



**AGENDA**  
**SNOW HILL BOARD OF COMMISSIONERS**

Monday, 8 November 2021, 6 p.m.

*G. Melvin Oliver Town Hall*

908 SE Second St.

**Call to Order:** Mayor Dennis Liles  
**Invocation:** Mayor Liles will ask a Board Member to give the invocation  
**Pledge of Allegiance:** Mayor Dennis Liles

**Approval of the Agenda**

- I. Public Comments (NCGS § 160A-81-1)** *Please state your name, topic you will be speaking, and your three (3) minutes will begin.*
- II. Consent Agenda:**
  - A. Approval of the 11 October 2021 Minutes
  - B. Approval of the 11 October 2021 Public Hearing Minutes
- III. Presentations:** None
- IV. Discussion:**
  - A. Employee Christmas Party
  - B. Audit
- V. Action Items**
  - A. Christmas Parade
  - B. Amendments: Personnel Policy
  - C. Peddler Permit Policy and Procedure
  - D. Renewal Contract – ServLine Leak Protection Program
  - E. Consideration: Planning Board and Board of Adjustment Consolidation
- VI. Items from Town Manager and Staff**
  - Project Information Updates
  - Police Monthly Report for September 2021
  - Public Works Monthly Report for September 2021
  - Financial Report
- VI. Comments from Mayor and Board**

## **VII. Closed Session: § 143-318.11. Personnel**

Calling a Closed Session. - A public body may hold a closed session only upon a motion duly made and adopted at an open meeting. Every motion to close a meeting shall cite one or more of the permissible purposes listed in subsection (a) of this section. A motion based on subdivision (a)(1) of this section shall also state the name or citation of the law that renders the information to be discussed privileged or confidential. A motion based on subdivision (a)(3) of this section shall identify the parties in each existing lawsuit concerning which the public body expects to receive advice during the closed session.

3) To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged. General policy matters may not be discussed in a closed session and nothing herein shall be construed to permit a public body to close a meeting that otherwise would be open merely because an attorney employed or retained by the public body is a participant. The public body may consider and give instructions to an attorney concerning the handling or settlement of a claim, judicial action, mediation, arbitration, or administrative procedure. If the public body has approved or considered a settlement, other than a malpractice settlement by or on behalf of a hospital, in closed session, the terms of that settlement shall be reported to the public body and entered into its minutes as soon as possible within a reasonable time after the settlement is concluded.

(4) To discuss matters relating to the location or expansion of industries or other businesses in the area served by the public body, including agreement on a tentative list of economic development incentives that may be offered by the public body in negotiations, or to discuss matters relating to military installation closure or realignment. Any action approving the signing of an economic development contract or commitment, or the action authorizing the payment of economic development expenditures, shall be taken in an open session.

(5) To establish, or to instruct the public body's staff or negotiating agents concerning the position to be taken by or on behalf of the public body in negotiating (i) the price and other material terms of a contract or proposed contract for the acquisition of real property by purchase, option, exchange, or lease.

## **VI. Board Actions in open session**

## **VII. Adjournment**

*Any person who has a disability requiring a reasonable accommodation to participate in this meeting should contact Town Hall prior to the meeting date. Requests for an interpreter require five (5) working days' notice. Proposed agenda current as of 11/08/21.*



**To:** Mayor and Board Members

**From:** Todd Whaley

**Date:** 8 November 2021

**REF:** Employee Christmas Party

**Background:**

To continue another tradition, I feel as though it is necessary to host the annual Christmas Party for employees and their families, 13 December 2021 directly after our Board Meeting. The board meeting would be at 6pm with dinner to follow. The meeting is not anticipated to be pro-longed, however we will have the swearing in for elected officials. The location would be at the "City Club" on Carolina Drive. Meal would be prepared by Chele's Cafe to include: BBQ, Fried Chicken, potato salad, Green Beans, sweet/unsweet tea, and paper products.

**Recommendation: No Motion Required**

**Now Therefore Be It Resolved,**

Moved: \_\_\_\_\_ Second: \_\_\_\_\_

Vote: Yes \_\_\_\_\_ No \_\_\_\_\_

Unanimous: \_\_\_\_\_



**To:** Mayor and Board Members  
**From:** Todd Whaley  
**Date:** 8 November 2021

**REF:** Audit

**Background:**

The draft audit was submitted to the Town office last week. There have been endless hours put into producing this document. The staff has worked together with the new software, credit card machines etc. to make this happen. This is the first of many steps in the right direction to bring the Town back to the level it should be. We will schedule a formal audit presentation if that is the discretion of the Board.

**Recommendation: (Motion Required)**

**Now Therefore Be It Resolved,**

Moved: \_\_\_\_\_ Second: \_\_\_\_\_

Vote: Yes \_\_\_\_\_ No \_\_\_\_\_

Unanimous: \_\_\_\_\_



Todd Whaley, Town Manager <manager@snowhillnc.com>

## Audit

2 messages

**Todd Whaley, Town Manager** <manager@snowhillnc.com>  
To: Sharon Edmundson <sharon.edmundson@nctreasurer.com>

Mon, Nov 1, 2021 at 9:52 AM

Sharon,

We have been working diligently to complete the audit for FY20-21. Our auditors have confirmed a draft audit completed this week. (hopefully today or tomorrow). Will this affect anything with LGC?

Thanks,

--

**Todd Whaley**

Town Manager  
Town of Snow Hill  
PO Box 247 | 908 SE Second St.  
Snow Hill, NC 28580-0247  
(252) 747-3414 ext. 206 Phone | (252) 747-4269 Fax | (252-560-5949) Cell

**Sharon Edmundson** <Sharon.Edmundson@nctreasurer.com>  
To: "Todd Whaley, Town Manager" <manager@snowhillnc.com>

Mon, Nov 1, 2021 at 10:12 AM

Todd, please see our recent blog post about audit deadlines. In short, no need to worry as long as it will be here by December 1. If you are planning to issue debt in December or January, there are separate deadlines you must meet. Please let me know if you have any further questions.

*Visit the LGC Staff Blog to stay up to date on deadlines, news, and announcements.*

**Sharon Edmundson, MPA, CPA**

*Secretary, Local Government Commission*

*Deputy Treasurer, State and Local Government*

*Finance Division*

Office: (919) 814-4289

Mobile: (919) 886-0907

3200 Atlantic Avenue, Raleigh, NC 27604

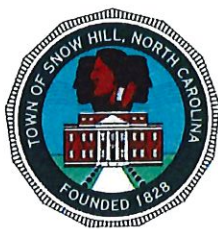
[www.NCTreasurer.com](http://www.NCTreasurer.com)



NORTH CAROLINA  
DEPARTMENT OF STATE TREASURER



*Dale R. Folwell, CPA*  
STATE TREASURER OF NORTH CAROLINA  
DALE R. FOLWELL, CPA



**To:** Mayor and Board Members  
**From:** Todd Whaley  
**Date:** 8 November 2021

**REF:** Christmas Parade

**Background:**

The annual Christmas Parade is traditionally held on 4 December at 2pm. I encourage the Board to consider holding this outdoor event for a couple of reasons. Over the years we have had a tremendous effort from numerous non-profit organizations that I do not want to lose. With that in mind, I would ask for consideration to host the annual Christmas Parade while encouraging mask, social distancing, and the option to remain in your parked vehicle during the parade.

According to the GC Health Department we have seen a decrease in the daily numbers reported from September 28<sup>th</sup> to October 29<sup>th</sup>. You will find the attached documents in your packet. With that in mind it proves social distancing practices have worked. Also, currently our neighboring towns and cities are planning to continue their parades.

**Recommendation: (Motion Required)** – It is my recommendation to host the annual Christmas Parade.

**Now Therefore Be It Resolved,** the Snow Hill Town Board approves to host the annual Christmas Parade.

Moved: RW Second: DA

Vote: Yes ✓ No \_\_\_\_\_

Unanimous: 5/0





## Greene County Department of Public Health Snow Hill, NC 28580

Date: September 28, 2021  
Time: 5:00 p.m.

Contact: Joy Brock,  
(252) 747-8183

Update on the number of COVID-19 cases and deaths in Greene County

Snow Hill, NC – The Greene County Department of Public Health has received the following notifications of new lab-confirmed positive COVID-19 cases:

- Monday, 9/27 – 22 new cases
- Today, 9/28 – 9 new cases

That brings our total number of cases to 3,172. Out of the 3,172 lab-confirmed positive cases to date, 3,027 of the individuals have recovered, are doing well, and are out of isolation. Greene County currently has 83 active cases. Out of the 83 active cases, the Health Department is monitoring 78 of those individuals, 5 are currently hospitalized, and none is are in a congregate setting (i.e. correctional facility, long-term care facility). Greene County has had 60 deaths.

- 232,075,351 confirmed cases globally; 4,752,988 deaths
- United States: 42,850,746 confirmed cases; 686,639 deaths
- NC has confirmed 1,385,700 cases of COVID-19 across all 100 counties\*
  - Deaths = 16,285\*
  - Completed Tests = 17,634,565\*
  - Currently Hospitalized = 3,073\*

*\*Last updated at 11:50 a.m. on September 28<sup>th</sup>, 2021*

Greene County is continuing to monitor the situation and its impact on our community. New information will be shared as necessary. Residents who feel they need COVID-19 testing, can go to the Greene County Community Center located at 814 W. Harper Street in Snow Hill. Testing will take place on Mondays, Tuesdays and Thursdays, 9 a.m. - 6 p.m. If you need to schedule an appointment for your COVID vaccine (Moderna), please call the Greene County Department of Public Health at (252) 747-8181. Same day service available on most days.

Greene County Department of Public Health COVID-19 updates will appear on our website at [www.greenecountync.gov/health](http://www.greenecountync.gov/health) and our Facebook page @greenecountydepartmentofpublichealth. For more information on COVID-19, please visit the NC Department of Health and Human Services website at <https://covid19.ncdhhs.gov/> and the Centers for Disease Control and Prevention website at <https://www.cdc.gov/>.

Main (252)747-8183 • Clinic (252)747-8181 • WIC (252)747-3244

**Prevent • Promote • Protect**



## Greene County Department of Public Health Snow Hill, NC 28580

Date: **October 29, 2021**

Time: 5:00 p.m.

Contact: Joy Brock,  
(252) 747-8183

### Update on the number of COVID-19 cases in Greene County

Snow Hill, NC – The Greene County Department of Public Health is reporting 1 more death in the county of a resident who tested positive for COVID-19. To protect their privacy, no further information will be released at this time. Greene County Department of Public Health Director Joy Brock said, "I am saddened by this death and so sorry for the families as they grieve. My thoughts and prayers are with this individual's family and friends."

The Greene County Department of Public Health has received the following notifications of new lab-confirmed positive COVID-19 cases:

- Monday, 10/25 – 14 new cases
- Tuesday, 10/26 – 11 new cases
- Wednesday, 10/27 – 2 new cases
- Thursday, 10/28 – 7 new cases
- Today, 10/29 – 3 new cases

That brings our total number of cases to 3,343. Out of the 3,343 lab-confirmed positive cases to date, 3,220 of the individuals have recovered, are doing well, and are out of isolation. Greene County currently has 59 active cases. Out of the 59 active cases, the Health Department is monitoring 55 of those individuals, 3 are currently hospitalized, and 1 is in a congregate setting (i.e. correctional facility, long-term care facility). Greene County has had 64 deaths.

- 245,373,039 confirmed cases globally; 4,979,421 deaths
- United States: 45,759,230 confirmed cases; 741,566 deaths
- NC has confirmed 1,477,514 cases of COVID-19 across all 100 counties\*
  - Deaths = 18,050\*
  - Completed Tests = 19,117,092\*
  - Currently Hospitalized = 1,335\*

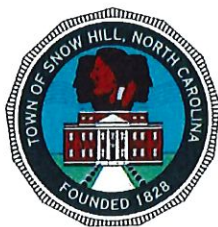
*\*Last updated at 12:00 p.m. on October 29<sup>th</sup>, 2021*

Greene County is continuing to monitor the situation and its impact on our community. New information will be shared as necessary. Residents who feel they need COVID-19 testing, can go to the Greene County Community Center located at 814 W. Harper Street in Snow Hill. Testing will take place on Mondays, Tuesdays and Thursdays, 9 a.m. - 6 p.m. If you need to schedule an appointment for your COVID vaccine (Moderna), please call the Greene County Department of Public Health at (252) 747-8181. Same day service available on most days.

Main (252)747-8183 • Clinic (252)747-8181 • WIC (252)747-3244

**Prevent • Promote • Protect**





**To:** Mayor and Board Members

**From:** Todd Whaley

**Date:** 8 November 2021

**REF:** Amendments: Personnel Policy

**Background:**

**Procurement Card Policy:** Through recent audits the town has been unable to produce a procurement card policy which is vital. The outlined draft is the essentials for business to still be productive and accountable for its expenditures. The purpose for this is to hold the card holder accountable for his/her actions while in possession of the card. It will prove as an effective and accountable process to ensure auditing accuracy.

**Travel Policy:** The town has never had a travel policy regarding out-of-town training or out of town "errand running". The attached travel policy gives a fair guideline to all employees when traveling out of town whether on town owned vehicles or personnel vehicles. Again, this policy is for auditing and accountability.

\*There will be more essential update to other policies in the future.

**Recommendation: (Motion Required)** It is my recommendation to approve attached Procurement Card Policy and Travel Policy.

**Now Therefore Be It Resolved,** The Town of Snow Hill Board of Commissioners adopt the Procurement Card Policy and Travel Policy

Moved: LW Second: DA

Vote: Yes ✓ No ✗

Unanimous: 5/0



## **AN ORDINANCE OF THE BOARD OF COMMISSIONERS OF THE TOWN OF SNOW HILL AMENDING PERSONNEL POLICY ARTICLE I**

**WHEREAS**, the Town of Snow Hill has adopted an ordinance regulating operation, policies, appointments, classifications, benefits, salary, promotion, demotion, dismissal, and conditions of employment of the employees of the Town of Snow Hill

**WHEREAS**, the Town Manager, Finance Director, and Auditing Firm recommend a procurement card policy attached hereto and incorporated herein by reference as a method to maintain a policy and procedure for the use of electronic payment as a method of expending public funds.

**WHEREAS**, to meet these standards, certain amendments regarding procurement card use and transactions are necessary and the Board of Commissioners desires to amend its policy accordingly.

**NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF THE TOWN OF SNOW HILL** that the Town of Snow Hill Personnel Policy are hereby amended as follows:

**Section I.** Amendment of Article I General Provisions to the Town of Snow Hill Personnel Policy.

**Section 8 is hereby added as follows:**

### **Section 8 PROCUREMENT CARD POLICY**

#### **INTRODUCTION**

1. The Town of Snow Hill procurement card is a purchase card system benefiting the Town and the Town's authorized user of the procurement card by allowing purchases to be made from vendors for certain types of goods and/or services that are not available through other procurement means or from other vendors.

#### **POLICY**

1. Usage of the Town's procurement card is allowed at the discretion of the Town Manager to current employees who are granted Town purchasing authority. Delegation of Town purchasing authority governs the use of the procurement card as a tool for purchasing materials and services costing less than \$500 unless authorized by a purchase order in hand

prior to the purchase. Use of this card is restricted to the purchasing of those goods or services that cannot be procured through normal procedures. All goods and services purchased by the Town should be acquired through credit extended by the Town's vendors to the Town whenever possible and paid by approved invoice within the agreed credit terms of the vendor. The use of the procurement card does not justify the payment of any sales taxes for which the Town is exempt.

2. The card user agrees to comply with all applicable Town policies and procedures and this agreement.

### **COMPLIANCE WITH POLICY, VIOLATION & CONSEQUENCES**

1. Card user violations of this agreement or of any policy regarding the purchase of goods or services will be investigated and may result in any or all of the following actions, but not limited to: written warning, revocation of card holder privileges, cancellation of delegation of purchasing authority, disciplinary action, termination and/or criminal prosecution. Human error and extraordinary circumstances may be taken into consideration when investigating any violation of this agreement.
2. The Town Manager, Finance Director or designees have the authority to investigate and to determine whether a violation of purchasing or procurement card policy has occurred and to determine action deemed most appropriate pursuant to applicable law and/or Town policy.

#### **A. Violations of procurement card usage include but are not limited to:**

- Purchase of items for personal use
- Purchase of items in violation of the Town's travel policy
- Use of the Procurement card for cash advances
- Exceeding the card account credit line limit
- Use of the procurement card for purchase of more than \$500 by splitting similar purchases into more than one transaction
- Failure to return the card when card user is reassigned, terminated or upon request
- Failure to turn in packing slips, receipts or other back up documentation to the Finance Director within *three (3)* business days of the purchase
- Sharing the procurement card or card account number with unauthorized users

### **OWNERSHIP & CANCELLATION OF THE CARD**

1. The procurement card remains property of the Town of Snow Hill. It may not be transferred to, assigned to, or used by anyone other than an authorized user of the Town. Users of the procurement card are accountable for the activity on the card. The Town Manager may suspend or cancel user privileges at any time for any reason. If the user is in possession of

a card, the user shall surrender the procurement card upon request by the Town Manager or to any authorized agent of the issuer.

### **RECEIPTS**

1. It is the responsibility of each procurement card user to obtain transaction receipts from the merchant each time the procurement card is used, including telephone and internet charges within *three (3)* business days of the transaction. Failure to provide the required documentation for payment processing may subject the user to loss of card privileges and may cause the amount charged to be classified as a personal purchase by the card user. The Finance Director shall keep statement data and proof of reconciliation, including receipts and packing slips, on file for a period consistent with the record retention requirements of the law.
2. Failure to provide receipts and allow for timely payment of the procurement card purchase will also subject the purchasing department to finance charges on the charge.

### **DISPUTED ITEMS**

1. It is the Finance Directors responsibility to follow-up on any erroneous charges, returns or adjustments to ensure proper credit is given on subsequent statements.

### **SAFEGUARDING AN ISSUED PROCUREMENT CARD**

1. An issued procurement card or card account number should always be treated with utmost care and should be kept in a secure location and protected from misuse by unauthorized users. When using the procurement card for internet purchases, users should ensure that the site utilizes industry recognized encryption transmission tools.

### **LOST OR STOLEN PROCUREMENT CARD**

1. If a procurement card is lost or stolen, contact the Town Manager and or the Finance Director immediately, who will contact the provider and take the appropriate steps to protect the account from unauthorized purchases.

### **AUTHORIZATION**

1. Town employees must receive approval from the Town Manager to have permission to use the Town procurement cards. The procurement card may be used only by Town authorized users who have authority to buy goods and services on behalf of the Town of Snow Hill. Each user is responsible for ensuring safeguard of the procurement card information.
3. The Finance Director helps ensure the proper use of procurement cards by overseeing the Town implementation and use of the card and/or account number.

### **RESPONSIBILITY OF PROCUREMENT CARD USERS**

Authorized employees must use the card responsibly and in accordance with this policy.

**4. Procurement card user responsibilities include, but not limited to:**

- Purchasing items for Town of Snow Hill business use only
- Never lending or sharing the procurement card or card account number with unauthorized users
- Knowing the card limitations and restrictions
- Returning the card to the Town Manager or Chief of Police, as appropriate
- Forwarding proof of purchase documents, such as sales receipts or computer print-outs, to the Finance Director immediately after internet or telephone purchase (or within three (3) days of return if on travel)

**5. Finance Department**

The Finance Director and/or designee is responsible for:

- Implementation of this policy
- Timely reconciliation of procurement card accounts
- Appropriate record keeping
- Knowing the procurement card limitations and restrictions
- Answering questions about use of cards
- Monitoring card usage to ensure that Town's policies, and internal policies and procedures are being followed
- Communicating with the Town Manager when new or modified cards are necessary and requesting new cards from an approved issuer
- Communicating with the Town Manager when card cancellations are necessary and terminating of accounts and individual authority to use cards

**Section II:** These amendments shall become effective upon passage.

**Section III:** Any provisions of the Charter or Code inconsistent herewith are hereby repealed.

DULY ADOPTED this the 8<sup>th</sup> day of November 2021.

**TOWN OF SNOW HILL**

  
Dennis K. Liles, Mayor

ATTEST:

  
Laquita Davis, Town Clerk





## **AN ORDINANCE OF THE BOARD OF COMMISSIONERS OF THE TOWN OF SNOW HILL AMENDING PERSONNEL POLICY ARTICLE I**

**WHEREAS**, the Town of Snow Hill has adopted an ordinance regulating operation, policies, appointments, classifications, benefits, salary, promotion, demotion, dismissal, and conditions of employment of the employees of the Town of Snow Hill

**WHEREAS**, the Town Manager, Finance Director, and Auditing Firm recommend a travel policy attached hereto and incorporated herein by reference as a method to maintain a policy and procedure for the use of electronic payment as a method of expending public funds.

**WHEREAS**, to meet these standards, certain amendments regarding credit card use and transactions are necessary and the Board of Commissioners desires to amend its policy accordingly.

**NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF THE TOWN OF SNOW HILL** that the Town of Snow Hill Personnel Policy are hereby amended as follows:

**Section I.** Amendment of Article I General Provisions to the Town of Snow Hill Personnel Policy.

**Section 9 is hereby added as follows:**

### **Section 9 TRAVEL PROCEDURES AND POLICY**

#### **PURPOSE**

This procedure's purpose is to provide information about the Town of Snow Hill's travel expense guidelines. In order to develop a full understanding of what is expected and required, it is important to read this procedure in its entirety prior to your travel.

**Applicability of Travel Procedure-All** employees of the Town are subject to act in accordance with this procedure.

An employee traveling on official business is expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business and using personal funds. Employees will be held personally responsible for unauthorized costs and additional expenses incurred for personal preference or convenience that are not reasonably essential for the approved travel. Any intentional violation of this procedure can result in disciplinary action.

## **SCOPE**

### **Authorization/Approvals**

1. Funds must be available in the budget to support the travel.
2. All travel requests must be pre-approved by the Town Manager.
3. Any travel request for in-state and out-of-state travel requiring advances should be received three weeks prior to the date of travel.
4. When an employee is away from the job on official business or is participating in authorized training courses or authorized professional conferences and meetings, the employee will be considered as officially at work.
5. The determination of "hours worked" for time spent in travel and training shall be computed in accordance with the provisions of the Fair Labor Standards Act. Incurring of overtime expenses for the purpose of traveling to a designation and attendance at a conference, meeting, or authorized training course should be minimized.
6. The Town is not responsible for filing personal automobile claims on behalf of employees, regardless of circumstances.

## **PROCEDURES**

1. Personnel traveling away from Greenville on official business will be compensated for all approved expenses paid for out of pocket including meals, hotel/motel accommodations, tips, taxes, buses, baggage handling, etc., as well as other out-of-pocket expenses such as registration fees, tuition, tours, and other related expenses.
2. Receipts and Cards for the cost of lodging, transportation, airfare, gas, and registration fees must be submitted with the within three (3) days of returning to work. All receipts should be included at the conclusion of the travel. If an employee does not have receipts for normal expenses, the reasons should be noted and the responsibility for payment could result in being paid by the employee.
3. No conference or seminar travel will be reimbursed without a copy of the seminar or conference registration information. This information verifies registration costs, meals, books, or other items included in the registration amount.
4. In the event the Town needs to reimburse an employee; if the correct documentation to include card and receipts has not been submitted within the timeframe required and absolutely by the end of the fiscal year, then the employee will forfeit that reimbursement, if outside the deadlines.

## **TRANSPORTATION**

1. Town employees traveling on official business are encouraged to use a Town vehicle whenever practical.

Employees are expected to use the most economical means of transportation. Consideration must be given to such issues as a.) the time and distance involved and b.) traveling together in either a Town or private vehicle when more than one employee is traveling to the same destination.

2. In the event a Town vehicle is available and an employee elects to drive their personal vehicle, the employee will not receive mileage or fuel reimbursement. In the event a Town vehicle is not available, and the employee uses their personal vehicle, they will be reimbursed a prearranged mileage rate and fuel cost more than 20 miles outside of the city limits.
3. Any car rentals deemed to be in the best economic interest of the Town must be approved prior to traveling. Under circumstances where there are several Town employees out of town together and a rental car is approved, it must be justifiably the most efficient mode of transportation based on the circumstances.

### **LODGING**

1. Living expenses, to include meals will be authorized only for trips lasting overnight or longer. When making lodging reservations, consideration should be given to the distance of the training location from the business location. See below the illustration of when lodging before and after an approved travel event will be granted.
2. Reasonably priced lodging should be used by employees. The Town Manager shall approve for the lodging to be utilized and should be consulted ahead of time on any travel that poses a question. Allowable lodging expenses include the basic room rate charge and applicable taxes. Specific dates of lodging must be identified and substantiated by a receipt from the place of lodging. When making room reservations, the employee responsible is encouraged to first attempt to reserve the room under the governmental discount, if available.
3. The Town is responsible for only the room and tax. The employee will be held responsible for any additional amenity charges, or any other charges made to the room during their stay (e.g. refrigerator, microwave, etc.). Reimbursements to employees will be limited to the single occupancy rate for the hotel room.
4. Lodging will only be permitted when classes begin before 8 am and require more than a two hour drive or when there are two or more consecutive day's of class with more than a two hour drive. Each lodging event will be considered and authorized by the Town Manager.

### **MEALS**

1. Employees will be on a per-diem basis for meals. The Town's per-diem rates will be established by the Town Manager and reviewed to determine if any changes are needed.
2. Daily rates per meal shall not exceed \$15.00 and three meals a day for lodging. For a one day class without lodging one meal will be permitted.
3. If an employee leaves Snow Hill prior to 6:00 a.m., the breakfast allowance will be allowed. If an employee departs Snow Hill prior to 6:00 p.m. or returns after 8:00 p.m., the dinner allowance is allowed.
4. Tips for meal per diems and meal reimbursements are limited to 15% of food and beverage costs.
5. The per diem meal allowance excludes any meals which are scheduled as part of a

school, conference, or seminar and are usually paid for in advance of such a meeting.

6. The costs of laundry, entertainment, alcoholic beverages, snacks or refreshments (excluding the per diem), and other personal expenses do not qualify for reimbursement.

### **EXCEPTIONS**

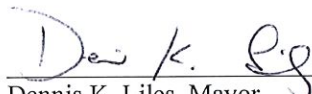
1. This general procedure is not expected to address every issue, exception, or contingency that may arise during Town travel. Accordingly, the basic standard that should always prevail in dealing with exceptions is the exercise of good judgment in the use and stewardship of the Town's resources. Unless otherwise specified herein, exceptions will require the approval of the Town Manager.

**Section II:** These amendments shall become effective upon passage.

**Section III:** Any provisions of the Charter or Code inconsistent herewith are hereby repealed.

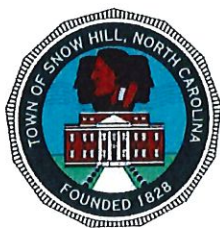
DULY ADOPTED this the 8<sup>th</sup> day of November 2021.

**TOWN OF SNOW HILL**

  
Dennis K. Liles, Mayor

ATTEST:

  
Laquita Davis, Town Clerk



**To:** Mayor and Board Members

**From:** Todd Whaley

**Date:** 8 November 2021

**REF:** Peddler Permit Policy and Procedure

**Background:**

In February of this year a vague approval was given regarding peddler permits in the Town of Snow Hill. To expand and clarify some situations that have arisen are detailed in this policy. We have numerous "sale of goods" citizens who request a permit, but the Town in itself has no checks and balances of what they are selling, if they are permitted correctly, are they operating within the correct time frame, or if the police have any way of verifying their permit. Attached you will find a detailed policy that outlines numerous requirements and restrictions to limit unauthorized sales.

**Recommendation: (Motion Required)** It is my recommendation to approve the Peddler Permit Policy to prevent unauthorized sale of goods in the Town of Snow Hill

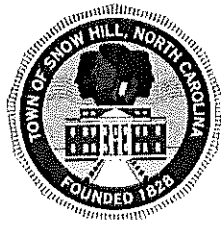
**Now Therefore Be It Resolved,** The Town of Snow Hill Board of Commissioners approves the Peddler Permit Policy and Procedure

Moved: LW Second: GS

Vote: Yes ✓ No       

Unanimous: 5/0





**To:** Mayor and Board Members

**From:** John Bauer

**Date:** 08 FEB 2021

**REF:** Establishing Peddler Policy and Definition

**Background:**

The **annual** "peddler fee" established years' ago is \$125. Enforcement has been erratic at best. Therefore, in order to improve enforcement, we recommend better defining who is a "peddler".

**Peddler Definition:** A "retail sales, for profit, mobile business" which operates temporarily in within the corporate limits and ETJ and the Town of Snow Hill.

**Exemptions:** Any peddler which operates only during Town-sponsored community events, e.g., Christmas Extravaganza, Old Timey Farmers' Day, special festivals.

We would affix stickers to those complying with the policy. Those who do not comply will be requested to leave.

**Recommendation:** Approval of the definition and policy.

**Now Therefore Be It**

**Resolved,** that the Peddler Policy and Definition as referenced above is **approved.**

Moved: \_\_\_\_\_ Second: \_\_\_\_\_

Vote: Yes \_\_\_\_\_ No \_\_\_\_\_

Unanimous \_\_\_\_\_



**AN ORDINANCE OF THE BOARD OF COMMISSIONERS OF THE  
TOWN OF SNOW HILL AMENDING CHAPTER 114 ENTITLED "BUSINESS  
REGULATIONS"**

**WHEREAS**, the Town of Snow Hill has adopted an ordinance regulating the operation and standards for business in Town.

**WHEREAS**, to ensure the continued high standards of the business as well its efficient and fiscally responsible operations, it is necessary for the Town Board of Commissioners to update its Business Regulation ordinances to include in definition solicitors and peddling.

**WHEREAS**, to meet these standards, certain amendments regarding soliciting and peddling are necessary and the Board of Commissioners desires to amend its ordinances accordingly.

**NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF THE TOWN OF SNOW HILL** that the Town of Snow Hill Code of Ordinances are hereby amended as follows:

**Section I.** Amendment of Chapter 114 of the Town Code of Ordinances.

**Section 114.01 is hereby added as follows:**

**Sec. 114.01 - Solicitors and peddlers.**

(a) *Purpose.* The purpose of this section shall be to protect the health, safety, and general welfare of the public by regulating the business activities of solicitors and peddlers.

(b) *Definitions.* The following words, terms, and phrases, when used in this section shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

- (1) *Residence* means and includes every separate living or dwelling unit occupied for residential purposes by one or more persons, contained within any type of building or structure.
- (2) *Peddlers*, whether referred to as peddlers or hawkers, means and includes any person who travels by any means from place to place or door-to-door of residences with an inventory of goods, wares, or merchandise who sells or offers to sell the same at retail and who delivers the identical goods, wares, or merchandise.

(3) Solicitors, whether referred to as solicitors or canvassers, means and includes any person who travels by any means from place to place or door-to-door of residences for the purpose of taking or attempting to take orders for goods, wares, merchandise, or services, whether for present or future delivery or performance.

(4) *Business* means the business carried on by any person who is a peddler or solicitor as defined in this section.

(c) *License required.* It shall be unlawful for any person to engage in business as a peddler or solicitor within the Town limits without having first completed and filed an application and obtained a license from the Town of Snow Hill. Applicants shall be at least eighteen (18) years of age.

(d) *Term and renewal of license.* A license issued pursuant to this section shall:

(1) Expire one (1) year after the issuance thereof.

(2) Be renewable for additional one (1) year periods upon application submitted to the Town Manager no later than fourteen (14) days prior to the expiration of the preceding term, accompanied by a fee as provided in the Town's schedule of rates and fees, and duly approved by the Town Manager or his designee.

(e) *Application.* An application pursuant to this section shall be made on a form supplied by the Town Manager or his designee and shall contain or be accompanied by the following:

(1) The name, address, and telephone number of the applicant and, if a business, the name, and registered agent of the business.

(2) A state-issued driver's license or identification card bearing a photograph and the date of birth of the applicant.

(3) A description of the goods or services to be sold or offered for sale.

(4) Evidence that the applicant has complied with any relevant state or local business license requirements.

(5) The time or periods during which business is proposed to be carried on in the Town.

(6) A fee as provided in the Town's schedule of rates and fees to cover the costs of processing and investigating the application and issuing the license.

(7) A complete statement by the applicant of any conviction for a felony or any crime involving fraud, deceit, or the receiving or possessing of stolen goods.

(8) Any other information that the Town Manager deems necessary to determine the character and ability of the applicant to comply with the requirements of this section.

(f) *Procedure and standards for issuance.* In determining the acceptability of an application, the Town Manager or his designee may consider any factors presented in the application or in any

staff report relating to the application concerning the past record and ability of the applicant to perform the conditions of this section in a manner which serves the public interest. Tangible evidence that the applicant has done one or more of the following shall constitute valid reasons for disapproval of an application:

- (1) Has been convicted of a felony or any crime involving fraud, deceit, the receiving or possessing of stolen goods, or moral turpitude.
- (2) Has made willful misstatements or fraud in the application or the application is incomplete.
- (3) Has committed prior violations of ordinances relating to peddlers, solicitors, vendors, and the like.
- (4) Any other tangible evidence that the conduct of the applicant's business would pose a substantial threat to the public health, safety, morals, or general welfare.

(g) *Denial of license.* An application may be denied if it is found that granting the license would not be in the public interest. An applicant denied a license under this section shall receive a written statement outlining the grounds on which the denial is based. The applicant then may appeal the denial of the license to the Town Manager within fifteen (15) days after the date of the written denial. In response to the appeal, the Town Manager may take such action as it shall deem to be necessary. The findings and determination of the Town Manager shall be final.

(h) *Prohibited conduct.* No peddler or solicitor shall engage in the business of peddling or soliciting except between the hours of 8:00 a.m. and 8:00 p.m., or as otherwise further limited by the terms of the license.

(i) *Revocation of license.* The Town Manager or his designee may revoke a license issued pursuant to this section if he finds that the licensee has:

- (1) Willfully misrepresented or provided false information in the license application.
- (2) Been convicted of a felony or any crime involving fraud, deceit, the receiving or possessing of stolen property, or moral turpitude.
- (3) Been convicted of any offense or engaged in any activity that would be grounds for denial of issuance of the license.
- (4) Failed to comply with any terms or conditions of the license.
- (5) Conducted the business licensed in an unlawful way or in such a way as to constitute a hazard to the health, safety, morals, or general welfare of the public.
- (6) Has failed to comply with any requirement of this section.

(j) *Notice and hearing.* Before revocation of a license, the Town Manager or his designee shall notify the licensee of his intent to revoke the license and the reasons therefor and shall afford the licensee a reasonable opportunity to appear and be heard on the question of such revocation. After

the hearing, the Town Manager shall notify the license holder in writing of his decision and the reasons therefor.

(k) *Chief of Police:* At any time, the Chief of Police or any such Town of Snow Hill Police Officer may revoke the license for any and all reasons that violate this ordinance.

(l) *Display and possession of license and identification.* Any person doing business as a peddler or solicitor shall have a license issued pursuant to this section with him at all times, he engages in the business for which the license is held. Upon request of any customer, state or local revenue agent, or law enforcement agent or officer, a peddler or solicitor shall provide a valid driver's license, a special identification card issued under G.S. 20-37.7, a military identification, or a passport bearing a physical description of the person named, reasonably describing the peddler or solicitor. If the peddler or solicitor is a corporation, it shall, upon request of any customer, state or local revenue agent, or law enforcement agent or officer, give the name and registered agent of the corporation and the address of the registered office of the corporation, as filed with the secretary of state.

(1) *Penalties.* Any person found to be in violation of the requirements of this section shall be subject to a civil penalty.

#### **Sec. 114.02. - Sale of merchandise on streets, sidewalks and parking lots.**

(a) *Permits generally.* Unless having obtained a permit issued pursuant to this section, no person shall peddle, sell, barter, trade or auction merchandise of any description on any street, sidewalk, pedestrian way or public parking lot in the Town.

(1) *Special occasion permits.* The Town manager or his designee may issue nonexclusive special occasion permits not to exceed eight (8) hours in duration for purposes which are directly related to an occasion such as a parade, festival or promotional activity occurring in the Town. Any such permit issued by the Town manager must specify the effective date, the hours of duration, the merchandise to be sold, the name of the person selling the merchandise and the name of the person owning the merchandise for sale, if different, along with each such person's address and telephone number.

#### **Sec. 114.03. - Peddlers refusing to leave.**

Any peddler or hawker of goods or merchandise who enters upon premises owned or leased by another and willfully refuses to leave such premises after having been notified by the owner or possessor of such premises, or his agent, to leave the same, shall be guilty of a misdemeanor.



**Sec. 114.04. - Organizations excluded from article.**

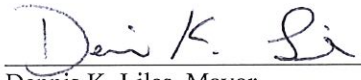
This chapter shall not apply to solicitation for charitable, civic, religious or patriotic purposes by persons who serve without compensation or remuneration. It also shall not apply for any and all Town promoted events or functions.

**Section II:** These amendments shall become effective upon passage.

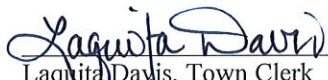
**Section III:** Any provisions of the Charter or Code inconsistent herewith are hereby repealed.

DULY ADOPTED this the 8<sup>th</sup> day of November 2021.

**TOWN OF SNOW HILL**

  
Dennis K. Liles, Mayor

ATTEST:

  
Laquita Davis, Town Clerk



## PEDDLER PERMIT

- Permits expire on the date signed below of the following year
- Soliciting or Peddling hours are between 8AM -8PM

Today's Date \_\_\_\_\_

Date of License \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Time Frame for the business to be carried out in Town: \_\_\_\_\_

Have you ever been convicted of any criminal offenses or ordinance violations? \_\_\_\_yes \_\_\_\_no

If yes, list such convictions with date and prosecuting jurisdiction: \_\_\_\_\_

Has a pending license ever issued to your or your employer been revoked? Y/N

If yes, where and why? \_\_\_\_\_

List the most recent communities where license have been issued: \_\_\_\_\_

Description of products to be sold: \_\_\_\_\_

Are you selling food products? Y/N

If yes, additional permits are required from the Health Department

I, the undersigned, request a peddler's license from the Town of Snow Hill. My signature indicates that I have read, understand, and agree to all the provisions and regulations for obtaining a peddler's license as outlined in the Town of Snow Hill Code Book. I agree and understand the license shall be valid for one year effective the signature date. I understand the fee for this license is \$\_\_\_\_\_ non-refundable and shall always be consistent with the approved rate schedule adopted by the Town.

\*Any peddler's license may be revoked by the Chief of Police or the Town Manager if the ordinance is not followed, the licensee has been convicted of any criminal offense or has provided false or misleading information on this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Town of Snow Hill  
908 SE Second Street  
Snow Hill, NC 28580**

**PEDDLER & SOLICITING PERMIT**

Permit Expires: \_\_\_\_\_

**Permission is hereby granted to:**

Name: \_\_\_\_\_ age \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Signature of Holder: \_\_\_\_\_

\*Holder is permitted to solicit or peddle  
between the hours of 8AM & 8PM.

**\*Note:** This permit is not valid unless signed by  
the issuing official and in possession. This  
permit is not transferable and may be revoked  
at any time.

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_



**To:** Mayor and Board Members  
**From:** Todd Whaley  
**Date:** 8 November 2021

**REF:** ServLine Leak Protection Program

**Background:**

Our current ServLine Leak Protection Program contract is coming up for renewal. Attached you will find the renewal application for your ServLine Leak Protection Program. You will notice the insurance company is different than in the past. The new insurance company backing your ServLine Program will be Assurant/Virginia Surety. Unfortunately, Sompco has advised us that they will no longer offer renewals or new business for the ServLine Program. This was solely Sompco's decision. However, the new offer renewal is with our new provider Virginia Surety/Assurant. The new provider will offer the same coverages, rates and customer service we are used to. I have attached the application for the renewal to be processed through Virginia Surety/Assurant. The only changes would be as follows:

- The Provider insuring your ServLine Leak Adjustment Program.
- Your claims would now be processed by the same team that currently handles your customer service and daily management reports.-Jonathan and Scott
- You will receive 2 claims payments each month. The notification of these payments will be sent out on the 1st and the 15th. Then, 5-7 business days later the payment will be issued. To speed-up the payment process we will look at the customers repair information and process the payment as soon as the repair has been completed. All other claims correspondence will remain the same and would now come from Scott Stanford (claims@servlineops.com) for all leaks starting after 12/01/2021. Susan Diebold (TPA for O'Connell International/Claims adjuster for Sompco) will only process leaks that started prior to 12/01/2021. ServLine's customer service team will triage all calls for claims and send them to the correct claims department. The only number your customers would need to call is your ServLine Dedicated Customer Service Number: (252)543-8458.

**Recommendation: (Motion Required)** It is my recommendation to renew the contract to ensure customer satisfaction with water leak protection

**Now Therefore Be It Resolved,** that the Snow Hill Town Board approves to renew the contract to ensure customer satisfaction with water leak protection

Moved: LW Second: OD RW

Vote: Yes ✓ No \_\_\_\_\_

Unanimous: ✓



## Partner Form

**Please complete the entire form including the W9 and return to  
julie.ward@homeserveusa.com**

1. Partner Name	2. Tax ID Number	
3. Payment Address (Number, Street and Apt. or Suite No.)		
4. City	5. State	6. Zipcode

**Accounts (queries and remittances): Must be supplied**

1. Contact Name	2. Contact Phone
3. Contact Email	
4. Contact Title / Position	

**Payment Method**

☐

Direct Deposit (ACH)- (Please complete page 2)

☐

Check

**Send completed form to:**  
**SourcingVendorRequests@homeserveusa.com**



# Direct Deposit (ACH) Enrollment Form and Agreement

All of the following information is required if Direct Deposit (ACH) payment is selected:

1. Partner Name	2. Tax ID Number	
3. Payment Address (Number, Street and Apt. or Suite No.)		
4. City	5. State	6. Zipcode
7. Payment Notification Contact Person	8. Phone	
9. Remit to Email	10. Financial Institution	
11. Routing Number	12. Account Number	
12. Swift Code (If International; Currency will be defaulted to the Country of Domesticity unless otherwise specified.)		

I hereby authorize HomeServe USA to automatically deposit payments to the account listed above. I certify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the information provided on this form is correct and that HomeServe USA may rely on it.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to:  
SourcingVendorRequests@homeserveusa.com

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**  
Signature of U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

10/18/2021

AGENCY HomeServe USA 601 Merritt 7 Floor Norwalk CT 06851	CARRIER Assurant/Virginia Surety COMPANY POLICY OR PROGRAM NAME POLICY NUMBER SNOWHILL12012021	NAIC CODE PROGRAM CODE
CONTACT NAME: Julie Ward PHONE (A/C, No, Ext): (423) 435-7702 FAX (A/C, No): E-MAIL ADDRESS: CODE: SUBCODE: AGENCY CUSTOMER ID: 00020441	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME CANCEL 12/01/2021 12:01	ISSUE POLICY <input checked="" type="checkbox"/> RENEW AM <input checked="" type="checkbox"/> PM

### LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
COMMERCIAL PROPERTY	\$	TRUCKERS	\$
CRIME	\$	UMBRELLA	\$

### ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE 12/01/2021	PROPOSED EXP DATE 12/01/2022	BILLING PLAN DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Town of Snow Hill 908 SE Second St. Snow Hill NC 28580	GL CODE SIC NAICS FEIN OR SOC SEC #	
CORPORATION INDIVIDUAL	JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: NOT FOR PROFIT ORG PARTNERSHIP	SUBCHAPTER "S" CORPORATION TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC #	
CORPORATION INDIVIDUAL	JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: NOT FOR PROFIT ORG PARTNERSHIP	SUBCHAPTER "S" CORPORATION TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC #	
CORPORATION INDIVIDUAL	JOINT VENTURE LLC NO. OF MEMBERS AND MANAGERS: NOT FOR PROFIT ORG PARTNERSHIP	SUBCHAPTER "S" CORPORATION TRUST

## CONTACT INFORMATION

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	SERVICE <input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
%		%			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):		
REASON FOR INTEREST:		E-MAIL ADDRESS:						

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y/N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL☐ SAFETY POSITION☐ MONTHLY MEETINGS☐ OSHA

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐ NON-RENEWAL☐ UNDERWRITING☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?  
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## PRIOR CARRIER INFORMATION

R	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N	

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 00020441

LOC #: \_\_\_\_\_



# **ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> HomeServe USA		<b>NAMED INSURED</b> Town of Snow Hill	
<b>POLICY NUMBER</b> SNOWHILL12012021			
<b>CARRIER</b> Assurant/Virginia Surety	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b> 12/01/2021	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 125 **FORM TITLE:** Commercial Application

### **Policy**

Water Loss Protection Residential: Rate: \$1.55 Limit: \$1000.00 1-adj per 12 mos over 2 billing cycles  
 Water Line Protection Residential: Rate: \$4.65  
 Sewer Line Protection Residential: Rate: \$6.00

Remove Vacancy exclusion.  
 Remove exclusion for leaky faucets.  
 Remove exclusion for leaky commodes.

Remove exclusion for leaks in pressure reducing valves.

Please refer to the Utility's attached leak adjustment policy for additional information regarding guidelines and qualifications for leak adjustments.

Estimated total water connections: 1082  
 Estimated total sewer connections: 850

### **Inland Marine (C) - LINE AND LEAK COVERAGE**

Water Loss Protection Residential: Rate: \$1.55 Limit: \$1000.00 1-adj per 12 mos over 2 billing cycles  
 Water Line Protection Residential: Rate: \$4.65  
 Sewer Line Protection Residential: Rate: \$6.00

Remove Vacancy exclusion.  
 Remove exclusion for leaky faucets.  
 Remove exclusion for leaky commodes.

Remove exclusion for leaks in pressure reducing valves.

Please refer to the Utility's attached leak adjustment policy for additional information regarding guidelines and qualifications for leak adjustments.

Estimated total water connections: 1082  
 Estimated total sewer connections: 850



AGENCY CUSTOMER ID: 00020441

**EQUIPMENT FLOATER SECTION**

DATE (MM/DD/YYYY)

10/18/2021

AGENCY HomeServe USA

CARRIER

Assurant/Virginia Surety

NAIC CODE

Y NUMBER

SNOWHILL12012021

EFFECTIVE DATE

12/1/2021

APPLICANT / FIRST NAMED INSURED

Town of Snow Hill

**TERRITORY OF OPERATION****TYPE OF OPERATION****COVERAGE / DEDUCTIBLE****EQUIPMENT STORAGE**

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

**UNSCHEDULED EQUIPMENT**

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS**

ACORD 45 Attached

<b>INTEREST</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> LOSS PAYEE					<b>LOCATION:</b>
<input type="checkbox"/> LIENHOLDER					<b>BUILDING:</b>
					<b>SCHEDULED ITEM NUMBER:</b>
					<b>OTHER</b>
<b>ITEM DESCRIPTION:</b>					

<b>INTEREST</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> LOSS PAYEE					<b>LOCATION:</b>
<input type="checkbox"/> LIENHOLDER					<b>BUILDING:</b>
					<b>SCHEDULED ITEM NUMBER:</b>
					<b>OTHER</b>
<b>ITEM DESCRIPTION:</b>					

<b>INTEREST</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> LOSS PAYEE					<b>LOCATION:</b>
<input type="checkbox"/> LIENHOLDER					<b>BUILDING:</b>
					<b>SCHEDULED ITEM NUMBER:</b>
					<b>OTHER</b>
<b>ITEM DESCRIPTION:</b>					

**GENERAL INFORMATION****EXPLAIN ALL "YES" RESPONSES**

1. EQUIPMENT RENTED, LOANED TO / FROM OTHERS WITH / WITHOUT OPERATORS?

2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?

3. PROPERTY USED UNDERGROUND?

4. ANY WORK DONE AFLOAT?

Y/N

## SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00020441

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

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**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER





**To:** Mayor and Board Members

**From:** Todd Whaley

**Date:** 8 November 2021

**REF:** Consideration: Planning Board and Board of Adjustment Consolidation

**Background:**

The current Board of Adjustment has received a lot of changes since the last formal meeting; resulting in the opportunity to condense the planning board and the board of adjustment. The current members are as follows:

**Planning Board:**

- Bobby Taylor – Chair
- Jimmy Davenport – ETJ
- Diane Davis – alternate
- Sam Edmonds
- Landon Schertzinger ETJ
- Salvador Tinoco

**Board of Adjustment:**

- George Harrell - Chair
- Joan Atkinson - City
- Mary Dixon
- Ernestine Suggs - ETJ
- Jodi Riddle
- Jamie Wilkes

The planning board seems to have a consistent 95% availability rate when needed to host a meeting. The board of adjustment however has lost one member for health, one moved out of town, and one has never attended a meeting in the past. This leaves the Board with 50% capacity. To reduce the number of members when both boards can approve similar agenda's it is my recommendation to combine boards by adding two board of adjustment members to our current planning board.

The primary responsibility of the Planning Board is to advise the town board, town staff and citizens on matters affecting community development. They also create and implement comprehensive plans incorporating the different types of land use and reviewing and making decisions on applications for development. The primary responsibility of the Board of

Adjustment is to hold hearings on requests for variances, special use permits, and appeals from administrative decisions regarding the town's zoning ordinances.

**Recommendation: (Motion Required)** It is my recommendation to combine boards by adding two board of adjustment members to our planning board.

**Now Therefore Be It Resolved,** the Town of Snow Hill Board of Commissioner approve to combine boards by adding two board of adjustment members to our planning board.

Moved: LW Second: GS

Vote: Yes ✓ No       

Unanimous: ✓

BP - Said consolidation would make an easier process to consolidate the boards.

TW said he will contact the member ~~on~~ <sup>on</sup> the BA board to check interest of the current board. Also have to check on attendance.



## PROJECT INFORMATION UPDATES

**1. Greene County Parcel No. 0805535**

Waiting on NCDOT to move forward with this project before any further action needed.

**2. LED Sign:**

The LED sign for beautification circle in front of Bojangles has arrived. One issue I am currently facing is the NCDOT right-of-way. According to NCDOT the right of way extends almost to the new Walgreens building. Our existing sign is technically in their right of way. Engineers are working with me to make this sight work since we already have an existing sign on this property. We are looking at 75' set back from the front and 50' from Third Street. The new changes would reflect the current sign out of the state right-of-way.

**3. Water / Sewer – No change since September Meeting**

I met with UNC School of Government on 20 August regarding the rate study information. They have all our required documentation and have started the process. As soon as they send me the results, we will collectively entertain their study and see what necessary actions are needed moving forward. As mentioned before, I do anticipate an increase in utilities to ensure we are not in another financial crunch.

**4. Boat Landing:**

The boat landing dirt has been delivered and smoothed. This should correct the flooding issue in between the two entrances. Once confirmed I plan to have Public Works plant a few roses bushes around the "Billies" baseball monument. Also, I spoke with Steve Bailey regarding a ribbon cutting or grand opening. He stated they do not normally do a ribbon cutting on a renovation project. Only a new project.

**5. Christmas Lights: – No change since September Meeting**

We have not received any feed back regarding personal snowflakes. Duke Energy has confirmed they will have all receptacles installed on the poles before 1 DEC. Southern Corrosion is supposed to be in Town 8 or 9 NOV to install lights on the water tower on Kingold Blvd.

**6. SCADA System Replacement**

The SCADA equipment has arrived. Gopher Utilities are working with Nfinity Link on some IP issues. Once complete the remaining infrastructure will be installed. Again, this expenditure may be American Rescue Plan funding eligible.

**7. American Rescue Plan Funding (COVID Money)**

The U.S. Treasury announced Thursday that the previous Oct. 31 deadlines for cities to file their reports on expenditures of American Rescue Plan (ARP) funds will be extended into next year. The extension of these deadlines provides cities with much-needed time to work through the details for reporting to the federal government. Additional reporting info is expected from the U.S. Treasury in the months ahead. Deadlines for spending have not changed with this announcement, and ARP funds are still not required to be obligated until Dec. 31, 2024, and spent by Dec. 31, 2026. With the state still deciding on the appropriation of its ARP funds, and the U.S. Treasury expected to update its current interim spending guidance in the coming months, there remains ample time for cities to plan for the expenditure of their funds.

I would suggest the Board to consider a retreat meeting to discuss the potential expenditures with the ARP monies. I would also highly encourage to not publicly appropriate or delegate any funds to one particular project until the final ruling has been delivered. There will be several options we can entertain at the appropriate time.

**8. School Resource Officer**

October 8, 2021 was the last day we provided SRO services to Snow Hill Primary and West Greene Elementary. Chief Hobbs has implemented daily patrols to include walk throughs in the schools and traffic control during the patrol officer's shift.

**9. Parks and Recreational Trust Fund Grant**

I have spoken with Brittany Shipp with PARTF with regards to potentially applying for grant funds. There will be some significant pre-application checks and balances that will need to be reviewed on behalf of her staff prior to submittal. She will be meeting with me 18 NOV to review our options. If we qualify, I will bring this back to the Board for review.

**10. Copy Pro**

I have met with Copy Pro, who provide our printer services at the Town Offices. After review we are spending nearly \$800 monthly for a printer in each office, public works, and Police Department. In addition, we are billed quarterly for any overages that have occurred. With that in mind, I have concluded to reduce individual printers with one main printer at Town Hall that everyone can print/scan/fax from. The police department will still retain a copy pro printer for confidentiality and the service that may be needed for the 24/7 coverage. Public Works will also have only 1 printer for their water and sewer needs since their offices are at another location. In total we are reducing from 9 printers to 3. I will approve a small outsourced inexpensive printer to expedite customer service for the offices needed.

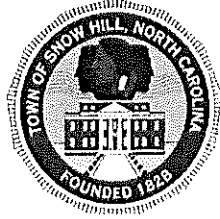
**SNOW HILL POLICE DEPARTMENT**

**October 2021**

**MONTHLY CRIME SUMMARY**

1) Larceny-	2
2) Assaults-	0
3) Breaking/Entering	
a. Residential	0
b. Commercial	0
c. Motor Vehicle	0
d. Storage Buildings	0
4) Robbery-	0
5) Sex Offenses-	0
6) Homicide-	0
7) Fraud-	2
8) Damage to Property( Vandalism)	0
DWI arrests	1
State citations	6
Town citations	71
Traffic accidents	6





**Public Works / Utilities**  
**8 November 2021**

**A. Water:**

- Wells checked daily
- Samples taken daily
- Completed approximately 20-30 locates
- 3 water service repairs
- Waiting for Rate Study Information

**B. Sewer:**

- Weekly lift station checks
- Weekly samples
- Bench and Calibration every Monday and Tuesday
- Monthly reporting
- Sewer lateral back up x1
- Waiting for Rate Study Information

**C. Sanitation:**

- Weekly waste industries trash pick up
- Weekly debris removal
- 3 special pick up
- Trash emptied, Genesis Hill, Community Center, Downtown
- Cleaned 2 ditches Pineshoal
- Parking Lot cleaned after Halloween Event

**D. Streets:**

- Awaiting asphalt repair: Corbett, Hillendale, Pineshoal and Carver Dr.
- Replaced three (1) traffic signs
- Cleaned storm drains SE Second and W. Harper Street

**E. Cemetery:**

- Removed flowers
- Approximately 9 grave burials.
- Holes filled
- Began Lot Information Data

**REVENUE -EXPENSE REPORT MONTH ENDING October 31, 2021**

PG1

33.33%

**Revenues**

100 GENERAL FUND Accounts	004 REVENUE Budgeted	Amended	Actual	YTD Pct percentage
100 GENERAL FUND				
004 REVENUE				
Property taxes	\$342,000.00	\$342,000.00	\$66,413.68	19.42%
03020 Mv Taxes	\$61,000.00	\$61,000.00	\$22,338.76	36.62%
Waste Collection Fees	\$149,725.00	\$149,725.00	\$38,644.00	25.81%
Special Pickups	\$500.00	\$500.00	\$510.00	102.00%
Sale of Lots	\$22,500.00	\$22,500.00	\$21,900.00	97.33%
Grave Openings	\$35,000.00	\$35,000.00	\$20,387.50	58.25%
Install Grave Markers	\$500.00	\$500.00	\$240.00	48.00%
Other Revenue	\$553,430.00	\$553,430.00	\$206,528.27	37.32%
03990 Fund Balance	\$86,870.00	\$86,870.00	\$0.00	0.00%
<b>Total GENERAL FUND</b>	<b>\$1,251,525.00</b>	<b>\$1,251,525.00</b>	<b>\$376,962.21</b>	<b>30.12%</b>
POWELL BILL				
STATE ALLOCATION	43,000.00	\$43,000.00	\$20,912.42	48.63%
600 WATER/SEWER FUND				
004 REVENUE				
Water Fees	\$432,250.00	\$432,250.00	\$118,705.55	27.46%
Sewer Fees	\$527,145.00	\$527,145.00	\$132,096.20	25.06%
Other Revenue	\$147,800.00	\$147,800.00	\$25,610.13	17.33%
37980 APPR RETND EARNINGS	\$0.00	\$12,720.00		
039910 RETAINED EARNINGS		\$0.00		
<b>Total WATER/SEWER FUND</b>	<b>\$1,107,195.00</b>	<b>\$1,119,915.00</b>	<b>\$276,411.88</b>	<b>24.68%</b>
<b><u>TOTAL ALL REVENUE FUNDS</u></b>	<b>\$2,401,720.00</b>	<b>\$2,414,440.00</b>	<b>\$674,286.51</b>	<b>27.93%</b>

PG2

**Expenses**

100 GENERAL FUND				
005 EXPENSE				
04110 Governing Body	\$46,100.00	\$46,100.00	\$14,830.16	32.17%
04120 Administration	\$220,052.00	\$220,052.00	\$78,453.95	35.65%
04170 Election expense	\$4,000.00	\$4,000.00	\$0.00	
04300 Police	\$473,471.00	\$473,471.00	\$147,875.44	31.23%
04310 Fire Protection Contract	\$76,180.00	\$76,180.00	\$40,000.00	52.51%
04510 Streets	\$106,010.00	\$106,010.00	\$40,463.60	38.17%
04710 Solid Waste Collection	\$155,060.00	\$155,060.00	\$48,164.56	
04740 Cemetery	\$61,452.00	\$61,452.00	\$22,351.87	
04930 Community Development	\$109,200.00	\$109,200.00	\$20,581.70	18.85%
<b>Total GENERAL FUND</b>	<b>\$1,251,525.00</b>	<b>\$1,251,525.00</b>	<b>\$412,721.28</b>	<b>32.98%</b>
110 Powell Bill	\$43,000.00	\$43,000.00	\$7,100.21	
<b>Total POWELL BILL</b>	<b>\$43,000.00</b>	<b>\$43,000.00</b>	<b>\$7,100.21</b>	<b>16.51%</b>
600 WATER/SEWER FUND				
005 EXPENSE				
07130 Water	\$492,590.00	\$498,950.00	\$166,213.95	33.31%
07140 Sewer	\$614,605.00	\$620,965.00	\$208,749.15	33.62%
<b>Total WATER/SEWER FUND</b>	<b>\$1,107,195.00</b>	<b>\$1,119,915.00</b>	<b>\$374,963.10</b>	<b>33.48%</b>
<b><u>TOTAL EXPENSE ALL FUNDS</u></b>	<b>2,401,720.00</b>	<b>2,414,440.00</b>	<b>794,784.59</b>	<b>32.92%</b>