CLERK OF COURTS  
157-00

YEAR 2009

MARK THE TYPE OF ADJUSTMENT ONLY ONE TYPE OF ADJUSTMENT PER FACT ONLY ONE MUNICIPALITY PER FACT

ADDITION ( )

DELETIONS ( X )

COUNTY \_\_\_\_\_

SCHOOL DISTRICT WEST POINT

MUNICIPALITY \_\_\_\_\_

NAME	PARCEL NUMBER	NO OF ACRE	VALUE OF LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXEMPT	REASON FOR ADJUSTMENT
Calvert Mary Helen	065-06-00300 00	2	770	380	1150	----	---	Improvement gone
Kerr Julia Elizabeth	063C-02A-00200 00	10	264	-0-	---	294	---	Applicant is deceased
King Jessie	091B-19B-00101 00	1	490	5904	---	5904	---	Applicant (Jessie) deceased

743

**INSTRUCTIONS**

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to "ADD" an entry to the Homestead Exemption Supplemental Roll fill out the above information as it "SHOULD" appear on the original supplemental roll

If this page is being used to "DELETE" an entry from the Homestead Exemption Supplemental Roll fill out the above information "EXACTLY" as it appears on the original supplemental roll

FOR MSIC USE ONLY

Total Net Effect of adjustments

(Initial & date)

**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**  
DELETION ( X ) CORRECTION ( )

**FOR MSTC USE ONLY**

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY  
YEAR 2010 2009

NAME 1 KING JESSIE \_\_\_\_\_  
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____			SCHOOL DISTRICT <u>West Point</u>	
NAME 1 King	Jessie		SSN _____	
(LAST)	(FIRST)	(MIDDLE)		
NAME 2 King	Gladney	R	SSN _____	
(LAST)	(FIRST)	(MIDDLE)		
ADDRESS <u>P. O. Box 752</u>			EXEMPTION CODE NO <u>3</u>	
(STREET)			1 Regular 4 Dr Cert	
<u>West Point</u>			2 Over 65 5 DAV	
(CITY)	<u>Ms.</u>	<u>39773</u>	3 Letter 6 Comb Reg & Add	
(STATE)	(ZIP)			
PARCEL NUMBER(S)			REASON FOR CORRECTION/DELETION	
IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW				
1	<u>091B 19B 00101 00</u>		<u>Applicant (Jessie) deceased</u>	
2	_____		_____	
3	_____		_____	
4	_____		_____	
5	_____		_____	

**AUTHORIZATION**

(FOR A CORRECTION)  
Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)  
Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30 day of August 2010

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	





**CORRECTION/DELETION  
of the  
HOMESTEAD EXEMPTION APPLICATION**

DELETION (  )      CORRECTION (    )

**FOR MSTC USE ONLY**

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

ACCT NO \_\_\_\_\_ COUNTY CLAY  
YEAR 2009

NAME 1 Kerr Julia Elizabeth \_\_\_\_\_  
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED.

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION.

MUNICIPALITY _____		SCHOOL DISTRICT _____
NAME 1 <u>Kerr</u> <u>Julia</u> <u>Elizabeth</u> (LAST) (FIRST) (MIDDLE)		SSN _____
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		
ADDRESS <u>6495 Pea Ridge Rd</u> (STREET)		EXEMPTION CODE NO <u>2</u>
<u>West Point</u> <u>Ms</u> <u>39773</u> (CITY) (STATE) (ZIP)		1 Regular      4 Dr Cert 2 Over 65      5 DAV 3 Letter        6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW		REASON FOR CORRECTION/DELETION
1 <u>063C 02A 00200 00</u>		<u>Applicant is deceased</u>
2 _____		_____
3 _____		_____
4 _____		_____
5 _____		_____

**AUTHORIZATION**

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED \_\_\_\_\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

Witness my signature and official seal This the 30<sup>th</sup> day of August 2010

SIGNED [Signature]

This Board doth adjourn until 9 a m on September 7<sup>th</sup>, 2010

746 [Signature]  
PRESIDENT