

Anna West

To: [REDACTED]
Cc: Ryan Loose; Jason Rasmussen; Daniel Allen
Subject: FW: Certified Backflow Testing company
Attachments: CBT - INS & WC.pdf

Travis,

I have attached 6 pages of record documents pertaining to your request below originally emailed to our staff member Daniel Allen.

Normally when people request records from the City they are required to complete a GRAMA Record Request form. We are however using the information from your email below to use as the request and are providing the records via e-mail.

Please review the attached and let me know if you have questions.

Please respond back to my email letting me know you received the attached 6 pages of records.

Best Regards,

Anna West

Anna M West | City Recorder | City of South Jordan
1600 W. Towne Center Drive | South Jordan, UT 84095
O: 801.254.3742 | F: 801.254.3393
[Click on the logos to follow us on Social Media!](#)



From: Jason Rasmussen
Sent: Wednesday, April 22, 2015 3:20 PM
To: Anna West
Cc: Ryan Loose; Daniel Allen
Subject: FW: Certified Backflow Testing company

Anna,

The email below was received from a resident. After speaking with Ryan, he was willing to accept the email as a GRAMA request. I've attached the documents that Mr. Sokol has requested. Will you please email Mr. Sokol

(b) (5) - DPP the attached documents to fulfill the GRAMA request? Please let me know if you have any questions.

Thanks.

Jason Rasmussen | Public Works Director | City of South Jordan
10996 S. Redwood Road | South Jordan UT 84095
O: 801.254.3742 | F: 801.253-0617

From: Travis Sokol (b) (5) - DPP
Sent: Thursday, April 16, 2015 9:14 PM
To: Daniel Allen
Subject: Certified Backflow Testing company

Hello Mr. Allen,

I received your letter today regarding the Certified backflow testing company needing to come on my private property to inspect. I will comply once I receive the legal documentation that I can legally request, before the test is performed.

My background is property and casualty claims so I know a little more than the average resident when it comes to policies and procedures and the law. I believe the City of South Jordan would have had to post an RFP and this "private company" would have been awarded the bid. From your RFP, the city would have requested copies of the company's Workers Compensation and General Liability coverage.

I want "current" copies of these policies from this "private" company, which should be on file with Contracts and Purchasing as all vendors need to keep current by law. Please don't interpret this, as, that I'm being difficult, let me give you an example of where I'm coming from. Where services are being performed on my private property, if an injury takes place, the company's workers compensation carrier will subrogate against my home owners insurance as they are required to by law! Also, if there is any damage done to my private property I cannot file a claim against the company as I don't know who they are, and I most likely cant file suit against the City of South Jordan because most city contracts don't indemnify vendors or "contracted" company's as you put it.

Please notify the city's private company that they will only be approved to be on the premises once I have received these documents and when an appointment time is set where I can be onsite at a reasonable time during the day to monitor their work. I should also note from year's past, the city's private company has not knocked on the door or identified themselves and have helped themselves to the backflow preventer (I have security cameras around the perimeter of my home, which recorded this). Our neighborhood has had a rash of thefts in the last six months, I would highly recommend that this private company have identification or be accompanied by a South Jordan Police Officer so homeowners don't get the wrong idea of someone trying to steal their equipment as backflow preventers are very expensive these day and someone could get hurt.

Feel free to share my email with the City Attorney and Risk Manger as I believe that will be your next procedure. I have already conveyed with my professional counsel regarding this. To recap, once I receive a copy of the company's current insurance policies documented above, we can then schedule the required appointment for the testing to take place. From there, they can do the testing the city hired them to do. If you have any questions feel free to contact me at 801-821-7473. Thanks for the letter.

--
Regards,

Travis Sokol

Anna West

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--

Regards,

Travis Sokol



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2014

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

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

PRODUCER Quality 1st Insurance 2129 N Main St, Suite A North Logan, UT 84341	CONTACT NAME: Jim A Fleming PHONE (A/C, No, Ext): 435-752-0101 E-MAIL ADDRESS: jim@q1ins.com	FAX (A/C, No): 435-752-2465
	INSURER(S) AFFORDING COVERAGE	
INSURED CERTIFIED BACKFLOW TESTERS, LLC 2180 E 4500 S STE 185 HOLLADAY, UT 84117	INSURER A: Auto Owners	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 00003790-0

REVISION NUMBER: 1

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y		57894358	06/03/2014	06/03/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of South Jordan, a municipal corporation and political Subdivision of the State of Utah
 10996 S Redwood Rd
 SOUTH JORDAN, UT 84095

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

AUTHORIZED REPRESENTATIVE

(JAF)

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WORKERS COMPENSATION FUND

Payment Processing Center
P.O. Box 26488 | Toll Free: 800.446.2667
Salt Lake City, Utah | Accounting: 385.351.8030
84126-0488

PREMIUM INVOICE

CERTIFIED BACKFLOW TESTERS
5417 SOUTH IMPERIA WAY
HERRIMAN, UT 84096

PROPOSAL NUMBER
3415834

INVOICE PRINTED
03/18/2015

INVOICE NUMBER
X000010

DUE DATE
03/18/2015

In addition to your WCF policy, you are now eligible for Employment Practices Liability Insurance (EPLI) coverage at affordable rates through Beazley Insurance Company. Included is some detailed information about this important coverage that will cover legal defense and losses up to \$100,000. At this time you have two options:

Option 1: Workers Compensation and EPLI Premium

Workers compensation premium payment \$409.00
EPLI Premium payment (optional coverage) \$40.00

OPTION 1 TOTAL \$449.00

Option 2: Workers Compensation Premium Only

Workers compensation premium payment \$409.00

OPTION 2 TOTAL \$409.00

Coverage will be effective at 12:01 a.m. on the day following receipt of the required initial payment and signed proposal by Workers Compensation Fund.

Payment Options

- 1. Pay online @: www.wcf.com/pinv
OR
2. Check is enclosed (\$20 service charge for returned items.)
Detach coupon and return with your remittance to above address.
Make check payable to: WORKERS COMPENSATION FUND

Proposal Number: 3415834
Invoice Number: X000010

CERTIFIED BACKFLOW TESTERS
5417 SOUTH IMPERIA WAY
HERRIMAN, UT 84096

5130008000000010341583401734715200000409007

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$2.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: WORKERS COMPENSATION FUND
Policy Number: PROPOSAL

univantage

Insurance Solutions

P.O. Box 2259 Sandy, Utah 84091-2259 | 888.864.8268 | univantage.com

INSURANCE PROPOSAL	Proposal No: 33030
INSURED: CERTIFIED BACKFLOW TESTERS 5417 SOUTH IMPERIA WAY HERRIMAN, UT 84096	EFFECTIVE DATE: 03/19/2015 To 03/19/2016

COMPANY: Beazley Insurance Company, Inc.
COVERAGE: Employment Practices Liability Insurance (EPLI)
LIMIT: \$100,000.00
RETENTION: \$2,500.00
PREMIUM: \$40.00

It is agreed that the total amount of \$40.00 will be paid in installments according to the following schedule:

	Due Date	Amount
DOWN PAYMENT	03/19/2015	\$40.00

Proposal Prepared: 03/18/2015

PROPOSAL SUMMARY

INSURED: CERTIFIED BACKFLOW TESTERS
5417 SOUTH IMPERIA WAY
HERRIMAN, UT 84096

COMPANY:

PROPOSAL NO:

TOTAL DUE:

WORKERS COMPENSATION FUND

3415834

\$409.00

It is agreed that the total amount of **\$409.00** will be paid in installments according to the following schedule:

	Due Date:	Amount:
DOWN PAYMENT	<u>03/19/2015</u>	<u>\$409.00</u>
TOTAL:		<u>\$409.00</u>

Coverage will be in force at 12:01 a.m. on the effective date on page one of this proposal, providing the signed proposal and required down payment have been received prior to this date.

Estimated premium and all unpaid installments will be adjusted to reflect the final Experience Modification Factor determined by the Rating Bureau(s) upon receipt of that Experience Modification Factor.

Policies cancelled at the insured's request prior to expiration will be subject to short rate cancellation provisions.

This proposal is subject to pending rate changes.

Accepted by: _____
(Signature of Owner, Partner, or Corporate Officer)

Date: _____

Check is enclosed (\$20 service charge for returned items.)

OR Pay online @ <https://www.wcgroup.com/pinv>

Proposal Prepared: 03/18/2015

PRODUCER:
BRAD SHORT
(801)476-2402



P.O. Box 2227
 Sandy, Utah
 84091-2227

Main: 385.351.8000
 Toll Free: 800.446.2667

INSURANCE PROPOSAL	Proposal No: 3415834
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INSURED: CERTIFIED BACKFLOW TESTERS
5417 SOUTH IMPERIA WAY
HERRIMAN, UT 84096

INSURED IS: Limited Liability Company
EFFECTIVE DATE: 03/19/2015 To 03/19/2016

Workers Compensation Fund is pleased to provide you with this proposal.

The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans.
 All information required below is subject to verification and change.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
STATE: UT				
PLUMBING NOT OTHERWISE CLASSIFIED & DRIVERS	5183	10,000	4.07	\$407.00
MANUAL PREMIUM				\$407.00
EMPLOYERS LIABILITY		100/500/100		
TOTAL STANDARD PREMIUM				\$407.00
TERRORISM		10,000	0.01	\$1.00
CATASTROPHE-OTHER THAN CERTIFIED ACTS OF TERRORISM		10,000	0.01	\$1.00
ESTIMATED ANNUAL PREMIUM				\$409.00
Total Due For: UT				\$409.00

Minimum Premium: \$400.00

Please see Proposal Summary for payment due amount.

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Proposal Prepared: 03/18/2015	Requestor: BJSHORT
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