

**Member Information**

Please Advise if any changes should be made to the Member Information

Name:	Haywood County Utility	County:	Haywood
Address:	25 N. Lafayette Ave., P.O. Box 424	P&C Indicator:	Yes
City:	Brownsville	P&C Member Number:	LGPCF-0131
State:	Tennessee	WC Indicator:	No
Zip:	38012	WC Member Number:	
		Risk Control Territory:	Bryan
		Safety Designee Certified:	No
		Drug Free Workplace:	No
<b>Primary Member Contact</b>		<b>Secondary Member Contact</b>	
Contact Type:	General Manager	Contact Type:	Chairman
Contact First Name:	Russ	First Name:	Jeffery
Contact Last Name:	Stoots	Last Name:	Richmond
Street 1:	25 N. Lafayette Ave., P.O. Box 424	Street 1:	25 N. Lafayette Ave., P.O. Box 424
Street 2:		Street 2:	
City:	Brownsville	City:	Brownsville
State:	Tennessee	State:	Tennessee
Zip:	38012	Zip:	38012
Email1:	rstoots@budutil.com	Email1:	jeffrichmond102@gmail.com
Email2:		Email2:	
Work Phone:	(731) 772-8845	Work Phone:	(731) 780-0239
Cell Phone:		Cell Phone:	
<b>Primary Billing Contact</b>		<b>Secondary Billing Contact</b>	
Contact Type:	General Manager	Contact Type:	
Contact First Name:	Russ	First Name:	
Contact Last Name:	Stoots	Last Name:	
Street 1:	25 N. Lafayette Ave., P.O. Box 424	Street 1:	
Street 2:		Street 2:	
City:	Brownsville	City:	
State:	Tennessee	State:	Tennessee
Zip:	38012	Zip:	
Email1:	rstoots@budutil.com	Email1:	
Email2:		Email2:	
Work Phone:	(731) 772-8845	Work Phone:	
Cell Phone:		Cell Phone:	

**Additional Covered Parties**

Name	Comments
------	----------

**Coverages**

Coverage	Effective Date	Expiration Date	Limit	Value	Deductible
Crime	July 1, 2026	July 1, 2027	See Proposal		2,500
General Liability	July 1, 2026	July 1, 2027	1,000,000/2,000,000		2,500
Property	July 1, 2026	July 1, 2027		1,352,547	2,500
Property-Building	July 1, 2026	July 1, 2027		1,352,547	2,500
Property-Equipment Breakdown	July 1, 2026	July 1, 2027	\$100,000,000 any one breakdown		See Proposal
Public Officials Errors and Omissions	July 1, 2026	July 1, 2027	1,000,000/1,000,000		2,500

## Employee By Department

Department	Sub-Department	Renewal Year Total FT	Renewal Year Total PT	Total	Current Year Total FT	Current Year Total PT	Current Year Total	Difference
Water Utility					3		3	

## General Liability Checklist

Airport:	N- No Exposure	Hospitals and Nursing Homes	N- No Exposure
Amusement Park, Carnival, Circus:	N- No Exposure	Housing Authority, Projects:	N- No Exposure
Animal Control/Shelter:	N- No Exposure	Independent Contractors:	N- No Exposure
Athletic Participants:	N- No Exposure	Industrial Development Commission:	N- No Exposure
Beaches, Lakes:	N- No Exposure	Jail or Detention Facilities:	N- No Exposure
Blasting Operations:	N- No Exposure	Landfills:	N- No Exposure
Bleachers, Arenas, Stadiums:	N- No Exposure	Law Enforcement Activities:	N- No Exposure
Cemeteries:	N- No Exposure	Library:	N- No Exposure
Dams, Reservoirs:	N- No Exposure	Marinas:	N- No Exposure
Day Care Centers, Day Camps:	N- No Exposure	Nurses:	N- No Exposure
Drones:	N- No Exposure	Racing/Rodeo Exhibitions:	N- No Exposure
Electric Utility:	N- No Exposure	Recreational Facilities	N- No Exposure
EMA:	N- No Exposure	Roads, Bridges	N- No Exposure
EMS:	N- No Exposure	Schools	N- No Exposure
E911:	N- No Exposure	Sewer Utility:	N- No Exposure
Fairs, Festivals:	N- No Exposure	Solid Waste/Sanitation:	N- No Exposure
Fire Department:	N- No Exposure	Transportation Systems	N- No Exposure
Fireworks Displays:	N- No Exposure	Water Utility:	Y- Member Owns and Operates
Garbage Collection:	N- No Exposure	Watercraft:	N- No Exposure
Gas Utility:	N- No Exposure	Wharves, Piers, Docks, and Boat Ramps:	N- No Exposure
Golf Course:	N- No Exposure		

## Additional GL Exposures

Exposure Number	Exposure Name	Exposure Code	Comments
-----------------	---------------	---------------	----------

## Law Enforcement Exposures

Exposure	Renewal Year	Current Year	Comparison
----------	--------------	--------------	------------

FT Officers incl. Sheriff:			
PT Officers:			
Reserve Officers:			
Constables:			
FT Correctional Officers:			
PT Correctional Officers:			
FT Bailiffs:			
PT Bailiffs:			
FT Youth Center Attendants:			
PT Youth Center Attendants:			
Total FT Employees:			
Total PT Employees:			
Total:			
Underwriting			
If a K9 needs to be covered for physical damage, please be sure to add them on the K9 schedule under the Misc Schedules tab.			
Date of last inspection by Tennessee Correction Institute			
Outstanding Recommendations			

**Property Underwriting Questions**

Vacant Buildings? If yes, please specify which location(s) in Origami	No
Buildings Leased to Others? If yes, please specify which location(s) in Origami. Provide Occupant description and a copy of the lease agreement.	No
Do you occupy a non-owned building? If yes, please specify which location(s) in Origami. Provide Occupant description and a copy of the lease agreement.	No

<b>Vacant Buildings</b>				
Location	Occupant Description	Location Name	Address 1	City

<b>Leased Buildings</b>				
Location	Occupant Description	Location Name	Address 1	City

<b>Non Owned Buildings</b>				
Location	Occupant Description	Location Name	Address 1	City

**Crime Positions**

## Statement of Values

**Member: Haywood County Utility**

Department	Sub Department	Building Number	Location Name	Unique ID	Address	Building Value	Contents Value	EDP Value	Total TIV	Year Built	Valuation Type
Water Utility		0001	STANDPIPE WATER TANK	TNHAYU0001	HIGHWAY 76 SOUTH, DANCYVILLE, TN 38069	\$993,507	\$ 0		\$952,547	1997	Replacement Cost
Water Utility		0002	BOOSTER STATION#1 PUMP (PUMP SERIAL #S 6757248 AND 675724A MODEL NUMBERS ARE C-620A)	TNHAYU0002	HIGHWAY 70 EAST 550 FEET WEST OF SPRINGFIELD ROAD, BROWNSVILLE, TN 38012	\$208,600	\$72,322		\$268,100	2005	Replacement Cost
Water Utility		0003	BOOSTER STATION#2 PUMP (PUMP SERIAL # 5957 MODEL NUMBER IS C615AMBF)	TNHAYU0003	HIGHWAY 179 AT THE INTERSECTION OF MAYHILL ROAD, STANTON, TN 38069	\$208,600	\$62,977		\$259,300	1997	Replacement Cost



**Local Government Property Casualty Fund  
2026-2027 Application Signature Page**

**Named Member**

**I have reviewed the information contained in the application and applicable schedules and find the information to be true and correct to the best of my knowledge.**

---

**Entity Representative's Signature**

**Date**

---

**Entity Representative Printed Name**

---

**Entity Representative Title/Position**

---

**Agency Representative Signature**

**Date**

---

**Agency Representative Printed Name**