

1/4

Doc Number: **0824905**

06/06/2013 11:00 AM

OFFICIAL RECORDS

Requested By
DC/COUNTY MANAGER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 0.00

Bk: 0613 Pg: 1232



Deputy: pk

Assessor's Parcel Number: N/A

Date: JUNE 6, 2013

Recording Requested By:

Name: DEBBIE BEAM, COUNTY MANAGER'S OFFICE

Address: _____

City/State/Zip: _____

Real Property Transfer Tax: \$ N/A

CONTRACT RENEWAL #2013.001

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.



BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Steve Mokrohisky
COUNTY MANAGER
775-782-9821

COMMISSIONERS:
Greg Lynn, CHAIRMAN
Doug Johnson, VICE-CHAIR
Lee Bonner
Nancy McDermid
Barry Penzel

June 3, 2013

Carson Valley Radio Inc.
1171 Cottonwood Street
Gardnerville, NV 89410

Re: Contract for Professional Services

Dear Mr. Higuera,

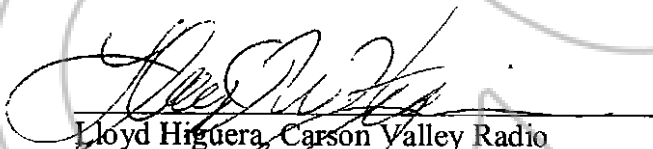
On July 1, 2013 the current Contract for Professional Services between Douglas County, Nevada and Carson Valley Radio, Inc. will terminate. Per the Effective Date of Contract this contract may be automatically renewed provided that both parties agree in writing. Douglas County, Nevada would like to renew this contract at the current rate of \$37,500 annually through June 30, 2014.

Please sign below to acknowledge your concurrence.

Sincerely,


Steve Mokrohisky
County Manager




Lloyd Higuera, Carson Valley Radio

6-4-13
Date

FILED
2013 JUN -6 AM 9:53
TED THIRAN
CLERK


5102/9/9
6321:94
6190:1XB
5 10 2 : 88 P 5067280

61
LN **INFORMATION PAGE**
WEC **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

INSURER: HARTFORD CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 14397
Company Code: 3



07792
*3500153LN61110101

POLICY NUMBER: 53 WEC LN6111
Previous Policy Number: 53 WEC LN6111

Suffix
LARS RENEWAL
04

1. **Named Insured and Mailing Address:** CARSON VALLEY RADIO, INC.
(No., Street, Town, State, Zip Code)

1171 COTTONWOOD STREET
FEIN Number: 880237690 GARDNERVILLE, NV 89410 (775) 782-7685

State Identification Number(s):
UIN:

The Named Insured is: CORPORATION
Business of Named Insured: CABLE OR SUBSCRIPTION TV COMPA
Other workplaces not shown above: 1171 COTTONWOOD STREET
GARDNERVILLE NV 89410

2. **Policy Period:** From 07/01/13 To 07/01/14
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: FERGUSON-LEAVITT AGENCY/PHS

PO BOX 33015
SAN ANTONIO, TX 78265
Producer's Code: 601017

Issuing Office: THE HARTFORD
3600 WISEMAN BLVD.
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$347 .

Deposit Premium:

Policy Minimum Premium: \$308 NV

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by *James E. Jove II*
Authorized Representative

05/18/13
Date

BK: 0619
PG: 1235
6/6/2013

3. A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: NV

B. **Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 00 04 21C WC 00 04 22A WC 99 03 03B WC 00 04 14 WC 00 04 19
WC 27 06 01C WC 99 03 56A

4. **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 by audit.**

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8901 TELEVISION CABLE COMPANY - CLERICAL EMPLOYEES	28,800	.34	98
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			98
BROAD FORM - EXTENDED (9724) 3.00 PERCENT EXPENSE CONSTANT (0900)			3
TERRORISM (9740)	28,800	.010	240
CATASTROPHE (9741)	28,800	.010	3
TOTAL ESTIMATED ANNUAL PREMIUM			347

Total Estimated Annual Premium: \$347

Deposit Premium:

Policy Minimum Premium: \$308 NV

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

NAICS:
SIC: 4841
UIN:
NO. OF EMP: 000001

0824905 Page: 4 of 5

COPY

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

DATE: June 6 2013
[Signature] Clerk of the 9th Judicial District Court
of the State of Nevada, in and for the County of Douglas.
By [Signature] Deputy