# KEN DOKE MUSKOGEE CO. DISTRICT 1

# KEITH HYSLOP MUSKOGEE CO. DISTRICT 2

KENNY PAYNE
MUSKOGEE CO. DISTRICT 3





### MUSKOGEE BOARD OF COUNTY COMMISSIONERS

P.O. BOX 2307 MUSKOGEE, OK 74402-2307 \* PHONE (918)682-9601 \* FAX (918) 684-1697 Email: bocc@readymuskogee.org - Website: www.muskogeecountygov.com

RESOLUTION NO. 2024-06

SUBJECT: Designating Purchasing Officials for the Oktaha Area County Fire Department

**WHEREAS**, 19 OS § 339 charges the Board of County Commissioners with general financial supervision of county government finances;

**WHEREAS**, the County Central Purchasing Act (19 OS § 1500 *et seq.*) describes the process the county must use for the purchase of goods and services for the operation of the county government;

WHEREAS, 19 OS §§ 1501 and 1504 requires all purchasing officials be approved by the Board of County Commissioners.

WHEREAS, the appointment of non-employees of the County government to serve as purchasing officials for county fire department requires such non-employees to demonstrate bond coverage in amount at least equal to that which the County government maintains for its own employees to protect the County government against the misappropriation of public funds and/or property.

**WHEREAS**, the Oktaha Area County Fire Department, as required of all county fire departments under Title 19 of the Oklahoma Statutes, has demonstrated the proposed non-employees of the County government possess such required bond coverage

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MUSKOGEE COUNTY AS FOLLOWS:

**SECTION 1.** The following individuals are hereby designated as purchasing officials for the Oktaha Area County Fire Department:

Requestioning Officer(s):

Sally Walker

Levi Hill

Receiving Officer(s):

Jodi Hammons

Chad Duke

As of the effective date of this Resolution, County Emergency Management Director Jeff Smith shall have no authority to sign purchase orders on behalf of the Oktaha Area County Fire Department.

**SECTION 2. IMPLEMENTATION**. All departments, officers, and employees of the county government shall take all appropriate measures within their authority to implement this resolution. Nothing in this resolution shall be construed to impair or otherwise affect the authority granted by law to a county department or officer. This resolution shall be implemented consistent with applicable law and subject to the availability of appropriations. This resolution is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the county, its departments, officers, employees, or agents, or any other person.

**SECTION 3. REPEALER**. All other resolutions and parts of other resolutions inconsistent or conflicting with any part of this resolution are hereby repealed to the extent of such inconsistency or conflict.

**SECTION 4. SEVERABILITY**. If any provision, paragraph, word, section of article of this resolution is invalidated by any court of competent jurisdiction, the remaining provisions, paragraphs, words, sections and chapters shall not be affected and shall continue in full force and effect.

**SECTION 5. EFFECTIVE DATE**. This resolution shall take effect immediately upon execution and shall remain in effect until amended or repealed.

PASSED AND APPROVED BY THE BOARD COUNTY THIS DAY OF	OF COUNTY COMMISSIONERS OF MUSKOGEE, 20 27.
-	Ken Doke, Commissioner District 1
	Ren Doke, Commissioner 2 District 1
_	Kuthelly Ver
	Keith Hyslop, Commissioner – District 2
	Kerry Laur
ATTEST:	Kenny Payne, Commissioner – District 3
Dee Drug	DUNTY OF THE STATE
Polly Irving County Clerk	
APPROVED AS TO FORM AND LEGALITY th	ishMASday of Alg
20	A
	John Tyler Hammons, General Counsel

STATE OF OKLAHOMA MUSKOGEE COUNTY FILED OR RECORDED

OKTAHA AREA COUNTY FIRE DEPARTMENT
PO BOX 335
215 MAIN STREET
OKTAHA, OK 74450

2024 APR 26 PM 1: 15

POLLY IRVING COUNTY CLERK

OKTAHA AREA COUNTY FIRE DEPARTMENT REPRESENTATIVES & OFFICER'S INCLUDING ALTERNATES:

*
DECLIFORNIA COMMO
REQUESTING OFFICER:
NAME: SALLY WALKER (TREAS
Signature: Wille Co
111 120 12 - 1

NAME: JOE LILLIS (CAPTAIN)

REPRESENTATIVE:

Signature:

Address: 3/ Reman 57
Telephone: 32 330 5354

ALTERNATE #1: LEVLHILI (Chief)
Signature: 100 to 123 4 5
Phone: 9/8 - 577 6067

ALTERNATE #2: JOSH HARRIS
Signature: John Human
Address: 8535 \$ 8975 W
Phone: 918 577 5192

ALTERNATE #3: JODI HAMMONS
Signature: Alford
Phone: 918-913-5399

REQUESTING OFFICER:	
NAME: SALLY WALKER (TREASURER)	
Signature: DIVITION	,
Address: PO Box 274 Octo	1010K 74450
Phone: (918) 351-8371	

RECEIVING OFFICER:
NAME: JODI HAMMON'S
Signature: 17/14/am S
Address: 10 Box 185 OKtaha, OK 14450
Phone: 918-913-5399

INVENTORY:

NAME: JESSE HILL

Signature: [W]

Address: 617 w (23,45 f 5)

Phone: 918-116-916

SAFETY:
NAME: LEVI HILL
Signature: Leve Mall
Address: WOO W 123 st 5
Phone: 918 - 577 - 0287

ALTERNATE: LEVI HILL

Signature: fam Medle Address: 6/00 W 123M st 5 Phone: 9/8-577-0687

ALTERNATE: CHAD DUKE

Signature:

Address: 2459 W 113 545 D'. Oldaha

Phone: (918) 616-1949

ALTERNATE: CODY GRITTS

Signature <u>And Statts</u>
Address: <u>40 8 5, South</u> 5th
Phone: <u>918-441-1748</u>

ALTERNATE: JOSH HARRIS

Signature: 18535 5 8414 St W Address: 8535 5 8414 St W Phone: 718 5775142

E-MAILED 4/29 11:40 County Clerk



## National Union Fire Insurance Company of Pittsburgh, Pa.

(a capital stock company)

Administrative Office: 1271 Ave of the Americas, FL 37 | New York, NY 10020 | 212.458.5000



VFIS I 183 Leader Heights Road I York, PA 17402 800.233.1957 | vfis.com

## **COMMON POLICY DECLARATIONS**

Named Insured and Mailing Address: OKTAHA AREA VOLUNTEER FIRE DEPARTMENT BOX 7 OKTAHA, OK 74450-0000

Policy Number:

VFNU-TR-0024948-03/000

Policy Period:

From 11-14-2023

To 11-14-2024

12:01 AM Standard Time at your mailing address shown above.

Type of Entity:

**EMERGENCY SERVICE ORGANIZATION** 

Business Description: EMERGENCY SERVICE ORGANIZATION

This policy consists of the following coverage parts:	Premium
Property Crime Portable Equipment Auto General Liability Management Liability Excess Liability	\$4,028.00 \$162.00 \$766.00 \$6,198.00 \$490.00 \$288.00 Not Covered
Taxes / Fees / Surcharges:	\$11,932.00

The policy premium is payable on the dates and in the amounts shown below: See Installment Schedule.

## SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured OKTAHA AREA VOLUNTEER FIRE DEPARTMENT

Agency Name VFIS

Effective Date: 11-14-23
12:01 A.M., Standard Time

-	COMMON POLICY FORMS	SEMENTS	
Control of the Contro	89644 VCO300 CG 21 70 IL 00 21 IL 09 52 IL 01 77 IL 01 93 IL 02 36 VCOOK1 VCOOK2 VCOOK3	06-13 01-20 01-15 09-08 01-15 10-10 09-07 09-07 01-20 01-20	ECONOMIC SANCTIONS ENDORSEMENT COMMON POLICY CONDITIONS CAP ON LOSSES FROM CERTIFIED ACTS OF TER NUCLEAR ENERGY LIABILITY EXCLUSION ENDT CAP ON LOSSES FROM CERT ACTS/TERRORISM OK CHANGES-CONCEALMENT, MISREP OR FRAUD OK EXCLUSION OF TRUSTOR AS NAMED INSURED OKLAHOMA CHANGES-CANC & NONRENL OKLAHOMA CHANGES - CANCELLATION AND NON OKLAHOMA FRAUD WARNING OKLAHOMA CHANGES - APPRAISAL
	PROPERTY FORMS AND	ENDORSEMEN	TS
	VPR101 VPR319 VPR322 VPROK1	11-23 01-20 01-20 01-20	EMERGENCY SERVICE ORGANIZATION PROPERTY CRISIS INCIDENT RESPONSE COVERAGE AMENDATORY ENDORSEMENT OKLAHOMA CHANGES
	CRIME FORMS AND ENI	DORSEMENTS	
	VCR105 VCR300 VCROK1 VCR109 VCR110 VCR304	01-20 01-20 01-20 01-20 01-20 01-20	EMPLOYEE DISHONESTY COVERAGE FORM (COVER CRIME GENERAL PROVISIONS OKLAHOMA CHANGES ADDITIONAL COVERAGES COMPUTER AND FUNDS IDENTITY FRAUD EXPENSE COVERAGE FORM SPECIFIC EXCESS LIMIT OF INSURANCE - POS
-	PORTABLE EQUIPMENT	FORMS AND	ENDORSEMENTS
	CP 00 90 PE1001 PE1003	07-88 11-23 01-20	COMMERCIAL PROPERTY CONDITIONS EMERGENCY SERVICE ORGANIZATION PORTABLE WATERCRAFT EXTENSION
	AUTOMOBILE FORMS AN	ND ENDORSEM	ENTS
	AU1007 AU1009 AU1017 AU1023 AU1034	11-23 11-23 01-20 01-20 01-20 11-23 01-20 11-23 10-13 10-13 10-13 10-13 10-13	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME AGREED VALUE ENDORSEMENT WAIVER OF GOVERNMENTAL OR CHARITABLE IMM CARE, CUSTODY OR CONTROL EXCLUSION ENDOR COMMANDEERED AUTO DEFINITION ENDORSEMENT INCIDENTAL GARAGE OPERATIONS AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME AUTO LIABILITY EXTENSION ENDORSEMENT EME CLAIM-FREE DEDUCTIBLE WAIVER - AUTO PHYS BUSINESS AUTO COVERAGE FORM ADDL INSD-LESSOR OKLAHOMA CHANGES SOUND RECEIVING EQUIP COVG -FIRE, POLICE PROFESSIONAL SERVICES NOT COVERED ABUSE OR MOLESTATION EXCLUSION FOR COVER SPLIT LIAB LTS FOR GOV'T SUBDIVISIONS OK POLLUTION LIAB BROAD COV FOR COV AUTO
-	GENERAL LIABILITY	FORMS AND E	NDORSEMENTS
	VGL101 VGL212	11-23 01-20	EMERGENCY SERVICE ORGANIZATION GENERAL L EXCLUSION ELECTRONIC INFORMATION SECURIT

#### **INSTALLMENT SCHEDULE**

Named Insured

OKTAHA AREA VOLUNTEER FIRE DEPARTMENT

Effective Date: 11-14-23

12:01 A.M., Standard Time

Agency Name

**VFIS** 

IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS PAYABLE ON INSTALLMENTS AS FOLLOWS:

DUE		PREMIUM	SURCHARGE	REVISED INSTALLMENT TOTAL
DEPOSIT	11/14/2023	\$2,983.00		\$2,983.00
INSTALLMENT	02/14/2024	\$2,983.00		\$2,983.00
INSTALLMENT	05/14/2024	\$2,983.00		\$2,983.00
INSTALLMENT	08/14/2024	\$2,983.00		\$2,983.00

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

## THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 11-14-2023

PLEASE READ IT CAREFULLY.

To 11-14-2024

COMMON POLICY CHANGE ENDORSEMENT Named Insured OKTAHA AREA VOLUNTEER FIRE

DEPARTMENT

Effective Date: 11-20-23

12:01 A.M., Standard Time

Agency N	Name VFIS	-	, with, otalidata time			
This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.						
COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by X below.						
	Property Crime Portable Equipment Auto General Liability Management Liability		-\$1,317.00			
	wing item(s):					
is (are) c	Insured's Name Policy Number Effective/Expiration Date Payment Plan Additional Interested Parties Limits/Exposures Covered Property/Location Description Rates hanged to read {See Additional Page(s)} HER TERMS AND CONDITIONS REMAIN	Insured's Mailing Address Company Insured's Legal Status/Busing Premium Determination Coverage Forms and Endors Deductibles Classification/Class Codes Underlying Exposure/Insuran  THE SAME	ements			
The abov	e amendments result in a change in the premiur		,			
		clude taxes and surcharges.				
□ No cha	Tax and Sur For New York, Tax and Surcharges of	narge Changes	\$1,317.00			
Additiona		Return				
Counters	igned By:	SW1 AUTHORIZED	23- AGENT			

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured

OKTAHA AREA VOLUNTEER FIRE

DEPARTMENT

Effective Date:

11-20-23

12:01 A.M., Standard Time

Agency Name VFIS

Mortgagee
ARMSTRONG BANK
1215 W OKMULGEE ST
MUSKOGEE, OK 74401
DESCRIPTION APPLIES TO PREMISES #1 ITEM #1

Addl Insured Lessor ARMSTRONG BANK PO BOX 188
MUSKOGEE, OK 74402
DESCRIPTION APPLIES TO VEHICLE 10

# THIS ENDORSEMENT CHANGES THE POLICY. Policy Period: From 11-14-2023

PLEASE READ IT CAREFULLY.

To 11-14-2024

	COMMON POLICY CHANGE	END	OORSEMENT		
Named Insured OKTAH	A AREA VOLUNTEER FIRE		Effective Date: 11-20	)-23	
DEPAR	TMENT		12:01 A.M., Standa	1	
Agency Name VFIS					
This endorsement will not coverage unless at the so	be used to decrease coverages, in the request of the insured.	ncreas	se rates or deductibles or alter any terms or	conditions of	
COVERAGE PART INFO	RMATION - Coverage parts aff	ected	by this change as indicated by X be	low.	
				317.00	
☐ Crime			, ,		
☐ Portable Equipr	nent				
☐ Auto					
☐ General Liability	,				
Management Li	ability				
				5	
The following item(s):					
Insured's Name			Insured's Mailing Address		
<ul><li>Policy Number</li></ul>			Company		
☐ Effective/Expira	tion Date		Insured's Legal Status/Business of Insure	d	
Payment Plan			Premium Determination	1	
Additional Interest	sted Parties		Coverage Forms and Endorsements		
Limits/Exposure	S		Deductibles		
Covered Proper	ty/Location Description		Classification/Class Codes		
Rates			Underlying Exposure/Insurance		
is (are) changed to read	(See Additional Page(s))				
ALL OTHER TERMS	AND CONDITIONS REMAIN	TUE	CAME		
CHILL MILLS WILL	AND CONDITIONS REMAIN	TUE	SAME		
				1	
The above amendments	result in a change in the premium	as fo	Mowa:		
The above amenaments	This premium does not inc				
☐ No changes ☐ To be	e Adjusted at Audit Additional		Return -\$1,317.0	0	
	<del></del>	narge			
Tax and Surcharge Changes  For New York, Tax and Surcharges do not apply.  For New York, the NY Motor Vehicle Law Enforcement Fee and/ or NY Fire Fee may be included.					
Additional	TO THE WAY TO ME THE THE THE PARTY OF THE PA		Return	**************************************	
	Will be the second of the seco	***************************************			
Countersigned By:					
<n 2<="" td=""></n>					
			011/1/		
			AUTHORIZED AGENT	1	

### SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured

Agency Name

OKTAHA AREA VOLUNTEER FIRE

DEPARTMENT

VFIS

Effective Date:

11-20-23

12:01 A.M., Standard Time

Mortgagee
ARMSTRONG BANK
1215 W OKMULGEE ST
MUSKOGEE, OK 74401
DESCRIPTION APPLIES TO PREMISES #1 ITEM #1

Addl Insured Lessor ARMSTRONG BANK PO BOX 188 MUSKOGEE, OK 74402 DESCRIPTION APPLIES TO VEHICLE 10

#### CRIME

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

VFIS offers a broad range of fidelity coverages which are customized to meet the needs of emergency service organizations including the following.

- Employee Dishonesty provides reimbursement for the loss of your organization's money or other property resulting from dishonest acts of your volunteers or employees.
- Computer and Funds Transfer Fraud will pay for loss the insured sustains arising directly out
  of the loss of or damage to money, securities, and property other than money and securities.
  This loss must result directly from the use of any computer to fraudulently cause transfer of that
  property from inside the premises or banking premises to a person outside those premises, or
  to a place outside those premises.
- Fraudulent Impersonation will pay for loss the insured sustains arising directly from having, in good faith, transferred money, securities or other properties in reliance upon a transfer instruction purportedly issued by an employee, customer or vendor, but which proves to have been fraudulently issued by an imposter.
- **Identity Fraud Expense** is the compensation of expense sustained that was incurred by the insured or any employee as a result directly from identity fraud.

Your selections are indicated below.

### **Covered Entity**

OKTAHA AREA VOLUNTEER FIRE DEPARTMENT

Employee Dishonesty – Blanket		<u>Limit</u> \$50,000	<u>Deductible</u> None	Faithful Performance No
Specific Excess Position Schedule CHAIRMAN OKTAHA AREA VOLUNTEER F	Number in Position 1 IRE DEPARTMENT	<u>Limit</u> \$50,000		Faithful <u>Performance</u> No
TREASURER-RECEIVING OFFICER OKTAHA AREA VOLUNTEER F	1 IRE DEPARTMENT	\$50,000		No
CHIEF/REQUESITION OFFICER OKTAHA AREA VOLUNTEER F	1 IRE DEPARTMENT	\$50,000		No
ASSIST CHIEF- REQUESTION OFFICE OKTAHA AREA VOLUNTEER F	1 IRE DEPARTMENT	\$50,000		No
Computer and Funds Transfer	Fraud	<u>Limit</u> \$10,000	<u>Deductible</u> None	
Fraudulent Impersonation		<u>Limit</u> \$10,000	<u>Deductible</u> None	
Identity Fraud Expense		<u>Limit</u> \$10,000	<u>Deductible</u> None	