

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 288

DATE ISSUED: 08-18-00

ISSUED BY: BND

JOB LOCATION: 329 UNION ST

EST. COST: 15845.00

LOT #:

SUBDIVISION NAME:

OWNER: FRUCHEY, KEITH
ADDRESS: 16 203 STATE HIGHWAY 424
CSZ: NAPOLEON, OH 43545
PHONE: 419-762-5152

AGENT: QUALITY AFFORDABLE C
ADDRESS: PO BOX 971
CSZ: BRYAN, OH 43506
PHONE: 419-636-7665

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

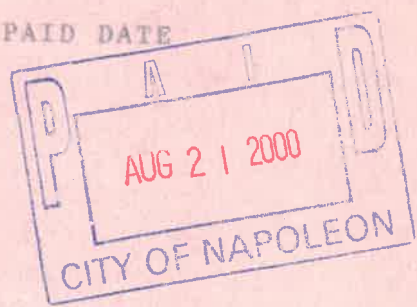
RENTAL REHABILITATION

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT
ELECTRICAL PERMIT



55.00
9.00

TOTAL FEES DUE

64.00

8-21-00

DATE

[Signature]

APPLICANT SIGNATURE

HOMEOWNER ACCEPTANCE OF BID
City of Napoleon
RENTAL REHABILITATION

Date: August 17, 2000

Unit No.: R15

This office has received a proposal of \$15,845.00 from Quality Affordable Construction for rehabilitation work on the structure located at 329 Union Street, Napoleon, Ohio and owned by Keith Fruchey.

The owner Keith Fruchey has agreed to half of the \$15,845.00 proposal, leaving \$7,922.50 for the City of Napoleon to pay.

This is the lowest and best proposal received. Office policy has been to accept a proposal within 10% of project estimate. Exceptions to this policy will be justified in writing.

I am accepting this bid based on the following reason:

- 1. Within normal 10% policy.
- 2. Extenuating circumstances as explained.

Proposal acceptance authorized by:

Property owner:

Keith Fruchey

Rehab Coordinator:

Mark R. M...

MAUMEE VALLEY PLANNING ORGANIZATION
ACCEPTANCE OF BID

Contractor: Quality Affordable Construction

Address: PO Box 971
Bryan, Ohio 43506

Attention: Tim Cupp

You are hereby notified that your bid of \$15,845.00 has been accepted for rehabilitation work at the residential property owned by: Keith Fruchey

You will be contacted by the agency to arrange for the signing of Contract Documents.

YOU ARE NOT TO BEGIN WORK UNTIL A PRE-CONSTRUCTION CONFERENCE IS HELD AND A PROCEED ORDER HAS BEEN ISSUED.



**Rehabilitation Coordinator
Maumee Valley Planning Organization**

THIS AGREEMENT, entered into this 17th day of August, 2000 by and between Quality Affordable Construction, hereinafter referred to as the "Contractor" and Keith Fruchey, City of Napoleon, State of Ohio, hereinafter referred to as the "Owner" **WITNESSETH THAT:**

The Owner and the Contractor for the considerations and under the conditions hereinafter set forth do agree as follows:

General Conditions

1. The Contractor's proposal, a part hereof, shall be submitted to:

MAUMEE VALLEY PLANNING ORGANIZATION
197-2B-2 ISLAND PARK AVE., DEFIANCE, OH 43512
2. The proposal from the Contractor must be in the City of Napoleon Housing Rehabilitation Office by 4:30 p.m. o'clock July 28, 2000.
3. The bid and proposal must be accepted by the Owner within 30 days from the date set forth in the preceding paragraph. No work shall commence until the Contractor has received a written proceed order from the Owner and the City of Napoleon.
4. The Contractor shall receive the written proceed order within 10 days from the date of acceptance by the Owner of Contractor's bid and proposal. If the order is not received by the Contractor within this 10 day period, the Contractor has option of withdrawing his bid and proposal.
5. The Contractor must commence his work within 15 working days after the issuance of the proceed order. Extensions of this time period must be approved in writing by the City of Napoleon and the Owner.
6. The Contractor must satisfactorily complete the work within 60 working days after the issuance of the proceed order.
7. The Contractor shall be paid the contract price in one sum payment after the work is satisfactorily completed, or as follows:

Payment will be issued in progress payments approved by the Rehabilitation Inspector and Coordinator.

Progress payments will be paid within 30 days from the receipt of the invoice from the Contractor, together with satisfactory release of liens or claims for liens by subcontractors, laborers, and material suppliers for completed work or installed materials. Such progress payments shall be paid on the basis of the percentage of work satisfactorily completed. Progress payments shall not exceed 100% of the value of the work satisfactorily completed. Payment shall be made only after inspection and acceptance by the Owner and the City for the work performed by the Contractor.

8. The Contractor shall:

- (a) Furnish evidence of comprehensive public liability insurance coverage protecting the City of Napoleon, the Owner, the Contractor and any subcontractor performing work covered by the contract from any and all claims which may arise from operation under the contract, whether such operations be performed by the Contractor or any subcontractor or anyone directly or indirectly employed by either of them.

The amounts of insurance shall be as follows:

Bodily Injury Including Death:

Each Person	\$100,000.00
Each Accident	\$300,000.00

Property Damage

Each Accident	\$100,000.00
Aggregate	\$300,000.00

Proof of such insurance coverage shall be evidenced by submitting a certificate of insurance.

The Contractor shall also provide satisfactory evidence of Workmen's Compensation coverage for himself and for his subcontractors.

- (b) Obtain and pay for permits and licenses necessary for the completion and execution of the work and labor to be performed. All work shall be performed in a good and workmanlike manor.
- (c) Perform all work in conformance with the drawings and specifications for the work.
- (d) Keep the premises clean and orderly during the course of the work and remove all debris at the completion of the work. Materials and equipment that have been removed and replaced as part of the work shall belong to the Contractor.

- (e) Guarantee such work and materials for a period of one year from the date of final acceptance of all the work required by the contract, and furnish to the Owner in care of the City of Napoleon, all manufacturer's and supplier's written guarantees and warranties covering materials equipment furnished under the contract.
 - (f) Not assign or sublet this contract without written consent of the Owner. The request for assignment must be addressed to the Owner, c/o the City of Napoleon.
 - (g) Prior to the start of construction, provide the City of Napoleon with a complete listing of names and addresses of all subcontractors and suppliers who will provide goods, materials or services for this job with a value in excess of Five Hundred Dollars (\$500.00). If, during the course of construction, additional subcontractors or suppliers are added to this job, the City shall immediately be informed of this fact. Failure to comply with this section shall be considered a breach of contract and grounds for immediate termination of this contract and grounds for deletion of the Contractor from the City list of approved contractors.
 - (h) Permit the City of Napoleon or its designees to examine and inspect the rehabilitation work.
9. The Contractor covenants and agrees to, and does hereby, indemnify, and hold harmless and defend the Owner, the City of Napoleon and employees, from and against any and all claims for injuries or damages to persons or property of whatsoever kind of character, whether real or asserted, occurring during the time work is being performed and arising out of the performance of same.
10. In the event of any breach of this Contract, the Owner may at his/her option engage the services of another Contractor to complete the work and deduct the cost of such completion from any amount due the Contractor hereunder.
11. The Owner shall:
- (a) Permit the Contractor to use, at no cost, existing utilities such as light, heat, power and water necessary to the carrying out and completion of the work.
 - (b) Cooperate with the Contractor to facilitate the performance of the work, including the removal and replacement of rugs, coverings, and furniture, as necessary.
12. The premises may be **occupied** during the period of the rehabilitation.
13. The final payment on this contract will be made only after final inspection and acceptance of all work performed by the Contractor and his subcontractors and after the Contractor has furnished the Owner satisfactory releases of liens or claims for liens by the Contractor, sub contractors, laborers, materials, and suppliers.

14. If further provisions are to be included in this instrument, they shall be first submitted to the Owner and the City of Napoleon for approval, then describe below by general subject and attached designation and made a part of this instrument.

Signed and dated change order (s)

15. This contract consists of the Bid and Proposal, the general conditions, the specifications (Exhibit A), the Owner's and Contractor's responsibilities, and the attachments designated as follows: Part II with the following sections exempt.
-

For the consideration named herein, the Contractor proposes to furnish all the labor, tools, equipment, material and services and do all of the work described in an efficient and workman like manner and in accordance with, the contract identified above in Exhibit A for the lump sum price of \$15,845.00.

In the event there is any conflict between the provisions of this contract and the provisions of Exhibit A, the provision of this contract shall in all cases prevail.

This instrument constitutes the entire agreement between the parties and no written or oral agreement of any kind exists to change the provisions hereof. No other work shall be done, nor additional monies paid, unless provided for in a previously written contract, signed by the parties hereto, approved in writing by the Owner, and accepted by the City of Napoleon.

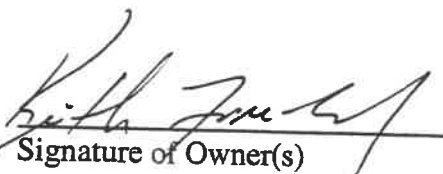
CONTRACTOR

ACCEPTANCE BY OWNER

Quality Affordable Construction
Name of Contractor

Keith Fruchey
Name of Owner(s)


Signature of Contractor


Signature of Owner(s)

PO Box 971
Bryan, Ohio 43506
Address of Contractor

329 Union Street
Napoleon, Ohio 43545
Address of Owner(s)

July 28, 2000
Date of Proposal and Bid

August 17, 2000
Date of Acceptance

NON-COLLUSION OF AFFIDAVIT OF PRIME BIDDER

STATE OF OHIO SS
CITY OF DEFIANCE

OWNER: Tim Cupp
ADDRESS: PO Box 971
Bryan, Ohio 43506

Tim Cupp, being first duly sworn, deposes and says that:

(1) He is Owner of Quality Affordable Construction

The Bidder that has submitted the attached Bid:
Quality Affordable Construction

(2) He is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid:

(3) Such Bid is genuine and is not a collusive or sham Bid:

(4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this Affiant, has in way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm, or person to submit a collusive or sham bid in connection with the contract for which the attached Bid has been submitted or to refrain from bidding in connection with such contract or has in any manner, directly or indirectly sought by agreement or collusion of communication or conference with any other Bidder, firm or person to fix any overhead, profit or cost element of the bid price or the bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of Napoleon or any person interested in the proposed contract, and,

(5) No gratuities, gifts or courtesies have been made to any person, directly or indirectly on behalf of said Quality Affordable Construction which would influence, or might tend to influence, strict impartiality in the acceptance of the bid proposal attached hereto, execution, of any of the provisions of said proposal or completion of any work items included in the specifications relating to the proposal.

(6) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this Affiant.

(Signed) Tim Cupp

Subscribed and sworn to before me the 17th day of August, 2000.

Mark R. Main
Notary Public

MARK R. MAIN
Notary Public, State of Ohio
My Commission Expires April 19, 2004

DELINQUENT TAXES AFFIDAVIT

STATE OF OHIO)

CITY OF DEFIANCE)

Tim Cupp being duly cautioned and sworn as follows:

1. That he is Owner of Quality Affordable Construction
(Name of Contracting Party)

2. That Quality Affordable Construction is not presently charged with any delinquent
(Name of Contracting Party)
personal property taxes on the general tax list of personal property of any City in
which this taxing district has property. This taxing district includes property within
the following counties:
City of Napoleon, Henry County

3. That _____ is charged with delinquent personal property tax
(Name of Contracting Party)
on the general tax list of personal property of any City in which this taxing district
has property. This taxing district includes property within the following counties:

 - A. The amount of delinquent personal property tax due and unpaid, including
any due and unpaid penalty and interest is:
\$ 0.

Tim Cupp
Affiant

Sworn to and subscribed in my presence this 17th day of August, 2000.

MARK R. MAZUR
Notary Public, State of Ohio
My Commission Expires April 10, 2003
Mark R. Mazur
Notary Public

NOTE TO FISCAL OFFICER: If any personal property taxes are delinquent, you must send a copy of this statement to the City Treasurer within 30 days of the date it is submitted.

WARNING: MAKING A FALSE STATEMENT ON THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT.

**LIST OF SUPPLIERS AND SUBCONTRACTORS
FOR AMOUNTS OVER \$500.00**

(To be returned to the Director prior to beginning construction)

The following are the names and addresses of the subcontractors and suppliers I intend to use for the rehabilitation of the structure located at 329 Union Street, Napoleon, Ohio.

[Handwritten Signature]
Signature

SUBCONTRACTORS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SUPPLIERS:

1. LOCKE'S

2. PILLY DOOR

3. _____

4. _____

5. _____

6. _____

**EQUAL OPPORTUNITY EMPLOYMENT
ASSURANCE OF COMPLIANCE**

Quality Affordable Construction hereinafter called "Bidder") hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.S. 88-352) to the end that in accordance with Title VI of that Act and the regulation, no person in the United States shall, on the ground of race, color, creed or national origin be excluded from employment by the Bidder and hereby gives assurance that it will immediately take any measure to effectuate this agreement.

This assurance is given in consideration of and for the purpose of complying with the Equal Opportunity Employment section in the Instructions to Bidders and to general quality the Bidder for award of the contract. The Bidder recognizes and agrees that such contracts or purchase agreements will be extended in reliance on the representations and agreements made in this assurance, and that the City of Napoleon shall reserve the right to seek judicial enforcement of this assurance. This assurance is binding on the Bidder, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Bidder.

August 17, 2000
Date

T. W. Allen
Signature

Owner
Title

QUALITY AFFORDABLE
CONSTRUCTION
Firm

REHABILITATION PROPOSAL FORM

Project: R-15

Date: July 25, 00

Proposal of Quality Affordable Construction (hereinafter called "Bidder") A corporation/a partnership/an individual, doing business [State] in Napoleon, Ohio and Keith Fruchey (hereinafter called "Owners".)

Gentlemen:

The Bidder, in compliance with your invitation for bids for the construction of Rehabilitation activities including: roof repairs, electrical, plumbing, carpentry, insulation, gutter and downspouts, heating, septic tanks, painting, etc., having examined the plans and specifications with related documents and the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project including the availability of materials and labor, hereby proposed to furnish all labor, materials, and supplies; and to construct the project in accordance with the Contract Documents, within the time set forth therein, and at the prices stated below. These prices are to cover all expenses incurred in performing the work required under the Contract Documents, of which this proposal is a part.

Bidder hereby agrees to commence work under this contract on or before a date to be specified in a written "Notice To Proceed" of the Owners and to fully complete the project within a specified number of calendar days as stipulated in the Contract Documents. Bidder further agrees to pay as liquidated damages, the sum of \$50.00 for each calendar day thereafter as hereinafter provided in Paragraph 19 of the General Conditions.

BASE PROPOSAL: Bidder agrees to perform all of the Rehabilitation work described in the specifications and shown on the plans for the sum of Fifteen Thousand Eight Hundred Forty Five Dollars & 00/100 (\$15,845.00) (Amount should be down in both words and figures. In case of discrepancy, the amount shown in words will govern.)

The prices shall include all labor, materials, bailing, shorting, removal, overhead, profit, insurance, etc. to cover the finished work of the several kinds called for. Changes shall be processed in accordance with guidelines established by the administrator.

Bidder understands that the Owner reserves the right to reject any and all bids and to waive any informalities in the bidding.

The Bidder agrees that his/her bid shall be good and may not be withdrawn for a period of 30 calendar days after the scheduled closing time for receiving bids.

Upon receipt of written notice of the acceptance of this bid, Bidder will execute the formal contract when presented within 10 calendar days.

Respectfully Submitted,

By: T. J. Camp
Signature

Owner
Title

P.O. Box 971 Bryan, OH. 43506
Address & Zip Code

Seal if bid is by a Corporation

Keith Fruchey
329 Union St.
Napoleon, Ohio 43545

Unit # R-15

City of Napoleon Rehab Specifications

Phone (419) 599 - 0005 (Keith)
Tenants- Phillip Westhoven/Carolyn Bair

EXTERIOR

1. Roofing: Remove the house roof covering, down to the sheathing. Secure 7/16" O.S.B to the entire roof area, fasten 15# roof felt, and affix aluminum drip edge to the roof perimeter. Install, per manufacturer's instruction, minimum 240# test weight, Class A fire rated, 30 year warranty, fiberglass dimensional roof shingles. **Homeowner to select shingle color.** Install aluminum flashing, where necessary and replace boot flashings. Approximately SIXTEEN (16) squares roofing materials required.

To the flat roof section, secure 1/2" black insulation board to the entire area. Install EPDM rubber roof membrane, using the Design A, fully adhered, glue down system. Approximately 2.25 squares.

Contractor is responsible for own measurements.

\$4,625.00

2. Entry Steps: Tear out the existing steps (front and rear) and remove debris, off-site. Properly form, prepare, and pour new concrete steps. Apply concrete sealant to the new steps. Affix metal, angled handrails to the new steps.

\$600.00

3. Exterior Carpentry: Replace all missing and/or deteriorated foundation materials. Tuck point all deteriorated mortar joints. Trench along the foundation perimeter, approximately six inch (6") depth. Remove all dirt/debris from foundation material. Apply, per manufacturer's instruction, TWO (2) coats of "Thoroseal" to the entire foundation.

Secure new white aluminum downspout to the rear gutter.

\$495.00

4. Exterior Doors: Replace the front and rear entry doors with minimum 24 gauge steel, pre-hung, insulated doors (Stanley, Therma-Tru, or equal quality), with ONE light. **Approximate door sizes- 32" X 80"**. **Contractor is responsible for own measurements in computing bid.**

Doors must be factory painted or contractor applied, TWO (2) coats of exterior enamel. Door jambs and brick mould must be painted. **Homeowner to select door color.**

Install Kwikset Belaire Series, or equal quality lockset with dead-bolt locks to the TWO (2) new doors (keyed alike).

To the TWO (2) new exterior doors, install white, self-storing, .050 wall thickness storm door (Larson, Louisiana Pacific, or equal quality), with solid kick panel, safety glass, screen, and hardware.

\$1,400.00

5. Window replacement: Replace the ELEVEN (11) specified windows (listed below) with double hung, double pane, white vinyl replacement windows (Certainteed, Seaway, or equal quality) with half screen and lock mechanism.

Kitchen TWO @ 27" X 33"

Bath ONE @ 24" X 30"

Dining TWO @ 24" X 61"

Den TWO @ 24 X 61"

Family TWO @ 24" X 61"

Bedrooms TWO @ 24" X 61"

NOTE: Contractor is responsible for repairing all areas damaged by window replacement. Contractor is responsible for installing new trim, when needed. All repairs and new trim must match existing as closely as possible. Contractor is responsible for own measurements.

\$2,750.00

INTERIOR

1. Electrical: Install new U.L approved receptacles in the following locations...

Diningroom: ONE (1) @ West wall

Family room: ONE (1) each the North, South, East, and West wall

Den: ONE (1) each the South and West wall.

Bedroom #1: ONE (1) @ West wall

Bedroom #2: ONE (1) each the North, South, East, West wall.

Install a single receptacle at the clothes washer.

Replace the TWO (2) existing receptacles at the kitchen counter and install ONE (1) additional (all must be GFCI protected).

Install TWO (2) exterior GFIC receptacles, one each the front and rear entrance.

Kitchen: Install a properly sized electrical feed, switch, and work light over the sink area.

Install a properly sized electrical feed and ventless range hood over the stove.

Smoke Detectors: Install TWO (2) U.L approved, hardwired, with battery back up smoke detectors, wired in series for simultaneous alert. Locate ONE in the Diningroom and ONE at the upper stair landing.

Bedroom #2: Replace the existing wall light fixture.

NOTE: All electrical work must conform to NEC and local regulations. Electrical contractor is responsible for repairing all areas damaged by electrical work. All repairs must match existing surfaces as closely as possible.

\$3,900.00

2. Interior Carpentry:

Floor repair: In the kitchen floor area crawlspace, excavate 2'X2'X2' areas and pour concrete pads. Using hydraulic jacks or screw jacks raise the floor joists to raise the floor sag. Place a 2" X 10" header on 8" concrete masonry block (place on new pier pads), to properly support floor system.

Kitchen (9' X 15'): Install a 30" wall cabinet over the stove.

Remove the existing floor covering. Properly install new sheet vinyl floor covering to the entire floor area. Floor covering cost not to exceed \$17.00 per yard, including installation. Installation

must include all trim bars, etc. Homeowner to select pattern/color. Contractor is responsible for own measurements.

Bathroom: Disconnect the toilet, repair the subfloor, and reset the toilet, using a new wax ring.

Diningroom(16' X 16'): Replace all of the existing suspended ceiling panels. Homeowner to select style.

\$1,995.00

3. **Furnace:** Perform a routine "clean and tune" to the existing furnace.

\$200.00

TOTAL PROJECT BID \$15,945.00



RENTAL DWELLING PACKAGE POLICY DECLARATIONS

Servicing 000320 Agent: MEYER-BADENHOP AGENCY NAPOLEON, OH 435450150 419-592-3751	Client: 000000009417 Policy: SMP 11444 Policy Period: From 03/16/2007 to 03/16/2008 12:01 am EST
Mortgagee Named and Mailing Address: CITY OF NAPOLEON 255 W RIVERVIEW AVE NAPOLEON OH 43545	Declarations Type: Renewal Process Date: 02/23/2007
	Effective Date of Amendment:
	Reason for Amendment:
	Loss Deductible: See Coverage Schedule <small>Insurance applies only to the coverages for which a premium, limit of liability, or form number is shown below or on the coverage schedule.</small>

SUMMARY				
LOC NO.	ADDRESS	COUNTY	STATE	ACRES
001	329 UNION STREET NAPOLEON OH 43545	HENRY	OH	

LIMITS OF LIABILITY	
Combined Single Limit each Occurrence	300000
Aggregate Limit	300000
Personal Medical Payments each Person	1000
Personal Medical Payments each Accident	10000

Named Insured and Mailing Address: KEITH FRUCHEY 620 TRAIL DR PO BOX 161 NAPOLEON OH 43545	Full Term Premium \$270.00 Additional Premium Return Premium
--	---

Countersigned By (Authorized Agent)	This is not a bill. Your normal billing statement will follow. Policy is to be paid by the insured.
	<small>Mortgagee, Loss Payee, and other interest information appears on the back</small>

Wayne Mutual Insurance Company

Rental Dwelling Coverage Schedule

Policy Form: Broad

Policy Loss Settlement: Replacement Value

Location: 001-329 UNION STREET , NAPOLEON OH 43545

Location Description:

Location Specific Forms:

County: HENRY

City: NAPOLEON

Number of Acres: 0

Fire Protection Class: Protected

Territory: 010

Coverages Provided for this Location

Dwelling Information

No	Description	Limit	Deductible	Co-Ins
1	ONE FAMILY DWELLING			
	Dwelling Fire	61000	1000	50%
	Liability			
	Medical Payments			

Number of families: 1

Construction: Frame

Year Built: 1930



RENTAL DWELLING PACKAGE POLICY DECLARATIONS

Servicing 000320 Agent: MEYER-BADENHOP AGENCY NAPOLEON, OH 435450150 419-592-3751		Client: 000000009417 Policy: SMP 11444 Policy Period: From 03/16/2006 to 03/16/2007 12:01 am EST		
Mortgagee Named and Mailing Address: CITY OF NAPOLEON 255 W RIVERVIEW AVE NAPOLEON OH 43545		Declarations Type: Renewal Process Date: 02/21/2006 Effective Date of Amendment: Reason for Amendment:		
		Loss Deductible: See Coverage Schedule <small>Insurance applies only to the coverages for which a premium, limit of liability, or form number is shown below or on the coverage schedule.</small>		
SUMMARY				
LOC NO.	ADDRESS	COUNTY	STATE	ACRES
001	329 UNION STREET NAPOLEON OH 43545	HENRY	OH	
		LIMITS OF LIABILITY		
Combined Single Limit each Occurrence		300000		
Aggregate Limit		300000		
Personal Medical Payments each Person		1000		
Personal Medical Payments each Accident		10000		
Named Insured and Mailing Address: KEITH FRUCHEY 620 TRAIL DR PO BOX 161 NAPOLEON OH 43545		Full Term Premium \$248.00 Additional Premium Return Premium		
Countersigned By (Authorized Agent)		<small>This is not a bill. Your normal billing statement will follow. Policy is to be paid by the insured.</small>		
		<small>Mortgagee, Loss Payee, and other interest information appears on the back</small>		

RENTSCH (09/01)

Wayne Mutual Insurance Company

Rental Dwelling Coverage Schedule

Policy Form: Broad

Policy Loss Settlement: Replacement Value

Location: 001-329 UNION STREET , NAPOLEON OH 43545

Location Description:

Location Specific Forms:

County: HENRY

City: NAPOLEON

Number of Acres: 0

Fire Protection Class: Protected

Territory: 010

Coverages Provided for this Location

Dwelling Information

No	Description	Limit	Deductible	Co-Ins
1	ONE FAMILY DWELLING Dwelling Fire Liability Medical Payments	59000	1000	50%

Number of families: 1

Construction: Frame

Year Built: 1930



RENTAL DWELLING PACKAGE POLICY DECLARATIONS

Servicing 000320 Agent: MEYER-BADENHOP AGENCY NAPOLEON, OH 435450150 419-592-3751	Client: 000000009417 Policy: SMP 11444 Policy Period: From 03/16/2005 to 03/16/2006 12:01 am EST
Mortgagee Named and Mailing Address: CITY OF NAPOLEON 255 W RIVERVIEW AVE NAPOLEON OH 43545	Declarations Type: Renewal Process Date: 02/23/2005
	Effective Date of Amendment:
	Reason for Amendment:
	Loss Deductible: See Coverage Schedule
Insurance applies only to the coverages for which a premium, limit of liability, or form number is shown below or on the coverage schedule.	

SUMMARY				
LOC NO.	ADDRESS	COUNTY	STATE	ACRES
001	329 UNION STREET NAPOLEON OH 43545	HENRY	OH	

LIMITS OF LIABILITY	
Combined Single Limit each Occurrence	300000
Aggregate Limit	300000
Personal Medical Payments each Person	1000
Personal Medical Payments each Accident	10000

Named Insured and Mailing Address: KEITH FRUCHEY 620 TRAIL DR PO BOX 161 NAPOLEON OH 43545	Full Term Premium Additional Premium Return Premium \$236.00
--	--

Countersigned By (Authorized Agent)	This is not a bill. Your normal billing statement will follow. Policy is to be paid by the insured.
	Mortgagee, Loss Payee, and other interest information appears on the back

RDPDECM (09/2001)

RENTSCH (09/01)

Wayne Mutual Insurance Company

Rental Dwelling Coverage Schedule

Policy Form: Broad

Policy Loss Settlement: Replacement Value

Location: 001-329 UNION STREET , NAPOLEON OH 43545

Location Description:

Location Specific Forms:

County: HENRY

Number of Acres: 0

Fire Protection Class: Protected

City: NAPOLEON

Territory: 010

Coverages Provided for this Location

Dwelling Information

No	Description	Limit	Deductible	Co-Ins
1	ONE FAMILY DWELLING			
	Dwelling Fire	56000	1000	50%
	Liability			
	Medical Payments			

Number of families: 1

Construction: Frame

Year Built: 1930



RENTAL DWELLING PACKAGE POLICY DECLARATIONS

Servicing 000320 Agent: MEYER-BADENHOP AGENCY NAPOLEON, OH 435450150 419-592-3751		Client: 000000009417 Policy: SMP 11444 Policy Period: From 03/16/2005 to 03/16/2006 12:01 am EST		
Mortgagee Named and Mailing Address: CITY OF NAPOLEON 255 W RIVERVIEW AVE NAPOLEON OH 43545		Declarations Type: Endorsement Process Date: 08/02/2005 Effective Date of Amendment: 07/28/2005 Reason for Amendment: ADDED AMERICAN GENERAL FINANCE AS 3RD MRTG Loss Deductible: See Coverage Schedule Insurance applies only to the coverages for which a premium, limit of liability, or form number is shown below or on the coverage schedule.		
SUMMARY				
LOC NO.	ADDRESS	COUNTY	STATE	ACRES
001	329 UNION STREET NAPOLEON OH 43545	HENRY	OH	
		LIMITS OF LIABILITY Combined Single Limit each Occurrence 300000 Aggregate Limit 300000 Personal Medical Payments each Person 1000 Personal Medical Payments each Accident 10000		
Named Insured and Mailing Address: KEITH FRUCHEY 620 TRAIL DR PO BOX 161 NAPOLEON OH 43545		Full Term Premium \$236.00 Additional Premium Return Premium		
Countersigned By (Authorized Agent)		This is not a bill. Your normal billing statement will follow. Policy is to be paid by the Insured. Mortgagee, Loss Payee, and other interest information appears on the back		

RDPDECM (09/2001)

RENTSCH (09/01)

Wayne Mutual Insurance Company

Rental Dwelling Coverage Schedule

Policy Form: Broad

Policy Loss Settlement: Replacement Value

Location: 001-329 UNION STREET , NAPOLEON OH 43545

Location Description:

Location Specific Forms:

County: HENRY

Number of Acres: 0

Fire Protection Class: Protected

City: NAPOLEON

Territory: 010

Coverages Provided for this Location

Dwelling Information

No	Description	Limit	Deductible	Co-Ins
1	ONE FAMILY DWELLING			
	Dwelling Fire	56000	1000	50%
	Liability			
	Medical Payments			

Number of families: 1

Construction: Frame

Year Built: 1930