



SPECIAL CALLED MEETING OF THE MAYOR AND BOARD OF ALDERMEN OF THE CITY OF GLUCKSTADT, MISSISSIPPI

Tuesday, October 20, 2026 at 4:00 PM

Agenda

This notice and agenda of the Special Called Meeting of the Mayor and Board of Aldermen is hereby given by the undersigned. Said meeting shall be held on Tuesday, October 20, 2026, at 4:00 PM in the Board Room at City Hall, located at 343 Distribution Drive, Gluckstadt, MS 39110.

1. Opening Prayer and Pledge of Allegiance

The business to be brought before the meeting shall be limited to the following:

2. Call Meeting to Order and Roll Call

3. New Business

- [A\)](#) Approval of Quote from Kinsale Insurance Company for Additional Special Event Insurance Coverage, Germanfest; Authorization for Clerk to Pay (Hutchinson Request)
- [B\)](#) Discussion and Request for Approval of City Lease of Land for Germanfest (Hutchinson Request)
- [C\)](#) Request for Approval of BCBS Health Insurance and FSL Secondary GAP Insurance Renewals (FY27)

4. Public Comment

5. Closed Session to Determine Need for Executive Session

6. Adjourn

Alderwoman Bates _____

Alderwoman Campbell _____

Alderman Powell _____

Alderman Taylor _____

Alderman Williams_____

ATTEST:

DATE:

LINDSAY D. KELLUM
CITY CLERK

WALTER C MORRISON, IV
MAYOR

[Seal]

CERTIFICATE OF INSURANCE - LiabilityDATE
1/2/2026

Section 3, Item A)

PRODUCERMississippi Municipal Service Company
600 East Amite Street, Suite 200
Jackson, MS 39201THIS CERTIFICATE IS ISSUED AS A MATTER OF
INFORMATION ONLY AND CONVEYS NO RIGHTS UPON
THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT
AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED
BY THE POLICIES BELOW.**PHONE:**601-355-8581**COMPANIES AFFORDING COVERAGE****INSURED**City of Gluckstadt
P. O. Box 2210
Madison, MS 39130COMPANY
A Mississippi Municipal Liability Plan**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF THE MISSISSIPPI MUNICIPAL WORKERS' COMPENSATION GROUP OR THE MISSISSIPPI MUNICIPAL LIABILITY PLAN AS SPECIFIED. THE MISSISSIPPI MUNICIPAL LIABILITY PLAN IS A CLAIMS MADE DOCUMENT.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF COVERAGE	
A	GENERAL LIABILITY PUBLIC OFFICIALS LIABILITY LAW ENFORCEMENT LIABILITY AUTOMOBILE LIABILITY	0399GL2026	1/1/2026	12/31/2026	Tort Claims (per Occurrence)	\$ 500,000
					Federal Acts (per Occurrence)	\$ 1,000,000
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE/POLICY LIMIT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





September 16, 2026

Quote Summary

Based on the information provided, we are pleased to offer the following quote with Penn-Star Insurance Company®. Penn-Star Insurance Company® is a surplus lines insurer currently rated A by A.M. Best. These terms are valid for thirty days (30) from the issued date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named Insured: City of Gluckstadt
Mailing Address: PO BOX 2210
Madison, MS 39130

Contact Name:
Contact Phone Number:
Contact Email:

Quote ID: SE0002451
Company: Penn-Star Insurance Company®
Term quoted: 10/24/2026 to 11/09/2026 (These dates may be amended at time of binding.)

Commercial General Liability Policy - Special Events - Limits of Insurance

LIMITS OF INSURANCE		
General Aggregate Limit (Other Than Products/Completed Operations)	\$2,000,000	
Products/Completed Operations Aggregate Limit	Included	
Each Occurrence Limit	\$1,000,000	
Personal and Advertising Injury Limit	\$1,000,000	Any One Person or Organization
Damage to Premises Rented to You Limit	\$100,000	Any One Premises
Medical Expense Limit	\$1,000	Any One Person



Optional Coverages

Additional Insured - Designated Person Or Organization

Quote Details

Total Commercial General Liability Premium: (100% minimum earned)	\$627.00
TRIA Premium: Rejected	
Additional Insured - Designated Person Or Organization:	\$150.00
Policy Fee:	\$175.00
MS Wind Association Fee:	\$28.56
Stamping Fee:	\$2.38
Surplus Lines Tax:	\$38.08

Total Amount Due:	\$1,021.02
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Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage.

Additional Premium for Terrorism: A charge of 5% will be added for any risk electing Terrorism coverage.

This quote is subject to the following:

- Fully completed, signed and dated Special Event application.

Schedule of Special Events:

Event 1

Event Type: Festival

Event Dates: 10/25/2026 - 10/25/2026

Event Location Address: Corner of Calhoun Station Parkway & Gluckstadt Way, Madison, MS 39110

Set Up Dates: 10/24/2026 - 10/24/2026

Take Down Dates: 10/26/2026 - 10/26/2026

Rain Date Coverage: 11/07/2026 - 11/07/2026

Forms and Endorsements

<u>GAA7538</u>	<u>[01 23]</u>	<u>GBLI GLOBAL INDEMNITY PRIVACY NOTICE</u>
<u>GAA7539</u>	<u>[01 23]</u>	<u>CLAIMS REPORTING PROCEDURES</u>
<u>GAA7540</u>	<u>[01 23]</u>	<u>IMPORTANT NOTICE FOR POLICYHOLDERS REGARDING PUBLIC HEALTH EMERGENCY</u>
<u>IL 09 85</u>	<u>[12 20]</u>	<u>DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT</u>
<u>GAA7536</u>	<u>[08 22]</u>	<u>MISSISSIPPI SURPLUS LINES DISCLOSURE</u>
<u>GBLI9900</u>	<u>[04 25]</u>	<u>POLICY JACKET</u>
<u>DEC9901</u>	<u>[03 23]</u>	<u>COMMON POLICY DECLARATIONS</u>
<u>GIL7501</u>	<u>[12 22]</u>	<u>SCHEDULE OF FORMS AND ENDORSEMENTS</u>
<u>EPA-1999</u>	<u>[09 21]</u>	<u>FULLY EARNED PREMIUM ENDORSEMENT</u>
<u>IL 00 21</u>	<u>[09 08]</u>	<u>NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT</u>
<u>IL 00 17</u>	<u>[11 98]</u>	<u>COMMON POLICY CONDITIONS</u>
<u>EAA-203</u>	<u>[01 26]</u>	<u>SERVICE OF SUIT CLAUSE - MISSISSIPPI</u>
<u>GIL2000</u>	<u>[01 23]</u>	<u>EXCLUSION - TERRORISM</u>
<u>GCG9901</u>	<u>[01 23]</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS</u>
<u>SAA-109</u>	<u>[11 21]</u>	<u>EXTENSION OF DECLARATIONS - SCHEDULE OF EVENTS</u>
<u>CG 00 01</u>	<u>[04 13]</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</u>
<u>EPA-2000</u>	<u>[09 21]</u>	<u>EXTENSION OF COVERAGE - COMMITTEE MEMBERS</u>
<u>EPA-2014</u>	<u>[09 21]</u>	<u>SCHEDULED EVENTS - ADDITIONAL LIMITATIONS AND EXCLUSIONS</u>
<u>CG 20 26</u>	<u>[12 19]</u>	<u>ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION</u>
<u>CG 21 32</u>	<u>[05 09]</u>	<u>COMMUNICABLE DISEASE EXCLUSION</u>
<u>CG 40 35</u>	<u>[12 23]</u>	<u>EXCLUSION - CYBER INCIDENT</u>
<u>CG 00 69</u>	<u>[12 23]</u>	<u>EXCLUSION - VIOLATION OF LAW ADDRESSING DATA PRIVACY</u>
<u>CG 21 06</u>	<u>[12 23]</u>	<u>EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION</u>
<u>CG 21 85</u>	<u>[12 23]</u>	<u>EXCLUSION - ELECTRONIC DATA - DELETION OF BODILY INJURY EXCEPTION</u>
<u>CG 21 36</u>	<u>[03 05]</u>	<u>EXCLUSION - NEW ENTITIES</u>
<u>CG 21 44</u>	<u>[04 17]</u>	<u>LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION</u>
<u>CG 21 47</u>	<u>[12 07]</u>	<u>EMPLOYMENT - RELATED PRACTICES EXCLUSION</u>
<u>CG 21 55</u>	<u>[09 99]</u>	<u>TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION</u>
<u>CG 21 67</u>	<u>[12 04]</u>	<u>FUNGI OR BACTERIA EXCLUSION</u>
<u>CG 21 96</u>	<u>[03 05]</u>	<u>SILICA OR SILICA - RELATED DUST EXCLUSION</u>
<u>CG 22 44</u>	<u>[04 13]</u>	<u>EXCLUSION - SERVICES FURNISHED BY HEALTH CARE PROVIDERS</u>
<u>CG 24 26</u>	<u>[04 13]</u>	<u>AMENDMENT OF INSURED CONTRACT DEFINITION</u>
<u>CG 40 10</u>	<u>[12 19]</u>	<u>EXCLUSION - CROSS SUITS LIABILITY</u>
<u>CG 40 14</u>	<u>[12 20]</u>	<u>CANNABIS EXCLUSION</u>
<u>CG 40 28</u>	<u>[09 22]</u>	<u>BROAD ABUSE OR MOLESTATION EXCLUSION</u>
<u>EPA1333</u>	<u>[05 22]</u>	<u>EXCLUSION - FIREARM AND OTHER WEAPON</u>



<u>GCG2004</u>	<u>[09 22]</u>	<u>TOTAL EXCLUSION PROFESSIONAL SERVICES</u>
<u>EPA-1772</u>	<u>[01 17]</u>	<u>EXCLUSION - SWIMMING POOL</u>
<u>EPA-1872</u>	<u>[04 18]</u>	<u>EXCLUSION - FRAUDULENT, DISHONEST AND CRIMINAL ACTS</u>
<u>CG 00 70</u>	<u>[01 26]</u>	<u>EXCLUSION - WAR</u>
<u>CG 40 49</u>	<u>[01 26]</u>	<u>EXCLUSION - HUMAN TRAFFICKING</u>
<u>EPA-2001</u>	<u>[09 21]</u>	<u>EXCLUSION - STRUCTURE COLLAPSE</u>
<u>GCG2001</u>	<u>[07 22]</u>	<u>EXCLUSION - TOTAL LIQUOR LIABILITY</u>
<u>CG 40 51</u>	<u>[01 26]</u>	<u>EXCLUSION - ASSAULT OR BATTERY</u>
<u>EPA-1723</u>	<u>[02 22]</u>	<u>INJURY TO EMPLOYEES, CONTRACTED PERSONS OR WORKERS OF</u> <u>INSURED OR CONTRACTED ORGANIZATIONS</u>
<u>GCG2023</u>	<u>[04 23]</u>	<u>EXCLUSION - ASBESTOS</u>
<u>GCG7504</u>	<u>[04 23]</u>	<u>ANTI STACKING ENDORSEMENT</u>
<u>GCG2032</u>	<u>[04 23]</u>	<u>EXCLUSION - LEAD CONTAMINATION</u>
<u>GCG2030</u>	<u>[04 23]</u>	<u>EXCLUSION - PUNITIVE OR EXEMPLARY DAMAGES</u>
<u>EPA-2002</u>	<u>[09 21]</u>	<u>RAIN DATE COVERAGE</u>

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Section 3, Item A)

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS’ LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

Should you choose to purchase coverage for an “act of terrorism”, as defined in the Act, you must pay a premium of \$39.00.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company: Penn-Star Insurance Company

Name of Applicant: City of Gluckstadt

Policy Number (if applicable): SE0002451

Policy Period (if applicable): 10/24/2026 to 11/09/2026

SPECIAL EVENTS LIABILITY Application

Incomplete applications are subject to rejection of coverage and / or risk. Do not leave any questions blank or unanswered.

APPLICANT INFORMATION

1. Agency Name: Beasley General Agency, Inc. Agent Code: 02499
2. Named Insured: City of Gluckstadt
3. Mailing Address: PO BOX 2210
City: Madison State: MS Zip: 39130
4. Effective Date: 10/24/2026 Expiration Date: 11/09/2026
5. Primary Contact Name: _____
6. Email Address of Primary Contact: _____
7. Phone Number of Primary Contact: _____
8. Insured's Interest: ☒ Host ☐ Not-for-profit Organization ☐ Vendor
☐ Organizer ☐ Owner ☐ Sponsor
☐ Other: _____
9. Coverage Requested: ☐ General Liability and Host Liquor Liability ☒ General Liability Only

EVENT 1

1. Event Location Address: Corner of Calhoun Station Parkway & Gluckstadt Way
City: Madison State: MS Zip: 39110
2. Event Start Date: 10/25/2026 Event End Date: 10/25/2026
3. Will event end after 2:00 a.m. on any day?..... ☐ Yes ☒ No
4. Event Type: Fair or Festival
5. Event Description: Festival
6. Estimated number of attendees per day: 1,501-3,000
7. Is Set-up coverage required?..... ☒ Yes ☐ No
If "Yes," please provide Set-up Start Date: 10/24/2026 Set-up End Date: 10/24/2026
8. Is Takedown coverage required?..... ☒ Yes ☐ No
If "Yes," please provide Takedown Start Date: 10/26/2026 Takedown End Date: 10/26/2026
9. Is Rain Date coverage required?..... ☒ Yes ☐ No
If "Yes," please provide Start Date: 11/07/2026 End Date: 11/07/2026

SPECIAL EVENTS LIABILITY Application

ELIGIBILITY QUESTIONS

- 1 Have there been any losses in the last five (5) years? ☐ Yes ☒ No
- 2 Any use of heavy machinery such as bulldozers, backhoes, cranes, excavators, or similar equipment including during set-up or takedown? ☐ Yes ☒ No
- 3 Will the event(s) feature one or more of the following: Overnight camping, On-Water Boating or Fishing, Swimming, Scuba Diving or Jet Skis, Celebrities or High-Profile Attendees, Firearms, or Helicopter or Airplane rides? ☐ Yes ☒ No
- 4 Will events feature security provided by independent contractors who are not required to carry their own liability insurance? ☐ Yes ☒ No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

1. General Aggregate Limit (Other than Products/Completed Operations): \$2,000,000
2. Products & Completed Operations Aggregate: Included
3. Personal & Advertising Injury (Any One Person or Organization): \$1,000,000
4. Each Occurrence Limit: \$1,000,000
5. Damage to Premises Rented to You (Any One Premises): \$100,000
6. Medical Expense (Any One Person): \$1,000
7. Bodily Injury/Property Damage Deductible (per claim): _____

ADDITIONAL INSURED

1. Do you need to add an additional insured? ☐ Yes ☐ No
If "Yes," please complete the following

Name	Interest	Mailing Address

2. Is Primary and Non-contributory wording needed? ☐ Yes ☐ No
3. Is Waiver of Subrogation needed? ☐ Yes ☐ No
If "Yes," list required entities: _____

OTHER INFORMATION

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. The signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is represented that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Insurer), are the basis for the proposed Policy.

SPECIAL EVENTS LIABILITY Application

3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer has the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

FRAUD STATEMENT

Applicable in AL, AR, 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 CA: For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, 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.

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.

SPECIAL EVENTS LIABILITY Application

Applicable in NY: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print): _____

Applicant Signature: _____

Applicant Title: _____

Authorized Representative: _____

Date: _____

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.

Kinsale Insurance Company

Section 3, Item A)

A.M. Best Company Rating: A (Excellent)
Financial Size Category: XIV

Beasley General Agency Inc - Christina Misita

QUOTE

RE: City of Gluckstadt
Po Box 2210
Madison, MS 39130

Submission #:07672097
Quote Letter #:28434193
Quote Date:10/14/2026

We are pleased to offer the following quote. This quote is valid until 10/24/2026 unless extended and agreed to in writing by us. Please read carefully as the terms and conditions of coverage may differ from those requested. **THIS IS NOT A BINDER OF INSURANCE.**

Company: KINSALE INSURANCE COMPANY

Policy Term: 10/24/2026 - 11/09/2026
Retro Date: N/A

Limits of Liability:

\$5,000,000 Each Occurrence
\$5,000,000 Annual Aggregate

Business Description:

Special Event

Schedule of Underlying Insurance:

General Liability

Carrier:	Penn-Star Insurance Company	Each Occurrence	\$1,000,000
Policy Term:	10/24/2026 - 11/09/2026	General Aggregate	\$2,000,000
Coverage Form:	Occurrence	Products / Completed Operations	Included
		Personal and Advertising Injury Limit	\$1,000,000

Locations

1. Corner of Calhoun Station Parkway and Gluckstadt Way, Gluckstadt, MS 39110

Premium:	\$6,250	Minimum Earned Premium:	100.00%
Terrorism Premium	\$313		
(Optional):			
Total Premium:	\$6,250	Quote Prem w/out TRIA	\$6,250.00
Company Fees:	\$250	Carrier Fee	250.00
Total Amount Due:	\$6,500	Policy Fee	175.00
		MS Surplus Lines Tax	267.00
		Stamping Fee	16.69
		MWUA	200.25
		Quote Total Prem	\$7,158.94

Premium is 100.00% minimum and deposit.
Company Fees, if applicable, are fully earned.
Taxes, fees and surcharges are the responsibility of the broker

If this quote indicates the policy is subject to audit, then the initial premium payable at inception is considered an estimated and deposit premium only; we may conduct a premium audit on or about the cancellation or expiration date of the policy to determine the actual earned premium based on the amount of risk exposure during the policy term.

This quote is subject to the specified conditions and may be withdrawn at any time prior to acceptance and in no event will it remain open beyond the quote expiration date unless extended by us in writing. Changes in classifications, operations, exposure or risk specific information require notification to us and may result in changes to this quote. Coverage may not be bound without written confirmation from us. By accepting this quote, you consent to receiving the policy electronically. You agree that such electronic delivery satisfies any legal requirement that such delivery be in writing.

Once bound, coverage cannot be cancelled flat. If you cancel coverage or the policy, the greater of the minimum earned premium or the 10% short-rate penalty will apply.

Contingencies:

This Quote is subject to our receipt and acceptance of the following items:

- 1) 5 years of General Liability loss runs required, valued within 60 days of inception, prior to binding. Adverse loss activity, including increases in prior loss reserves/payments, may affect pricing, terms, and/or acceptability of this risk.
- 2) Subject to receipt of completed and signed TRIA form - prior to binding.

Comments:

****The Excess policy is SUBJECT TO AUDIT if CAX-2001 Conditions Premium Audit is present on the quote/binder/ policy****

Exclusions and Endorsements:

CAX1000-0521 - Commercial Excess Liability Declarations
 ADF9013-1125 - Notice - Where to Report a Claim
 ADF4001-0110 - Schedule of Forms
 CAX1001-0224 - Schedule of Underlying Insurance
 CAX0001-0817 - Commercial Excess Liability Policy
 ADF2000-0622 - Policy Amendment - Extrinsic Evidence
 CAX2009-0312 - Limitation of Coverage to Designated Event (Germanfest 2026; 10/25/2026; Corner of Calhoun Station Parkway and Gluckstadt Way, Gluckstadt, MS, 39110)
 CAX4008-0822 - Additional Policy Provisions - Premium - Fully Earned Policy
 CAX4014-1211 - Non-Drop Down Provision
 ADF3002-0110 - Exclusion - Terrorism
 ADF3003-0525 - Exclusion - Absolute Pollution and Pollution Related Liability
 ADF3017-0622 - Exclusion - Biometric Information Privacy Laws
 CAX3019-0110 - Exclusion- Named Insured vs. Named Insured
 CAX3023-0621 - Exclusion - Athletic Participants
 CAX3024-1016 - Exclusion - Assault and Battery
 CAX3035-0820 - Exclusion- Animals
 CAX3037-0911 - Exclusion- Liquor Liability
 CAX3045-0110 - Exclusion- Punitive Damages
 CAX3066-0526 - Absolute Exclusion - Motorized Vehicles
 CAX3072-0814 - Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
 CAX3077-0523 - Exclusion - Water Hazard
 CAX3088-0623 - Exclusion - Fire or Fire-Related Injury or Damage
 CAX3107-0524 - Exclusion - Pathogen and Related Hazards
 CAX3111-0923 - Exclusion - Traffic Control
 CAX3113-0519 - Exclusion - Cancer
 CAX3117-0421 - Exclusion - Inflatables

CAX3118-0819 - Exclusion - Trampolines

CAX3144-1120 - Exclusion - Climbing Walls

CAX3161-0921 - Absolute Exclusion - All Construction And Land Preparation

CAX3162-1121 - Absolute Exclusion - Firearms

CAX3173-0122 - Exclusion - Crowd Control

CAX3177-0324 - Absolute Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)

CAX5001-0420 - Additional Insured As Required By Written Contract

ADF9004-0110 - Signature Endorsement

ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

Section 3, Item A)

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS’ LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.
The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Rejection box below and sign and date in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Selection box below, sign and date in the space provided and remit the quoted premium amount indicated below.

☐	TERRORISM COVERAGE REJECTION I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
☐	TERRORISM COVERAGE SELECTION I hereby elect to purchase coverage for certified acts of terrorism for a premium of \$_____

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant’s Name

Insurance Company

Authorized Signature

Date

Print Name

Policy Number/Effective Date

ADF9005 0115



CERTIFICATE OF LIABILITY INSURANCE

Section 3, Item A)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sunstar Insurance Services 962 Hwy. 51 N Madison MS 39110	CONTACT NAME: Fran Coleman PHONE (A/C, No, Ext): (601) 853-4605 E-MAIL ADDRESS: fran.coleman@sunstarins.com FAX (A/C, No): (601) 605-4613
INSURED Barley's Beer Barn LLC 1716 Highway 51 Ste E Madison MS 39110-5020	INSURER(S) AFFORDING COVERAGE INSURER A: Fidelity & Guaranty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			BIP0Y567938	02/26/2026	02/26/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Hired/borrowed \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			BIP0Y567938	02/26/2026	02/26/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			BIP0Y567938	02/26/2026	02/26/2027	Occurrence \$2,000,000 Aggregate \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named Additional Insured
Judith S Hutchinson as trustee for the Hutchinson Family Trust
John C Harreld
Annette Maria Harreld

CERTIFICATE HOLDER

CANCELLATION

Judith S Hutchinson as trustee for the Hutchinson Family Trust 384 Church Road Madison MS 39110	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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ADDITIONAL COVERAGES

Section 3, Item A)

Ref #	Description				Coverage Code	Form No.	Edition Date
	Non-owned				NOWND		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
1,000,000							
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		

GROUND LEASE AGREEMENT

This **GROUND LEASE AGREEMENT** (this “**Lease**”) is made and entered into as of the ____ day of _____, 2026 (the “**Effective Date**”), by and between:

JOHN C. HARRELD, JUDITH S. HUTCHINSON, as trustee of the **HUTCHINSON FAMILY TRUST**, and **ANNETTE MARIA SCHMIDT HARRELD** (“**Landlord**”); and

THE CITY OF GLUCKSTADT, MISSISSIPPI, a municipal corporation organized and existing under the laws of the State of Mississippi (the “**City**” or “**Tenant**”).

Landlord and the City are each a “**Party**” and together the “**Parties**.”

WHEREAS, Landlord is the owner of certain real property containing approximately 14.02 acres situated in the Northwest Quarter of Section 21, Township 8 North, Range 2 East, Madison County, Mississippi, as more particularly described and depicted on the plat of survey attached hereto as **Exhibit A** (the “**Premises**”);

WHEREAS, the City is sponsoring a community event known as “**Germanfest**” (the “**Event**”) to be held on the Premises on October 25, 2026, which Event will include vendor booths, food and beverage service (including the sale of beer), live entertainment, parking, fundraising activities conducted by or on behalf of the City, and related ancillary operations; and

WHEREAS, the City desires to lease the Premises from Landlord, and Landlord desires to lease the Premises to the City, for the purpose of conducting the Event, upon the terms and conditions set forth in this Lease.

NOW, THEREFORE, in consideration of the mutual covenants, terms, and conditions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Premises

Landlord hereby leases to the City, and the City hereby leases from Landlord, the Premises, together with the right to use all access drives, entrances, and appurtenances serving the Premises, for the Term and for the Permitted Use, subject to and upon the terms, covenants, and conditions contained in this Lease.

2. Term

2.1 Term. The term of this Lease (the “**Term**”) commences at 8:00 a.m. Central Time on Oct. 24, 2026, setup date, and expires at 11:59 p.m. Central Time on Oct. 26, 2026, teardown date, unless earlier terminated in accordance with this Lease. The Term

includes the Event Date and a reasonable period before and after the Event Date for setup, delivery, installation, takedown, and removal.

2.2 Event Date. The Event will be held on **October 25, 2026** (the “**Event Date**”) during such hours as the City may determine (the “**Event Hours**”).

2.3 Access. The City and its officers, employees, agents, contractors, vendors, sponsors, donors, and invitees (collectively, the “**City Parties**”) will have access to the Premises during the Term for all purposes consistent with the Permitted Use.

3. Rent and Consideration

As rent and consideration for the lease of the Premises, the City will pay to Landlord the sum of One Dollar (\$1.00) for the Term, payable on or before October 25, 2026. The Parties acknowledge that this Lease and the mutual covenants contained herein are supported by good and valuable consideration, and that the City’s covenants, including its insurance and indemnification obligations under Sections 8 and 9, are made in exchange for the leasehold estate and other benefits conferred upon the City under this Lease.

4. Permitted Use

4.1 Permitted Use. The City may use the Premises solely for conducting the Event and activities reasonably related or incidental thereto, including, without limitation, vendor and exhibitor booths, food and beverage sales and service (including the sale of beer as provided in Section 5), live and recorded entertainment, seating, staging, tents and temporary structures, sanitary facilities, parking, security operations, and fundraising conducted by or on behalf of the City (the “**Permitted Use**”). The City will not use the Premises for any other purpose without Landlord’s prior written consent.

4.2 Sponsorship and Third Parties. The City may, in furtherance of the Permitted Use, engage and permit third-party vendors, exhibitors, contractors, service providers, sponsors, and donors to participate in and support the Event on the Premises, provided that each such party complies with the applicable terms of this Lease, including the insurance requirements of Section 8.

4.3 Compliance with Laws. The City will, and will cause the City Parties to, comply with all applicable federal, state, and local laws, ordinances, codes, and regulations applicable to the Event, and will obtain and maintain all permits, licenses, and approvals necessary for the Event, including any applicable fire-code, crowd-safety, and health-department approvals.

5. Alcohol Sales and Service

5.1 Permits. No beer or other alcoholic beverage may be sold or served on the Premises except in compliance with all applicable Mississippi laws and regulations, including the permitting requirements administered by the Mississippi Department of Revenue, Alcoholic Beverage Control. The City will ensure that all required permits for the sale and service of beer at the Event (including, as applicable, any temporary retailer’s permit and any festival permit) are obtained and maintained, and that all vendors selling or serving beer hold all permits required for their activities.

5.2 Responsible Service. The City will require that all beer be sold and served only to persons of lawful drinking age and only by vendors or personnel trained in responsible alcohol service, and that no beer be sold or served to any person who is visibly intoxicated. The City will implement reasonable measures (including age verification and point-of-sale controls) to promote responsible service and consumption at the Event.

5.3 Vendor Insurance. Each vendor that sells or serves beer or any other alcoholic beverage at the Event must satisfy the liquor-liability and general-liability insurance requirements set forth in Section 8.4.

6. Condition of Premises; Utilities

6.1 As-Is. The City accepts the Premises in their “AS IS, WHERE IS” condition as of the Effective Date. Landlord makes no representation or warranty, express or implied, regarding the condition or suitability of the Premises for the Event, except as expressly set forth in this Lease.

6.2 Utilities and Temporary Facilities. The City is responsible, at its sole cost, for arranging any temporary utilities, generators, water, restroom facilities, waste receptacles, and similar services required for the Event.

7. Maintenance, Restoration, and Cleanup

7.1 Care. During the Term, the City will take reasonable measures to protect the Premises and will not commit or permit waste.

7.2 Restoration. Promptly following the Event, and in any event before expiration of the Term, the City will remove all booths, structures, equipment, signage, trash, and debris placed on the Premises by or at the direction of the City Parties and will restore the Premises to substantially the same condition as existed on the commencement of the Term, reasonable wear and tear excepted. The obligations of this Section 7 survive the expiration or earlier termination of this Lease.

7.3 Signage. The City may install temporary signage for the Event in compliance with applicable law and will remove all such signage upon conclusion of the Event.

8. Insurance

The City will maintain, and will cause applicable third parties to maintain, the following insurance in connection with the Event. All requirements in this Section are undertaken by the City **to the extent permitted by Mississippi Law.**

8.1 City Liability Coverage. The City will maintain Commercial General Liability insurance with limits of **Five Hundred Thousand Dollars (\$500,000) per Mississippi Tort Claim Act claim** and **One Million Dollars (\$1,000,000) per Federal Tort Claims Act claim**, including:

(a) **Automobile liability** insurance covering owned, hired, and non-owned automobiles; and

(b) **Workers’ compensation** insurance as required by Mississippi law, together with **employers’ liability (Part B).**

8.2 Special Event Coverage and Excess Coverage. In addition to the City's commercial general liability insurance, the City will also maintain Special Events Liability Insurance covering the Event with limits of not less than **One Million Dollars (\$1,000,000) per occurrence** and **Two Million Dollars (\$2,000,000) in the aggregate**, together with excess or umbrella liability coverage of not less than **Five Million Dollars (\$5,000,000)**.

8.3 Additional Insured; Waiver of Subrogation. To the extent available under the City's policies and permitted by the City's insurer:

(a) The City will cause **Landlord** to be named as **additional insureds** on the commercial general liability coverage described in Section 8 with respect to the Event; and

(b) The City will cause its applicable liability and workers' compensation policies to include a **waiver of subrogation** endorsement in favor of Landlord.

8.4 Vendor Alcohol Insurance. The City will require each vendor that sells or serves beer or any other alcoholic beverage at the Event, prior to such activity, to deliver a certificate of insurance evidencing (a) **liquor liability insurance** with a limit of not less than **Two Million Dollars (\$2,000,000)** and **Four Million Dollars (\$4,000,000) in the aggregate**, and (b) **commercial general liability insurance** with a limit of not less than **Two Million Dollars (\$2,000,000)** and **Four Million Dollars (\$4,000,000) in the aggregate**. The City will require each such vendor to name Landlord and the City as additional insureds on such coverage to the extent obtainable.

8.5 Certificates. The City will provide Landlord with certificates of insurance evidencing the coverages described in Sections 8.1, 8.2, and 8.3 prior to the Event Date, and will use reasonable efforts to collect and make available the vendor certificates described in Section 8.4.

8.6 Statutory Limitation. Nothing in this Section 8 waives, or is intended to waive, any immunity, defense, or limitation of liability available to the City under the Mississippi Tort Claims Act or other applicable law, except that, as provided in Miss. Code Ann. § 11-46-17(4), the City's immunity from suit above the statutory liability cap is waived only to the extent of any excess liability insurance actually carried.

9. Indemnification

9.1 City Indemnity. To the extent permitted by Mississippi law, and subject in all respects to the limitations, damages caps, and immunities of the Mississippi Tort Claims Act (Miss. Code Ann. § 11-46-1 *et seq.*), the City will indemnify, defend, and hold harmless Landlord and the owners of the Premises from and against third-party claims, damages, liabilities, and reasonable costs (including reasonable attorneys' fees) to the extent arising out of bodily injury, death, or property damage caused by the negligent or wrongful acts or omissions of the City or the City Parties in connection with the City's use and occupancy of the Premises or the conduct of the Event.

9.2 Carve-Outs. The City's obligations under Section 9.1 do **not** extend to, and expressly exclude, any claim, loss, or liability to the extent arising out of (a) the

negligence or willful misconduct of Landlord or Landlord's agents, employees, or contractors; (b) any condition of the Premises not caused by the City Parties; or (c) matters existing prior to the commencement of the Term.

9.3 Statutory Caps. In no event will the City's liability under this Section 9 exceed the maximum amount of liability permitted under Miss. Code Ann. § 11-46-15, except to the extent of excess liability insurance actually carried by the City as provided in Miss. Code Ann. § 11-46-17(4). The City does not, by this Section 9, assume liability for exemplary or punitive damages, pre-judgment interest, or attorneys' fees except as specifically authorized by law.

9.4 Survival. This Section 9 survives the expiration or earlier termination of this Lease.

10. Casualty

If, before the Event Date, the Premises are damaged or rendered unsuitable for the Event by fire, storm, or other casualty, either Party may terminate this Lease by written notice to the other, whereupon neither Party will have any further obligation under this Lease except for obligations that expressly survive termination, and the City will be entitled to a refund of any prepaid rent.

11. Force Majeure; Cancellation

11.1 Force Majeure Event. "Force Majeure Event" means any event beyond the reasonable control of the affected Party, including acts of God; severe weather; floods, fires, or other natural disasters; war, terrorism, riots, or civil unrest; governmental orders, proclamations, or actions; and epidemics, pandemics, or other public-health emergencies.

11.2 Effect. If a Force Majeure Event, or any condition reasonably determined by the City to present a risk to public health or safety, prevents or materially impairs the holding of the Event on the Event Date, the City may, in its discretion, (a) reschedule the Event to an alternate date reasonably acceptable to Landlord, in which case the rights and obligations of this Lease will apply to the rescheduled date, or (b) cancel the Event and terminate this Lease by written notice to Landlord, whereupon the City will be entitled to a refund of any prepaid rent and neither Party will have further liability except for obligations that expressly survive termination.

12. Default and Termination

If either Party fails to perform any material obligation under this Lease and such failure continues for ten (10) days after written notice (or such shorter period as is reasonable given the proximity to the Event Date), the non-defaulting Party may terminate this Lease and pursue any remedy available at law or in equity, subject to the limitations of applicable law, including the Mississippi Tort Claims Act as to the City.

13. Relationship of Parties

Nothing in this Lease creates any partnership, joint venture, or agency relationship between the Parties. Each Party is an independent contractor with respect to the other.

14. Notices

All notices under this Lease must be in writing and are deemed given when delivered by hand, by nationally recognized overnight courier, or by certified mail (return receipt requested), addressed to the Party at the address set forth below its signature, or at such other address as a Party may designate by notice.

15. Miscellaneous

15.1 Governing Law. This Lease is governed by and construed in accordance with the laws of the State of Mississippi, without regard to its conflict-of-laws principles. Venue for any dispute lies in Madison County, Mississippi.

15.2 Authority. The City represents that the execution and performance of this Lease have been duly authorized by its governing authorities. This Lease is a short-term agreement and is not intended to, and does not, bind any successor governing authority beyond the Term.

15.3 Entire Agreement; Amendment. This Lease constitutes the entire agreement between the Parties with respect to its subject matter and supersedes all prior understandings. This Lease may be amended only by a writing signed by both Parties.

15.4 Assignment. The City may not assign this Lease without Landlord's prior written consent.

15.5 Severability. If any provision of this Lease is held invalid or unenforceable, the remaining provisions will continue in full force and effect, and the invalid provision will be deemed modified to the minimum extent necessary to make it valid and enforceable.

15.6 Counterparts. This Lease may be executed in counterparts, each of which is deemed an original and all of which together constitute one agreement. Signatures delivered electronically are deemed originals.

15.7 Headings. Section headings are for convenience only and do not affect interpretation.

[SIGNATURE PAGE TO FOLLOW]

WITNESS OUR SIGNATURES, this the ____ day of _____, 2026.

LANDLORD:

JOHN C. HARRELD

JUDITH S. HUTCHINSON, as Trustee of the
Hutchinson Family Trust

ANNETTE MARIA SCHMIDT HARRELD

WITNESS OUR SIGNATURES, this the ____ day of _____, 2026.

TENANT:

CITY OF GLUCKSTADT, MISSISSIPPI, a
Mississippi body politic

By:_____
Walter C. Morrison, IV, Mayor

ATTEST:

Lindsay D. Kellum, City Clerk

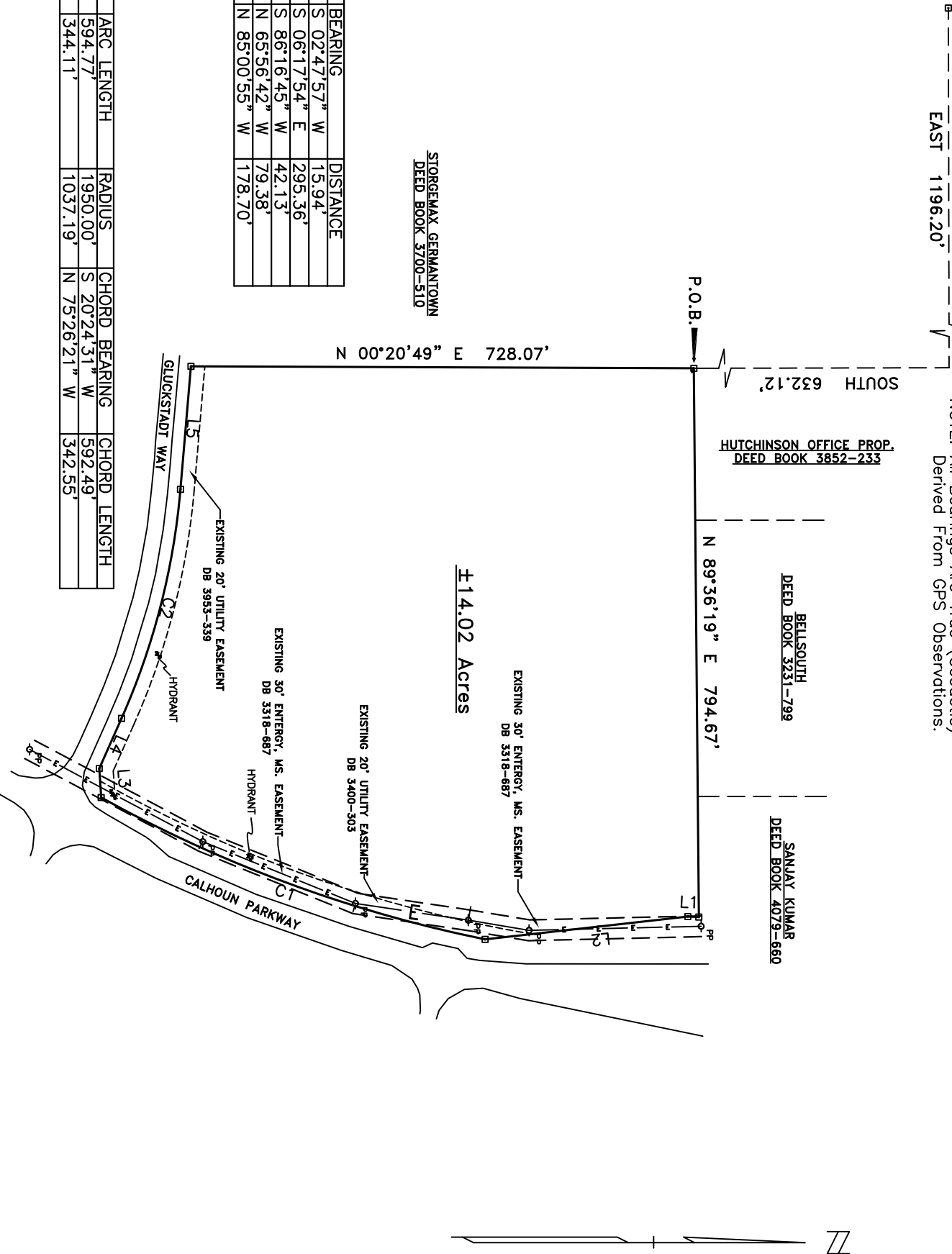
CLASSIFICATION

This survey is in compliance with the Standards of Practice for Land Surveyors in Mississippi for Class "B" Surveys as adopted by The Mississippi Board of Licensure for Professional Engineers and Surveyors.

NOTE: All Bearings Are True (Geodetic)
Derived From GPS Observations.

POINT OF COMMENCEMENT
FOUND P.K. NAIL IN PAVEMENT
NORTHWEST CORNER SECTION 21
T8N-R2E, MADISON COUNTY, MS.

NOTE: This Survey Does Not Represent
The Result Of A "TITLE EXAMINATION".
Property May Be Subject To Certain
Rights, Written And Unwritten, Recorded
Documents, And Misdindexed Instruments
Which May Be Disclosed By A Thorough
"TITLE EXAMINATION" Of Subject Property.



LINE	BEARING	DISTANCE
L1	S 02°47'57" W	15.94'
L2	S 06°17'54" E	295.36'
L3	S 86°16'45" W	42.13'
L4	N 65°56'42" W	79.38'
L5	N 85°00'55" W	178.70'

CURVE	ARC LENGTH	RADIUS	CHORD BEARING	CHORD LENGTH
C1	594.77'	1950.00'	S 20°24'31" W	592.49'
C2	344.11'	1037.19'	N 75°26'21" W	342.55'

A certain tract of land containing 14.02 acres, more or less, situated in the Northwest Quarter of Section 21, Township 8 North, Range 2 East, Madison County, Mississippi, and being more particularly described as follows:

Commencing at the P.K. Nail found in Church Road marking the Northwest corner of Section 21, Township 8 North, Range 2 East, Madison County, Mississippi; run thence, East for 1196.20 feet; run thence, South for 632.12 feet to the 1/2" rebar found marking the POINT OF BEGINNING; run thence, North 89°36'19" East for 794.67 feet to a 1/2" rebar found on the west right of way of Calhoun Parkway; run thence, along said right of way for the following 3 courses:
South 02°47'57" West for 15.94 feet to a found 1/2" rebar;
South 06°17'54" East for 295.36 feet to a found 1/2" rebar;
594.77 feet along the arc of a curve to the right, said curve having a radius of 1950.00 feet and a chord of South 20°24'31" West for 592.49 feet to a found 1/2" rebar;
run thence, along the north right of way of Gluckstadt Way for the following 4 courses:
South 86°16'45" West for 42.13 feet to a found 1/2" rebar;
North 65°56'42" West for 79.38 feet to a found 1/2" rebar;
344.11 feet along the arc of a curve to the left, said curve having a radius of 1037.19 feet and a chord of North 75°26'21" West for 342.55 feet to a found 1/2" rebar;
North 85°00'55" West for 178.70 feet to a found 1/2" rebar;
Run thence, North 00°20'49" East for 728.07 feet back to the 1/2" rebar marking the POINT OF BEGINNING.

Date Of Field Survey: August 29, 2023.
SURVEYORS CERTIFICATE
This is to certify that we have made an actual survey upon the ground of the area delineated on this plat and that the same is true and correct to the best of our knowledge and belief.
Witness our hand and seal this the 30th day of August, 2023.
ENGINEERING SERVICE

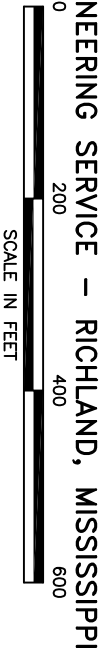


Baker F. Bryant
By _____
BAKER F. BRYANT, P.L.S. NO. 2767
P.O. BOX 180429, RICHLAND, MS. 39218
PHONE: (601) 939-8737

FOR
LEE HUTCHINSON
SITUATED IN THE NW/4 OF
SECTION 21, T8N - R2E
MADISON COUNTY, MISSISSIPPI

PLAT OF SURVEY

WATER VALE
FIRE HYDRANT
POWER POLE
FOUND 1/2" REBAR (UNLESS NOTED)



ENGINEERING SERVICE - RICHLAND, MISSISSIPPI
AUGUST 30, 2023

Coverage Summary

City of Gluckstadt

Renewal Date: 11/1/2026

	Current Total	Renewal Total
	\$22,354.80	\$26,335.47
Medical Deductible	\$5,400	\$5,400
Prescription Drug Deductible	\$150	\$200
Out-of-Pocket Max	\$9,200	\$9,200
Coinsurance	80%	80%

Current

Office Visit Co-pay:	Prescription Drug Co-pay:		
Primary Care \$25	Category 1	\$10	Category 2 \$35
Specialist \$40	Category 3	\$75	Category 4 \$100

Renewal

Office Visit Co-pay:	Prescription Drug Co-pay:		
Primary Care \$30	Category 1	\$10	Category 2 \$35
Specialist \$50	Category 3	\$75	Category 4 \$100

Name	Current Premium	Renewal Premium
BAKER, KRISTEN	\$378.76	\$444.82
BANKS, CANIYLA	\$207.52	\$238.77
BRIDGES, DIAMOND	\$370.92	\$435.80
FRIEND, DOMINIC	\$207.52	\$238.77
BROOKS, JANET	\$850.66	\$1,020.49
BUCKNER, CHRIS	\$407.19	\$474.52
BUCKNER, AMANDA	\$417.65	\$489.57
ROBERTSON, ZOE	\$326.80	\$376.01
BURTON, STEPHANIE	\$456.54	\$542.96
BURTON, LANDRIE	\$207.52	\$238.77
CANOY, LAUREN	\$417.65	\$489.57
COOPER, TAMESHIA	\$401.96	\$465.50
DEARMAN, CAINE	\$557.52	\$671.55
DEARMAN, JOBE	\$207.52	\$238.77
DEARMAN, EMILY	\$207.52	\$238.77
FINCHER, SAMUEL	\$391.51	\$456.48
HALE, BARRY	\$583.66	\$701.26
HALL, CHRISTIAN	\$391.51	\$456.48

HALL, ELLIS	\$207.52	\$238.77
HERRON, BOBBY	\$666.67	\$802.78
WILSON, PIERSTYN	\$207.52	\$238.77
HUFF, ERIC	\$328.11	\$385.03
TEBO, LAINA	\$328.11	\$385.03
JACKSON, GERALD	\$378.76	\$444.82
KELLUM, LINDSAY	\$433.01	\$510.25
THETFORD, ADDISON	\$207.52	\$238.77
LUCAS, KYRIE	\$443.47	\$525.29
LUCAS, TAWANDA	\$443.47	\$525.29
LUCAS, KAILYN	\$207.52	\$238.77
LUCKETT, CHRIS	\$391.51	\$456.48
MAUGH, FRANKLIN	\$404.58	\$468.51
WAGNER, TRISTAN	\$207.52	\$238.77
MAUGH, CHLOE	\$207.52	\$238.77
MCCARTY, BRIAN	\$399.35	\$462.49
MONTGOMERY, DUANE	\$609.48	\$733.97
MORGANTI, KATHERINE	\$433.01	\$510.25
MORGANTI, REAGAN	\$207.52	\$238.77
PARKER, ROBERT	\$399.35	\$462.49
PARKER, WYATT	\$207.52	\$238.77
PARKER, RAYLEIGH	\$207.52	\$238.77
PERKINS, MAURICE	\$326.80	\$376.01
PICKETT, CHASITY	\$417.65	\$489.57
JONES, JEREMY	\$417.65	\$489.57
PICKETT, WILLIE	\$396.74	\$459.48
POTVIN, DAVID	\$365.69	\$426.77
POTVIN, DAVID	\$207.52	\$238.77
POTVIN, ASHER	\$207.52	\$238.77
SHELTON, CHARLES	\$425.49	\$498.21
SIMPSON, LARON	\$334.64	\$394.06
SLAVEN, JEREMY	\$417.65	\$489.57
SLAVEN, ENLY	\$207.52	\$238.77
SLAVEN, EADIE	\$207.52	\$238.77
SLAVEN, KRISTEN	\$417.65	\$489.57
SLOMA, DANIEL	\$386.60	\$450.46
SMITH, BRIDGETTE	\$886.94	\$1,056.59
SMITH, DANIEL	\$207.52	\$376.01
SMITH JR, CHARLES	\$326.80	\$377.51
STEWART, KORI	\$355.23	\$420.76
TROTTER, AMBER	\$365.69	\$426.77

Section 3, Item C)

TROTTER, CHARLES	\$207.52	\$238.77
TUCKER, STEPHEN	\$396.74	\$459.48
VAUGHNS, JAMERIA	\$355.23	\$420.76
	Total Current Premium	Total Renewal Premium
	\$22,354.80	\$26,335.47

Section 3, Item C)



Proposal for:

CITY OF GLUCKSTADT

Situs State: **MS**
Effective Date: **11/1/2026**
Presented by: **ANDREW NOWLIN**

Date of Quote: **9/24/2026****PLAN 1**

SECONDARY PLAN BENEFITS		BENEFIT
Per Insured Deductible		\$1,000
Per Family Deductible - 2x Per Insured Deductible		\$2,000
Per Insured Coinsurance (amount paid by the Insured)		20%
Per Insured Benefit Period Maximum		\$6,200
Per Family Benefit Period Maximum - 2x Per Insured Benefit Period		\$12,400
Office Visit Copay Benefit		Not Elected
Subject to Deductible		No
	Copays:	PCP: N/A
		SPC: N/A
		UC: N/A
		ER: N/A
Prescription Drug Benefit		Not Elected
Prescription Drug Deductible		N/A
Prescription Drug Benefit Starts:		N/A
	Rx Copays:	TIER 1: N/A
		TIER 2: N/A
		TIER 3: N/A
		Specialty: N/A

MONTHLY RATES

PLAN 1	EE Only	EE + Spouse	EE + Child(ren)	Family	Monthly
Medical PREMIUM	\$50.77	\$88.33	\$77.90	\$146.44	
ADMIN	\$20.25	\$20.25	\$20.25	\$20.25	
Total PREMIUM	\$71.02	\$108.58	\$98.15	\$166.69	
EE Count	20	2	12	3	37
	\$1,420.40	\$217.16	\$1,177.80	\$500.07	\$3,315.43

Rates assume an employer contribution of at least 50 percent of the Employee Only Rate. This proposal is an invitation to contract and not an offer, and is valid for 90 days from the date of the proposal. All coverage is subject to availability, underwriting approval, and specific state mandates. The benefits and exclusions outlined in this proposal are not guaranteed until all underwriting requirements have been satisfied. Pre-Med Defender does not cover 100% of out of pocket expenses. Minimum participation requirements do apply. Please note that the invoiced rates include charges for non-insurance services, in addition to billing and administrative fees.

Please Note: Changes to the primary health plan without notification will render this quote invalid; rates are subject to change in the event of a 10% variance in census eligibility from the time of original application. At each subsequent anniversary, rates may be adjusted based on the group's experience and other pertinent underwriting information as considered by the insurance company. Rate adjustments are at the sole discretion of the insurance company. Written notice of rate adjustments will be given at 60 days prior to the policy anniversary.

COVERED CHARGES

Covered Charges means Expenses Incurred that are payable under both the Policy and the Insured Person's Medical Plan. Expenses that are excluded under either the Policy or the Insured Person's Medical Plan are not Covered Charges. Covered Charges are limited to the Medical Plan Deductible, Medical Plan Copayment and Medical Plan Coinsurance amount that the Insured Person is required to pay under the Insured Person's Medical Plan.

Employer Signature_____
Date_____
Broker Signature_____
Date



September 24, 2026

Andrew Nowlin
Affordable Employee Benefits

Group Name: CITY OF GLUCKSTADT
Group #: FSL 7111
Effective Date: 11/1/2026
Current Deductible Amount: \$1,000
Current Maximum Benefit: \$6,200
Coinsurance: 80%
RX Coverage Copays: Not Covered
DOV* Copays: Not Elected

Dear Andrew:

The current PreMed Defender Secondary Coverage’s annual renewal is due. At this time, the current / renewal rates are as follows:

Current Rates		Renewal Rates	
Plan \$1,000 / \$6,200 (RATE INCREASE)			
EE	\$59.78	EE	\$71.02
ES	\$91.40	ES	\$108.58
EC	\$82.62	EC	\$98.15
EF	\$140.31	EF	\$166.69

Accordingly, because the PreMed Defender plan coordinates with an in force medical plan, please provide an updated Summary Plan Description for the upcoming plan year.

Thanks again for your business.

Equipoint Partners, LLC
Administration

*DOV = Dr Office Visits