

CITY OF VINELAND

RESOLUTION NO. 2019-579

RESOLUTION AUTHORIZING THE EXECUTION OF A PARTIAL PROOF OF LOSS AND ACCEPTANCE OF \$1,250,000.00 PARTIAL LOSS FOR PROPERTY DAMAGE AND BUSINESS INTERRUPTION FOR THE SINGLE CYCLE GENERATOR AT CLAYVILLE.

WHEREAS, the City of Vineland owns and operates a single cycle electric generator at the Clayville Generation Facility (Generator) which is insured against damages and business interruption with Zurich American Insurance Company, Policy # PWG0086330-04 (Zurich Policy); and

WHEREAS, on May 5, 2019 the Generator experienced a mechanical breakdown causing an interruption of generation and capacity, both covered claims under the Zurich Policy; and

WHEREAS, the Generator is in the process of being repaired and the Vineland Municipal Electric Utility has provided a claim for property damages and business interruption and pursuant to the terms of the Zurich Policy requires a sworn statement to receive a partial payment for the loss incurred in the amount of \$1,250,000.00, which is presently unallocated.

NOW THEREFORE BE IT RESOLVED by the City Council of the City of Vineland that the Mayor is hereby authorized to execute the Sworn Statement in Partial Loss in the unallocated amount of \$ 1,250,000.00.

BE IT FURTHER RESOLVED that the amount \$ 1,250,000.00 as partial loss payment is hereby accepted.

Adopted:

President of Council

ATTEST:

Deputy City Clerk

**SWORN STATEMENT IN
PARTIAL PROOF OF LOSS**

\$100,000,000 Per Occurrence

PWG 0086330-04
POLICY NUMBER

31 December 2018
DATE ISSUED

Conner Strong & Buckelew
AGENCY

31 December 2019
DATE EXPIRES

Parsippany, NJ 07054
AGENT AT

To the Zurich American Insurance Company
At time of loss, by the above indicated policy of insurance you insured

City of Vineland

against loss by All Risks of Direct Physical Loss or Damage to the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A Mechanical Breakdown loss occurred about the hour of _____ O'clock _____ .M.,
STATE KIND

on the 6th day of May 20 19 The cause and origin of the said loss were: Mechanical breakdown
of compressor blades.

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: **Power Generation**

Title and Interest: At the time of the loss the interest of your insured in the property described herein was: OWNER
No other person or persons had any interest therein or encumbrance thereon,

except: NONE

Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None

Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$100,000,000, as more

particularly specified in the apportionment attached under Schedule "C", besides which there was no Policy or other contract of insurance, written or oral, valid or invalid.

The Actual Cash Value of said property at the time of the loss was _____ Not Determined

LOSS THE LOSS AND DAMAGE AS WAS... Unallocated PD and BI Advance Payment Only..... **\$ 1,250,000**

DEDUCTIBLE LESS AMOUNT DEDUCTIBLE..... **\$ Included**

AMOUNT CLAIMED: THE AMOUNT CLAIMED under the above numbered policy is **LOSS LINE MINUS DEDUCTIBLE**
\$ 1,250,000
Advance Only

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the Insured in consideration of the payment under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of New Jersey X [Signature], Mayor Anthony Fanucci

County of Cumberland City of Vineland Insured

Subscribe and sworn to before me this 13th day of December 20 19

Wanda Reid Notary Public

WANDA REID
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires August 16, 2021
I.D. #2192674

